

Lunardi Court Care Home Service

39 Robertson Road
Cupar
KY15 5YR

Telephone: 01625417800

Type of inspection:
Unannounced

Completed on:
15 April 2024

Service provided by:
Four Seasons Homes No4 limited, a
member of the Four Seasons Health
Care Group

Service provider number:
SP2007009145

Service no:
CS2003010343

About the service

Lunardi Court care home is a purpose built property situated in a residential area of Cupar. The home offers 24 hour care for a maximum of 40 older people. The home is part of the Four Seasons Health Care Group.

The manager is responsible for the day to day running of the home and supervision of staff, supported by a depute manager and regional support manager.

The home provides accommodation on two floors, in single occupancy rooms with en-suite facilities. Each floor has a communal lounge/dining area. There is a large enclosed garden and patio area for residents use.

About the inspection

This was an unannounced inspection which took place on 8, 9 and 15 April 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 and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with ten people using the service and eleven of their families.
- Spoke with fifteen staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- People were happy with the care and support they received at Lunardi Court.
- People's health and wellbeing was supported well. This included access to other health professionals.
- Relatives told us they were happy with the quality of care and communication in the home.
- There was a range of activities that people enjoyed. The activity team were increasing links with the local community.
- Quality assurance systems had improved, meaning the service was developing a culture of continuous improvement.

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?	4 - Good
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?

5 - Very Good

Our overall evaluation for this key question was very good. We found the service had significant strengths in keeping people safe and meeting their needs

People should experience warmth, kindness and compassion in how they are supported and cared for. When speaking with people and observing interactions between residents and staff, it was evident that people had developed positive and trusting relationships with the staff who supported them. This included both the direct care team and ancillary staff.

Staff clearly knew the residents well and understood how best to support them. We carried out a more formal observation in the lounge area and noted similar caring and supportive interactions.

Staff felt happy in their work and spoke highly of the support they had received from the management and how well the staff within the home worked together. They told us people were cared for to a high standard within the home. This was confirmed by the relatives we spoke with.

People told us:

- "I get on well with the staff, nice people".
- "I have no concerns, everyone is good".
- "Everyone is kind, though sometimes too many different people".
- "Lovely food, good care".

Most families felt confident in their loved one's care because they knew the staff who provided their care and support, and when to expect them. They told us:

- "It's a good team, with a good manager who knows what's happening".
- "My only gripe would be the laundry. Things go missing or you find other people's clothes in the wrong room". (several people commented on laundry issues. The manager was addressing this.
- "No concerns, she likes the staff who attend her".
- "It's a reliable service, no concerns".

There was a range of joint activities that took place regularly. The majority of staff and relatives we spoke with confirmed this. The activity team were developing opportunities for people to be involved in their local community. This had included a local group of young dancers visiting the home and demonstrating their dances. This had been enjoyed by people. One person commented 'It's nice to see the young ones, I enjoyed their dancing'. People had visited the local school, been to local cafes and on local bus outings. A few people felt that activity provision could be enhanced over a wider time range.

The wellbeing team kept records of activities and how people participated in these. This was useful to help monitor whether the provision offered was right for people. There was less evidence of activities taking place when the activity staff were not present. Care staff should also be involved offering meaningful activities also. The manager agreed to take this forward.

Relatives told us that they received regular communication and updates from staff. This was a positive step to promote people's wellbeing.

Mealtimes were calm and relaxed. Staff took time to make sure that people were happy with their choices and found alternatives if this was not the case. People were encouraged and supported with their food and fluid intake in a sensitive way. This meant that good nutritional and fluid intake was promoted, benefiting people's health.

The service used a range of health assessment tools which were used to monitor people's health and wellbeing. These included nutrition and hydration, mobility, skin health and stress or distress. Where these assessments identified needs then a specific care plan was put in place. These were being used well and this helped to maintain people's wellbeing.

Medication records showed that people received their medication as intended by the prescribing GP. The service had systems in place to monitor safe administration of medications.

How good is our leadership?

4 – Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff we spoke to felt happy in their work and spoke highly of the support they had received from the management and how well the staff within the home worked together. They told us people were cared for to a high standard within the home. This was confirmed by the relatives we spoke with.

The management team were visible within the service and knew people well. Families and staff we spoke to considered the manager to be approachable and responsive. Examples of comments included that the manager was "helpful and assists us well with any queries" and "he listens and acts on our comments".

Staff supervision and appraisal was taking place regularly. This allowed opportunity for two way discussion about how well staff were performing. This included making comment on what was working well and where improvements were needed.

The quality assurance processes covered a number of important and key areas relating to the care of people living in the home. This ensured a culture of continuous improvement for people living in the service.

The manager had an overview of incident and accident records, these were analysed to identify any opportunities to learn from them to minimise any reoccurrence of a similar accident or incident.

Regular flash meetings took place which are attended by representatives from each staff group. This meant that the manager had a clear oversight of the daily plans and needs of the home.

The service had an ongoing improvement plan which was fed into from various sources including quality audits, observations, and discussions/ feedback from people.

The manager was in the early stages of including the wider team in audits and collating and actioning any comments from people using the service and their families.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed staff across all departments working well together in a supportive and respectful manner, that helped to create a positive team spirit and warm atmosphere for people living in the home.

Staff were visible and attentive to people when they needed assistance. Staff told us that staffing levels were appropriate and families commented that staff were visible and responsive to anything the wished to discuss.

Staff training records showed staff had access to a variety of training to support them to carry out their role and had carried out mandatory training.

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from comfortable living areas with plenty of fresh air. The environment was clean and tidy. Some areas of the home have been redecorated, providing refreshed facilities for people. People were encouraged to personalise their own rooms to suit them. This contributed to a comfortable and familiar living environment for people.

Regular checks and maintenance of the home were carried out. We saw routine repairs and maintenance was actioned. This ensured a safe environment for people.

The improvement plan in place identified some areas for environmental improvement and these had been put in place. Some areas of the home would benefit from further upgrading and redecoration. The manager informed us that the provider had plans for refurbishment of some areas of the home later in 2024. We will monitor progress in this area at the next inspection.

See area for improvement one

Areas for improvement

1.
In order to promote activity, independence and a pleasant living environment, the service provider should ensure refurbishment of the home takes into account people's social and care needs. This should include consulting with people using the service and their families as well as following environmental practice guidance for supporting people living with dementia.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, strengths has a positive impact on people's experiences.

People should expect that assessment of their care needs and care planning reflects their needs and wishes. They benefitted from detailed assessments of their needs both prior to and on admission to the home. Full care plans were then developed in the immediate weeks following admission. The care plans were clear to read and understand. There was overall a good level of detail, within the care and support plan to guide staff about how best to care for and support each person. These detailed people's needs, preferences and likes/dislikes. A few plans would benefit from more personalisation to guide staff about how best to support the person.

Supporting documentation to monitor specific aspects of care including, nutrition, safe moving, and wounds were in place and appropriately completed. This helped staff to evaluate the effectiveness of care delivery.

Staff had good knowledge of people's needs and choices. They spoke well about the care and support people required, in particular where a person had specific support 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

In order that service users experience a service with well trained staff, staff should receive regular supervision and appraisals. The provider should evidence staff competency, with staff learning and development needs being assessed, reviewed, and addressed. This process should also reflect any period of induction and probation and with support from the provider's training plan.

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 20 July 2023.

Action taken since then

Staff are now being supported with regular and planned supervision sessions. Staff we spoke with felt that these sessions were beneficial and said that they were able to discuss their role and the service freely with the leadership team. Training records evidenced that a range of training was provided to staff. Staff found training helped them to support people better. Newer staff undertook an induction programme. We spoke with a newer staff member who found their induction to be beneficial.

This area for improvement is met.

Previous area for improvement 2

In order for people's care plans to direct staff in delivering person centred care for people the provider should:

- a) Include person-centred information outlining needs, abilities and support required to meet those needs and;
- b) Accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks,
- c) For people who can experience stress and distress, this should include the appropriate use of assessment tools relating to a person's behaviour, such as ABC charts,
- d) Care plans to be regularly reviewed, with people or their representative involved.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 20 July 2023.

Action taken since then

A sample of people's plans which we examined demonstrated that essential information to support people well was in place. Health assessments were complete and where needed a specific care plan was implemented. Care plans were reviewed regularly. Families were consulted at planned care reviews.

The service carried out audits to monitor that the plans were kept up to date and ongoing work was taking place to ensure they were person centred.

This area for improvement is met.

Previous area for improvement 3

In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and purposeful for them.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25)

This area for improvement was made on 31 May 2022.

Action taken since then

Two activity co-ordinators supported a range of activities. People spoke positively about the activities they were able to participate in. The service were working with local groups to support community engagement. This was in the early stages of development. During the inspection a local group of young dancers visited, this was enjoyed by many residents. Some residents were enjoying trips out using the bus to enjoy local tours.

This area for improvement is met.

Previous area for improvement 4

In order that people experience good outcomes and quality of life, the provider should continue to develop their dementia service. This should continue to include the setting, record keeping and, staff training and development.

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)

This area for improvement was made on 31 May 2022.

Action taken since then

Staff had completed dementia training online, this was now to be supplemented by dementia champions within the service. The champions would support staff to develop their dementia awareness skills.

The service was due for refurbishment. The leadership team planned to ensure that this would take account of best practice guidance of dementia friendly environments such as good signage and lighting.

This area for improvement is met.

Previous area for improvement 5

In order to promote activity and independence for people with dementia and other cognitive impairments, the service provider should make appropriate changes to the internal environment and garden area. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This area for improvement was made on 31 May 2022.

Action taken since then

As described above a refurbishment of the environment was due. An amended area for improvement is made. This can be found in 'How good is our setting'.

Previous area for improvement 6

In order to support good communication and effective information sharing, the manager should ensure that the contact details for family/representatives are properly recorded and easily accessible.

This is to ensure care and support is consistent with Health and Social Care Standard 4.3: I experience care and support where all people are respected and valued.

This area for improvement was made on 24 November 2023.

Action taken since then

Family and representative contact details were held in all care plan samples we examined. This area for improvement is met.

Previous area for improvement 7

In order to support good outcomes for people experiencing care, the manager should ensure that people are offered regular opportunities for meaningful conversations, over time, to support them to think carefully about what matters most to them. End of life care plans should be reflective of people's choices and wishes, and where appropriate, the choices and wishes of their representatives/families.

This is to ensure care and support is consistent with Health and Social Care Standard 4.1: My human rights are central to the organisations that support and care for me.

This area for improvement was made on 24 November 2023.

Action taken since then

We sampled a range of end of life care plans. These mostly held information about people's choices and wishes. Families were involved as appropriate. Where some plans were not in place or partially in place this was because people were not ready to discuss this sensitive topic. The manager and nurses demonstrated awareness of the need to re-visit this with people when appropriate. This area for improvement is met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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