

Lindsayfield Lodge Care Home Service

Rosaburn Avenue
East Kilbride
Glasgow
G75 9DE

Telephone: 01355 598 350

Type of inspection:
Unannounced

Completed on:
1 March 2024

Service provided by:
Northcare (Scotland) Ltd

Service provider number:
SP2003002314

Service no:
CS2003050656

About the service

The service is registered to provide a care service to a maximum of 92 older, the provider is Northcare (Scotland) Ltd.

Lindsayfield Lodge is a purpose-built care home situated in a residential area on the outskirts of East Kilbride. There are four wings over two floors and 23 en suite bedrooms in each wing. There were 89 people living in the home at time of inspection. Most of the bedrooms lead directly onto the lounge areas. The home has an enclosed garden and large balconies on the first floor.

About the inspection

This was an unannounced inspection which took place on 22, 23, 26, 27, 28 February 2024 and 1 March 2024 between the hours of 09:00 and 20:30. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service
- spoke with eight relatives
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with five visiting professionals.

Key messages

- The staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- People's wellbeing benefitted from regular activity and social opportunities.
- Families reported being happy with the care and support their loved ones received.
- The home was clean and welcoming.
- The provider should ensure development is linked to audit, feedback, and training requirements.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

1.1 People experience compassion, dignity and respect

1.2 People get the most out of life

1.3 People's health and wellbeing benefits from their care and support

People should experience care and support which enables their wishes and choices to be met. Staff interacted warmly and respectfully and had meaningful conversations with people who lived in the home. Care and support was conducted in a dignified way and personal preferences and choices were respected. People were positive about the care and support they received. Comments included "The staff are very kind and attentive." Relatives' comments included "I can sleep well at night knowing mum is well looked after" and "I am always kept up to date." This meant people were treated with dignity and respect.

People should be able to have as active a life as possible and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors. The layout of the home enabled people to have access to outside space on both floors. There was a range of activities and events some arranged by external providers, such as armchair Zumba, language classes and reminiscence sessions that were well planned on a daily and weekly basis. People commented how they had enjoyed the planned activities and events. When care staff had time, ad hoc activities and meaningful engagement were supported throughout the day. Relationships between people had been developed because of these activities. We encouraged staff to continue to have the range of activities, as they clearly enhanced people's general wellbeing.

The home had a participation policy, based on the Health and Social Care Standards. This policy gave staff instruction in how and when people and their relatives could be included in decisions which affected their care and support. Staff recorded people's views on activities, environment, hairdressing, and food. Participation included residents' meetings and relatives' surveys. The information was used to plan activities, menus, and décor. This meant people and relatives contributed to decisions about their care and support.

People's health and wellbeing benefitted from the provision of high quality and well-presented food. People enjoyed coming together for meals. Mealtimes were relaxed, enjoyable and sociable. People were offered alternatives if choices available were not to their taste. Staff monitored the dining process to ensure people had a positive mealtime experience. Relatives commented on not being able to visit at mealtimes; the service should consider relatives being included at mealtimes to support wellbeing and meaningful connections.

People should be supported to use relevant healthcare services. Engagement with other health professionals, including GP practice staff, Care Home Liaison Nurses, Podiatry, and the Oral Health Care Team was evident in care plans. We spoke to external allied health professionals, who recognised staffs' ability to seek appropriate support and follow professional advice and guidance. This meant people had access to a range of health support to meet their needs.

People should be supported by staff who anticipate issues and are aware of and plan for any known vulnerability or frailty. The service had systems in place to monitor the quality of care and support for people such as audits of skin care, use of restraints, wounds, and weights. These areas were managed well with oversight. Medications were managed effectively with safe systems in place for storage, administration, and recording. Regular audits were undertaken, and staff received regular training. This ensured people were supported well with their medication to maintain their wellbeing. The provider had recently introduced a clinical governance system to monitor key indicators of care and support. This monitored important aspects of people's well-being and identified trends to ensure early intervention when people became unwell. This meant people received the right care and support at the right time.

How good is our leadership?

4 - Good

There were a number of important strengths which had a positive impact on people. Some improvements were required to ensure people had consistently positive outcomes. We evaluated this key question as good.

2.2 Quality assurance and improvement is led well

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. There was audit activity in relation to falls, wounds, tissue viability, restraint, prn or 'as required' medication, weights, and staff training. There were staff audits of mealtime experiences. While the service clearly works hard to gather audit information there was limited oversight and link to the service development plan. We made suggestions to the management team on how to link audit activity to the service development plan to ensure clear priorities, actions, and timescales. The provider should ensure the manager has capacity to focus on development. This means audit activity is analysed to inform changes in service delivery or identify actions to improve care.

The service should ensure leadership oversight of all areas of service delivery including the environment. We noted a boiler room was unlocked with loose insulation and other debris in the room. This was a fire hazard which was addressed during the inspection. The service must ensure all areas and cupboards containing electrical and heating equipment are subject to checks and we would advise an audit to monitor these areas. Audits of individual bedrooms, mattresses and Infection Prevention and Control measures provided assurance that people experience good quality surroundings. (See Area For Improvement 1)

People should have confidence in staff because they are trained, competent and skilled. There was a training plan in place, staff had access to the right knowledge and skills to ensure competency in their roles. The Protection Policy was clear and had contact details for outside agencies should anyone need to report a concern. During inspection, the training plan was reviewed by the service to prioritise Adult Support and Protection and Falls Management training as training reports showed not all staff had completed this training. This meant we could not be confident all staff were aware of the risks related to Adult Protection and the management of falls. Staff team meeting minutes showed staff were reminded to complete training; the provider should ensure staff engage with learning for their role. We recommend staff learning and development be included in the development plan. This means people's outcomes are improved because staff have the knowledge and skills to carry out their role. (See Area for Improvement 2)

People and their relatives should be able to give regular feedback about the care and support they experience. Leaders should use this feedback to inform improvements. Residents' meetings took place and there was evidence that managers had taken action to address issues raised. Relatives were able to give their views via a survey. The service produced a regular newsletter that provided useful information about the home and activities that had taken place. A review of the complaints received by the service showed that these had been responded to promptly. The service had their Complaints policy displayed at the entrance which meant people and relatives knew how to make a complaint or raise a concern about care and support.

Staff felt able to approach the leadership team and were confident that their views would be listened to. Overall, we found good leadership within the home, with a clear focus on providing a good quality of life for the people living in the service.

Areas for improvement

1. To ensure the safety of the building for all users the provider should ensure all cupboards and spaces used by staff are included in the monthly environmental audit. This includes areas to which outside contractors have access.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is secure and safe.' (HSCS 5.19)

2. To ensure staff have the skills to meet people's needs the provider should review staff training information on a regular basis. Adjustments to the training calendar should be made to support staff engagement with training which is relevant to their role and supports good outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

How good is our staff team?

5 - Very Good

There were a number of major strengths with the areas for improvement having minimal impact on people's outcomes. We evaluated this key question as very good.

3.2 Staff have the right knowledge, competence and development to care for and support

Staff told us they had regular supervision and appraisal. We saw good supervision documentation which included opportunities to reflect on practice and competence. New staff had mentorship and induction, including face-to-face training. All staff spoken to had had supervision and could identify a supervisor. Staff used reflective peer support sessions based on the Health and Social Care Standards (HSCS). This meant people could have confidence in staff because they are able to reflect on their practice and follow their professional and organisational codes.

The service provided practical training for specific health conditions which affected some people who lived in the home, examples of this included tissue viability, nutrition, and hydration. Dementia care was supported by staff who had trained in massage designed to relieve stress and distress.

Leaders oversaw incidences of distressed behaviour through review of care plans and training of staff to manage distressed behaviours. This meant that people were being cared for by staff who understood and were sensitive to their needs to support positive outcomes. The provider collaborated with partners including the Health and Social Care Partnerships (HSCP's) and private providers to ensure quality assurance in training and practice, especially in relation to moving and handling. There was external audit and monitoring of staff moving and handling competency. This was good practice as it meant people could be confident staff use of equipment was safe and effective.

People should experience continuity in care and support from staff they know. The service had a consistent and stable staff team including bank staff. Although there were some care staff vacancies, agency staff were used infrequently. Relatives told us they had confidence in the staff team and that communication with the staff was very good. This means people benefited from a consistent staff team. We saw one instance whereby employment references were not followed in line with safer recruitment practice. The service should ensure references without company stamps or from a personal email address are followed up with a telephone call to ensure identification prior to an offer of employment. Management should ensure they consistently comply with their internal recruitment policies and good practice. (See Safer Recruitment Through Better Recruitment) in order to keep people safe. We saw staff had backgrounds in care prior to recruitment and there was a good uptake of SVQ's at the relevant level. This meant the right staff were being recruited and developed in their role.

How good is our setting?

5 - Very Good

We found significant strengths in relation to the setting and how this supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

4.1 People experience high quality facilities

Care home settings should be a homely environment with comfortable areas that include soft furnishings where people can relax. Each part of the home was clean, attractive, and well cared for. Leaders regularly assessed the environment to ensure fixtures and fittings were renewed or replaced; the furnishings were of good quality. Families could access space for celebrations or family gatherings. There were dedicated activity spaces and people had access to outside space via balconies on both floors. There were large, well-kept enclosed gardens which people could use independently, weather permitting. The communal areas were welcoming, spacious and tidy.

Relatives told us they would benefit from additional private space within the individual units. This would allow for meaningful connection to take place out with people's bedroom area. There had previously been a café area which people and relatives told us they would like to see reinstated. The service should consider this feedback so people can use an appropriate mix of private and communal areas. The environment and equipment were cleaned to a high standard and well maintained. There was a system in place for reporting maintenance issues. Any issues reported were actioned quickly, promoting people's health and safety. Maintenance records were in good order, with a clear process for highlighting any required work. This meant people experienced an environment that was well looked after, clean and tidy with well maintained premises, furnishings and equipment.

How well is our care and support planned?

5 - Very Good

We found significant strengths in relation to care and support planning and how this supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

5.1 Assessment and personal planning reflects people's outcomes and wishes

People should experience high quality care and support based on relevant evidence, guidance, and best practice. Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals. We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. People supported and their relatives were invited to take part in reviews of care which gave an opportunity for them to give feedback and be involved in a meaningful way, in support of their family member. This helped people to get involved in leading and directing their own care and support. Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or needed support to make.

Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs) paperwork completed when this was people's chosen outcome. This ensures people's rights and wishes are considered when their health deteriorates. Handover information contained relevant details about people's health and risks. Contacts for relevant health professionals and family members were noted in plans, meaning people could be quickly contacted when issues arose. When people's health needs had changed, personal plans and risk assessments were promptly updated. This ensured care and support delivered was responsive to people's changing needs.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider must ensure that people experience a safe and well looked after environment. To do this the service should develop individual room audits to ensure furniture, fixtures and fittings are appropriate and the environment clean.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22).

This area for improvement was made on 22 October 2021.

Action taken since then

The service had an environmental audit in place which was carried out as part of their monthly Infection Prevention and Control audits. Two bedrooms per unit were audited per month. There were mattress audits in place.

This Area for Improvement has been Met.

Previous area for improvement 2

In order to maintain a safe and infection free environment, the provider should continue to promote best practice around infection prevention and control (IPC), ensuring staff practice is consistent and follows national best practice guidance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

This area for improvement was made on 22 October 2021.

Action taken since then

To ensure staff practice was consistent with best practice guidelines in IPC, Donning and Doffing of PPE was part of induction for new staff. PPE was available throughout the home. There was evidence of regular competency checks for staff in relation to IPC practice. Staff were actively encouraging good hand hygiene during and after meals.

This Area for Improvement has been Met.

Previous area for improvement 3

The service should further develop its Covid-19 contingency plan. This should be shared with all staff to ensure they are prepared in the event of a Covid-19 outbreak within the home.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

This area for improvement was made on 22 October 2021.

Action taken since then

The service had a Covid-19 contingency plan in place. This included measures to use staffing and environments within the provider group in the event of any outbreak.

This Area for Improvement has been Met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.