

Leonard Cheshire Disability - Wardieburn Street Care Home Service

Wardieburn Unit
4 Wardieburn Street East
Edinburgh
EH5 1DQ

Telephone: 01315 515 088

Type of inspection:
Unannounced

Completed on:
27 March 2024

Service provided by:
Leonard Cheshire in Scotland

Service provider number:
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Service no:
CS2003010995

About the service

Leonard Cheshire Disability- Wardieburn Street is a care home registered to provide a care service to nine adults with physical and sensory impairment.

The home is situated in the Granton area of Edinburgh close to shops, leisure facilities and public transport.

The home consists of a six-bedroom house and three self-contained flats all of which are at ground floor level and accessible for people using mobility equipment. All rooms and flats have en suite and bathing facilities.

Communal areas in the main house include a dining area/ kitchen, living room, and an accessible courtyard garden.

At the time of the inspection eight people were experiencing care.

About the inspection

This was an unannounced inspection which took place on 19 and 20 March 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service.

This included :

- previous inspection findings
- registration information
- information submitted by the service
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service
- spoke with five family members
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

Key messages

- Staff and management were being supported well with their training and ongoing learning and development.
- The management team was now at its full compliment and there had been recent recruitment to vacant support staff posts.
- People told us some of their staff were dedicated, compassionate and communicated well with them.
- Further recorded observations of staff practice focussing on care values and communication were required to improve consistency in the quality of care people experienced.
- People's personal plans contained good information about people health, preferences and interests.
- Positive behaviour support plans needed to be regularly reviewed and staff practice needed to be more consistent to promote best outcomes for people experiencing care.
- Improvements were needed as to how staff were directed and deployed to ensure time spent with people is maximised.

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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Relatives consulted spoke positively about the quality of care and support their loved ones experienced and commented 'they are just wonderful - have done everything they possibly can', 'couldn't ask for more', 'can't fault them' and 'this has been such a positive move for them.' People experiencing care gave us a range of feedback. They told us that they felt valued and very well cared for by some staff that they knew and trusted. We observed supportive and compassionate interactions between some staff members and people experiencing care but also observed that opportunities for meaningful engagement were missed. We heard that people had experienced care where staff had been disengaged and weren't communicating with them in a way that made them feel valued. We heard that a person was frustrated as not all staff had developed the skills to communicate with them in the way that best suited their current needs. This meant that although there were examples of positive practice people also experienced care that was at times task focussed rather than person centred.

Staff had been involved in training with Leonard Cheshire's Positive Behaviour consultant. This was supporting staff learning and development, looking at issues from the person's perspective and advising on communication strategies to promote best outcomes. Positive behaviour support plans were developed to support people who experienced stress and distress. Some staff had signed to say they had read and understood the person's plan but there were signatures missing. Records of staff meetings focussed on adverse incidents that had happened but this was not balanced with discussion about what was working well, what activities had been offered or reviewing how well the advised interventions were working. Some staff were not following the guidance they had received to support people who experience stress and distress. There needed to be greater consistency in staff practice to promote consistently positive outcomes for people. Positive behaviour support plans needed to be regularly reviewed to identify what was working well and whether any aspects of the person's plan needed to be adjusted. (See area for improvement one)

There were a number of staff practice issues reported during the inspection that although known about by the management team had not been clearly logged. There should be a clear trail showing when concerns are raised and how they have been resolved to the person's satisfaction. These should be logged as soon as concerns are raised. Where concerns had been raised about staff practice these were investigated and the relevant agencies informed but it was not clear from records how the person raising concerns was informed about the outcomes of investigations. Records should indicate whether the person has been offered the services formal complaints system (See area for improvement two)

We observed and heard feedback from visiting professionals that staff congregated in people's kitchen/ dining room even though they were not directly supporting people there. Staff were having their breaks in people's living space and alternative arrangements needed to be put in place to give people a sense of ownership of their home and demonstrate respect for their living space (See area for improvement 3)

People experiencing care told us that they were well supported in accessing their local and wider community. People were involved in activities of their choice such as involvement in creative art and music groups, trips to the theatre and events as well as going out to their favourite places for coffee and meals. People were supported to plan for their food choices and go shopping locally which we heard they enjoyed.

Access to the service's own transport was currently limited as there was only one person suitably trained. The service were looking at widening the pool of trained staff so that people could use their transport more often. People expressed that they looked forward to going out on the minibus when available to them and opportunities could therefore be extended. Although overall people were supported to lead meaningful lives there was scope for staff to take initiative and be creative in how they support people with limited finances to be involved in things they have expressed interest. There was also scope for spending more dedicated time with people who were in their rooms a lot. People's daily choices were not reflected in full in care records and further work was needed to develop some of the staff's skills in person centred recording. This meant that the majority of people experiencing care were being supported well with their expressed interests and choices but further work was needed to ensure everyone's support was planned for and recorded well in line with their expressed interests.

People's health plans had been updated in line with a previous area for improvement to provide more detailed information about continence and catheter care and any associated risks. People's mobility plans contained good detail for staff to follow when supporting people to mobilise and use assistive equipment. Staff recorded nutritional and fluid intake where there were any identified risks to people as well as monitoring for any skin damage risk. Some people were waiting for new equipment to support their comfort and wellbeing and the management team were pursuing this at the time of inspection. We heard from an involved professional that people were well supported with their physical needs and that it was a good care service but there needed to be more focus on promoting people's emotional wellbeing with improved communication and engagement and increased focus on Leonard Cheshire values. Relatives expressed how responsive the staff and management were in identifying any changes to a person's presentation and involving relevant health professionals. The service maintained a clinical risk register and had access to internal support and training from Leonard Cheshire to support staff with any specific health and wellbeing issues. This meant that people could have confidence in their care provider to monitor their health needs but further development of the staff team was needed to ensure that care values were consistently embedded in staff practice.

Safe food storage was well organised. We have advised the provider to review fridge temperature records to ensure the recorded temperatures are within the advised limits. There were effective systems in place for managing and supporting people safely with their medication. Regular audits picked up on any issues promptly. We heard that there could be improved consistency in practice to avoid any medication spillage when checking medication as staff practice differed. Further overview of this was necessary to check that staff were consistently following the guidance provided by management. This meant that there were good systems in place to keep people safe and protected but further monitoring of staff practice was needed to improve consistency of approach.

Areas for improvement

1. To support consistency in the quality of care people experience the provider should check that all staff have read and understood people's support plans and are consistently following the agreed plan when supporting people who experience stress and distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

2. To support people to uphold their rights to have any concerns about the quality of their care and/or facilities investigated and responded to effectively there should be a concerns/complaints log maintained at

service level. Records should indicate whether the formal complaints procedure has been offered as well as clearly logging the details and outcome of any concerns raised by people experiencing care. Concerns should be logged at the time received and not retrospectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights.' (HSCS 2.3)

3. To promote people's sense of ownership and control over their living space staff should not congregate in people's kitchen/ dining area and be deployed effectively to the benefit of people experiencing care. Alternative arrangements should be made for staff to have their breaks outwith people's living space.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I experience care and support where I live, people respect this as my home.' (HSCS 3.2)

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The management team was now at full compliment with the team leader post having being successfully recruited to. Team leaders had an action plan in place to support supervision of staff and increased monitoring/observations of staff practice. Leaders had been supported to gain the necessary qualifications and skills development to support them in their role and recent employees were supported well with induction into their new roles. The management team had been responsive in actioning previous areas for improvement. Staff training was well organised and regularly monitored to ensure that the staff team were given opportunities to develop their knowledge and skills. There needed to be increased observations of staff practice to monitor the quality of care that people experienced including observations of night staff practice. This will support people experiencing more consistency and continuity in their care. (See area for improvement one)

The lack of reliable internet access was impeding staff and management in carrying out their work to best effect. We heard that staff sometimes needed to complete work and training from their homes due to unreliable internet provision. The management team experienced difficulties in completing and saving necessary documentation. Improvements to the current technology would assure people that their management and staff team have the necessary resources to support them effectively in their roles.

Relatives we consulted spoke positively about the management and leadership of the service telling us that 'they are on the ball and get things done' and 'always responsive if I raise anything.' Staff were overall positive about how they were led and managed though we heard feedback that there needed to be improved direction for staff and the responsible person system (person assigned to deploy staff) was at times ineffective due to staff's varying leadership skills and confidence. With the addition of the new team leader this should provide improved direction for the staff team as well as direct support to staff over the weekends. This meant that there were aspects of management and leadership which were working well but there was a need for improved direction for staff. We have issued the provider with the most recent copy of the notification guidance for care providers so that all members of the management team are familiar with the notifiable events guidance.

Staff team meetings were held regularly. Issues were raised and discussed at these meetings and improvements to internal communications within the staff team had been identified. We heard feedback from staff that internal communications were being worked on to improve sharing of information and building a more positive team culture. The service had gathered feedback from relatives and people supported and should now consider how improvements made as a result of their feedback is relayed back to them. The service had a local action plan which identified any improvements needed and timescales for review. A more robust service improvement plan could be developed which clearly reflects how feedback from people supported and their relatives is used to plan for future improvements. The staff team should also be involved in service improvement planning so their ideas and experiences contribute to continuous service improvement. This will provide assurance to people experiencing care that their care provider uses regular feedback on how they experience and uses the learning from this to improve their service.

Areas for improvement

1. To support consistently positive outcomes for people experiencing care the provider should increase the level of recorded observations of staff practice and include observations of night staff in its quality assurance processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

There had been improvements made to staffing arrangements since the previous inspection. The staff rota had been adjusted to increase staff availability in the late evening. The care service had recently recruited to two of the three vacant posts which will provide people experiencing care with increased continuity in their support once they are inducted and established in their roles. Although there were reduced levels of agency staff this could be further minimised with improved planning of staff's leave arrangements. People told us that the quality of their staffing was variable. We heard that 'most of them do a good a job, some not as good.' Staff consulted considered that staffing levels had improved and that there were some good caring staff who valued people but there were also a few who did not seem to be invested in promoting the values of the organisation in their practice. Further value based training for staff would be beneficial and further reflective practice discussions along with observations of staff practice will further support developing communication skills.

The provider had introduced a new electronic system for planning staff leave to reduce the need for agency use at certain points in the year. Staff rotas evidenced that there were sufficient staffing levels to meet people's physical and emotional support needs. However, the way staff were directed and deployed needed addressed as noted in Key Question One of this report. Internal communications within the staff team needed to improve to ensure that communication was effective and all staff were working well together. This provides people experiencing care with confidence that those providing their support communicate well together.

Staff training had been provided so staff had an improved understanding of specific health conditions and the impact these could have on people's physical and emotional wellbeing. Staff had also been involved in recent positive behaviour support sessions which was supporting them to look at different approaches which could lead to improved outcomes for people and promoting value based, person centred practice.

There was ongoing development of the staff team. Some staff had been supported to achieve the necessary qualifications to meet with the Scottish Social Services requirements for their role. Staff consulted confirmed that they had been discussing professional development opportunities with their supervisors so that they could progress their skills, knowledge and qualifications.

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The care home had a dedicated domestic who maintained the environment to a high standard of cleanliness and maintained cleaning records. Maintenance records were updated and checks of people's equipment were maintained. The care home was found to be clean and odour free with plenty of natural light and a pleasant dining area, central lounge and spacious corridors. Some of the rooms were smaller than others though functional and rooms were personalised and gave a real sense of what was important to people experiencing care. People told us that they were happy with their rooms though we heard one of the doorways to a shower room was quite tight when using mobility equipment. We noted that there was a raised lip which made it less smooth for wheelchair use for a person going in and out of the doorway to the outside grounds. The care home had an environment improvement plan including replacement of the kitchen to improve accessibility for people using mobility equipment. The laundry was also due to be refurbished and the outdoor facilities upgraded. We noted that people who enjoyed spending time outdoors could have more sheltered facilities if there was increased slabbing/patio space and that some of the paving needed replaced near the entrance to the main building. We heard from people experiencing care and management that due to budgetary concerns the planned works including replacing some of the flooring/carpets had not been achieved. The provider should continue to gather people's feedback on the quality of their environment so that any necessary adjustments can be planned for. This meant that although the environment had aspects which were beneficial to promoting a good setting for people to reside in, further improvements to facilities to promote people's independence and enjoyment of their indoor and outdoor space were necessary. (See area for improvement one)

Areas for improvement

1. To promote people's independence, choices and enjoyment of their indoor and outdoor environment the provider should finalise dates for the planned environmental improvement works to be carried out.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can use an appropriate mix of private and communal areas, including accessible outdoors space, because the premises have been designed for high quality care and support.' (HSCS. 5.1)

How well is our care and support planned?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People's personal plans and risk assessments evidenced recent review and update. The plans gave a good sense of what was important to the person and their choices and interests. This meant that people's plans reflected their health and support needs, choices and interests well.

Staff completed communication diaries and information about activities that people had been involved in as well as monthly keyworker reports. These evidenced that some people were being supported well in achieving their individual goals and outcomes. The way staff record people's care and views could be improved so that they better capture the choices that people are offered on a daily basis. This supports evidencing that people's identified goals are being regularly planned for. We noted a person's goals and outcomes had not been reviewed to reflect what resources had been explored for them. If there is a reason why the stated goal has not been achieved, then this should be reflected in the personal plan and any necessary adjustments made. This meant that people could be assured that staff had detailed information to guide their support but further improvement was needed to ensure that all people experiencing care had their goals and outcomes regularly reviewed.

Staff were completing the appropriate documentation to allow analysis of situations where people have been showing signs of stress and distress. The detail in these could be expanded on to provide more detail about circumstances which might contribute to stressed behaviours and to reflect that staff are following the advised approaches well. People's care review minutes should be accessible and be made available to them promptly after their review meetings. This is so that they can refer to what has been discussed and agreed as well as confirm that they agree that the minutes are an accurate reflection of what has been discussed and planned for. This meant that people had opportunities to attend reviews of their care but improvements were needed to ensure that minutes of these were readily accessible to them.

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

In order that people can be assured that the staff supporting them with continence and catheter care have detailed guidance to follow and identify any potential risks to them, the provider should ensure that the continence and catheter care plans and risk assessments are reviewed and updated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which

states that: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices. (HSCS 1:15)

This area for improvement was made on 30 August 2022.

Action taken since then

The provider had taken action to address this area for improvement and we found that people's catheter and continence care plans contained good detail to guide staff as how to promote their continence support needs well and identify any potential risks to them. Staff also had access to more detailed information about catheter care within the personal plans for ease of reference. This area for improvement has been met.

Previous area for improvement 2

In order that the people using the service can be assured that the quality of their support with mobility is being regularly quality assured, the provider should ensure that the records of staff competency checks are completed well and are included in quality assurance checks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4:19)

This area for improvement was made on 30 August 2022.

Action taken since then

The provider had taken action to address this area for improvement. Staff had moving and handling passports and competency checks in place and confirmed that they were well supported in their moving and handling training with guidance from their assessor. The provider was in the process of organising training in order that there would be increased numbers of staff trained to carry out staff competency checks. This area for improvement has been met.

Previous area for improvement 3

In order that people can be assured that staff have the right training and competence to meet their assessed support needs, the provider should deliver training in continence and catheter care as well as link staff training more closely to people's individual needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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)

This area for improvement was made on 30 August 2022.

Action taken since then

Staff had been provided with training in continence and catheter care as well as training relating to specific conditions and health needs. This had improved staff's knowledge of how specific health conditions can impact on a person's physical and emotional wellbeing. This area for improvement has been met. As new staff come on board the provider should continue to deliver training linked to the needs of people experiencing care.

Previous area for improvement 4

In order that people can be assured that staffing levels are sufficient to meet their assessed care and support needs at all times, the provider should review and adjust the current staff rota to accommodate this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: ' My needs are met by the right number of people.'
(HSCS 3:15)

This area for improvement was made on 30 August 2022.

Action taken since then

The provider had taken action to address this area for improvement and had adjusted staffing arrangements so that there was more available staff when late shift staff were finishing and night shift staff starting. This area for improvement has been met though as detailed in the main body of the report the way staff are deployed needed further consideration to achieve promote improved outcomes for people experiencing care.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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