

# Lizdean Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 August 2024

**Service provided by:**  
Blair and Fiona McKellar, a partnership

**Service provider number:**  
SP2010011088

**Service no:**  
CS2010271358

## About the service

Lizdean Nursing Home is registered to provide a care home service to a maximum of 18 older people. The provider is Blair and Fiona McKellar, a partnership.

The care home is located in a residential area of Kilmarnock close to local amenities. Ten single and four double bedrooms are provided over two floors with access to the upper floor by chairlift or stairs.

There is an intention to convert one of the shared bedrooms into two single rooms. People with impaired mobility are assessed for suitability before they are accommodated on the upper floor of the home.

Shared lounges, toilet and shower/bathing facilities are available on both floors with the dining room located on the lower level. Residents also have access to an enclosed garden area.

## About the inspection

This was an unannounced inspection which took place on 1 August, 2 August and 5 August 2024 between 09:00 and 17:00. 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 three people using the service and six of their family/friends
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- We saw warm, compassionate care being provided to people living in the home by staff who knew them well.
- Quality assurances process need to be more robust to inform a service improvement plan to drive improvement.
- Staffing arrangements meet people's needs.
- People can move around the home freely, however require supervision to access outdoor space.
- As part of this inspection, we assessed the service's self-evaluation of key areas.  
We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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

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

## How well do we support people's wellbeing?

4 - Good

### Quality Indicator: 1.3 - People's health and wellbeing benefits from their care and support.

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

We observed warm, kind and compassionate interactions between staff and people who are supported.

Staff had in-depth knowledge of the people they supported, including their health needs. We were able to see clear records of people's health being monitored and the responsiveness of staff where there was any deterioration. This included escalating concerns to the relevant health professionals.

There were positive relationships with external health professionals, such as the care home liaison nurse and G.P's.

We could see that people were supported to have a healthy diet, with fresh home cooked meals prepared daily. This benefits their health and wellbeing, and they were supported to make healthy choices by providing menus on dining tables. Weight charts and fluid charts were all in use to provide key health information to external health professionals. It would be beneficial to consult people living in the home about what goes on the menu, ensuring everyone's choice is considered. Some people were also waiting at the dining tables too long before their meals were ready which can cause confusion for the person and potential distress.

People take part in activities that are meaningful to them and the activity co-ordinator facilitates this. We could see evidence of intergenerational activities, with children from nurseries and the college visiting the home. The manager is looking to further develop this. Activity logs have been introduced which will assist in developing activities further, especially outwith the service. An area for improvement was made at the previous inspection which can be found under 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

Resident meetings take place, and an advocacy worker joins these to support people, ensuring their views are heard.

We reviewed people's medication and found that people were receiving their medication as they should, with medication administration records being completed appropriately. We found that as required medication protocols were in place. Regular audits were not taking place, an area for improvement was made at the previous inspection which can be found under 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

Personal plans have good information regarding people's lives, health, wellbeing which includes risk assessments. They provided detailed information for staff about how the person wished to be supported.

We were able to see that where people lacked capacity they were supported under the principles of Adults with Incapacity.

## How good is our leadership?

## 3 - Adequate

## Quality Indicator: 2.2 - Quality assurance and improvement is led well

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People living in the home should benefit from a culture of continuous improvement, we found that the service had no improvement plan in place. We suggested the home look at assessing itself against the quality framework used to inspect the home. Management should incorporate all information collated from inspection, quality audits, feedback from people experiencing care, the health and social care standards and where they want the service to be, to inform the plan. Giving people confidence that the provider and manager are continually looking to improve the service. (See Requirement 1).

There were quality assurance systems in place which could have been more robust and planned more regularly. Findings from these should then inform the service improvement plan. We could see that management had good oversight of areas that required development in the short time of being employed and had identified that there had been a lack of oversight in, staff training, staff competency, supervisions, team meeting or care plan reviews. (See Requirement 1).

Management was responsive to issues raised by relatives and people living in the home and feedback was that management were approachable and responsive.

We found systems in place for tracking accidents and incidents along with the analysis of these, providing management with how to prevent future incidences. There was oversight of staff professional registration, and the service had good safer recruitment practices. This gives people living in the home confidence that the right staff are employed and competent.

### Requirements

1. By the 2 December 2024 the provider must ensure that improvement and quality assurance for the service is responsive and is carried out effectively to show good governance that contributes to high quality care.

In order to demonstrate this:

- the provider should have an improvement plan that enables the service to evaluate its quality and performance based on evidence. This should be implemented through a shared approach to self evaluation, involving residents, families and staff.
- quality audits relating to support plans, risk assessments, record keeping, medication must be accurate, kept up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without unnecessary delay.
- ensure audits include indicators targeted towards positive outcomes for people and evidence based good practice.
- have oversight of staff training, competency, supervisions and team meetings.
- prioritise the evaluation of people's experiences and outcomes in quality audits.
- measure performance against the HSCS

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I use a service that is well led and managed" (HSCS 4.23). It is also to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 4 (1) (a).

## How good is our staff team?

4 - Good

**Quality Indicator: 3.3 - Staffing arrangements are right and staff work well together.**

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

The service uses a dependency tool, this calculates how many staff should be on shift. Staff schedules were developed, taking into account people's needs. Staff told us that where necessary, staffing levels were increased to meet people's needs.

There was a consistent staff team who cover all shifts within the service and people living in the home know their staff team well which helps to reduce stress and anxiety. For staff absences, the team cover to minimise the impact on the person supported. Agency staff are used, and the service requests the same staff for consistency. Agency induction is being developed.

All staff receive an induction when commencing employment at the home, an area for improvement was made at the previous inspection which can be found under 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

Staff receive training at induction and access online training. A lot of staff training was out of date and staff are required to refresh this.

Staff told us that they work well together as a team for the benefit of the people being supported. There have been changes recently with staff moving on, however the service has been recruiting.

The staff use a daily safety brief and allocation sheet to ensure everyone is aware of their duties for that shift and that important information is shared. Handovers take place prior to each shift to ensure that all staff have information they need about each person living in the home.

## How good is our setting?

3 - Adequate

**Quality Indicator: 4.2 - The setting promotes people's independence**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

We found good accessibility into the property from both front and rear entrances. People living in the home can move around without any barriers. There is a chair lift in situ for those who live on the first floor, to access the ground floor.

There are four shared rooms in the home. A policy has been developed in the management of shared rooms which ensures evidencing informed consent, promotion of privacy and dignity, management of personal belongings and equipment, infection prevention and control, palliative care and the management of illness or behavioural changes.

We received some feedback from relatives about concerns around sharing rooms. Some people did not feel that rooms could be personalised due to sharing and having a couple of televisions in the room that people want to watch is not practical.

We found that the home does have an enclosed garden, however people living in the home are unable to access the garden area freely without supervision.

We found that the home needs modernisation and redecoration. The provider has an environmental improvement plan in place which can be further developed by considering the findings of the assessment tool used to identify a more supportive environment for people living with dementia. An area for improvement was made at the previous inspection which can be found under 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

## How well is our care and support planned?

3 - Adequate

### Quality Indicator: 5.1 - Assessment and personal planning reflects people's outcomes and wishes

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

We sampled a few personal plans and found that they guided staff on how to support people with their health and wellbeing needs. We found the standard of personal planning was good, however could be a more person centred, and outcome focused. People's capabilities were recorded which gave staff the opportunity to encourage people's independence where possible.

Relevant information on people's health needs were in place as well as good risk assessments to reduce the risk of harm to people.

We could see when personal plans were implemented that people being supported and their relatives were involved. This ensured that personal plans were as up-to-date as possible.

We were unable to see evidence that care reviews were taking place. Care reviews and evaluations should capture positive outcomes achieved for people which then inform the personal plan. (See Requirement 1).

### Requirements

1. By the 2 December 2024 the provider must ensure that people's personal plans set out how their health, welfare and safety needs are to be met and are regularly updated.

In order to do this the provider must ensure that all residents have personal plans which:

- Accurately reflect all their current needs by ensuring personal plans are reviewed once in a six-month period.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My support 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) It is also to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 5(2) (b) (iii).

## 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

To promote positive outcomes for people experiencing care, a detailed policy on the management of shared rooms should be developed and implemented. The policy should include (but not be limited to) evidencing informed consent, promotion of privacy and dignity, management of personal belongings and equipment, infection prevention and control, palliative care and the management of illness or behavioural changes. Measures to monitor practice in respect of the shared bedrooms should be established.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 14 August 2023.**

#### Action taken since then

We saw that a policy had been implemented by the provider and covered all aspects of area for improvement.

This area for improvement has been Met.

#### Previous area for improvement 2

In order to enable people experiencing care to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health, the activities programme should offer regular opportunities to engage in outdoor activities. The provision of activities out with the coordinators' hours should also be improved.

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 14 August 2023.**

#### Action taken since then

We saw a range of activities that had been arranged as well as engagement with the local community, however this could be further developed, especially with outdoor activities and when the activities coordinator is not working.

This area for improvement is continued.



### Previous area for improvement 3

To ensure that medication prescribed 'as required' is administered in a consistent manner the provider should ensure that clear protocols are developed to guide staff as to when a person requires this medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 19 August 2022.**

#### Action taken since then

We found as required medication protocols in place which were consistent and guided staff on when and how medication should be given and also identified alternative interventions.

This area for improvement has been Met.

### Previous area for improvement 4

Regular medication audits, including stock checks, that monitor the full medication cycle should be implemented with any issues and areas for improvement being addressed to promote good practice.

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).

**This area for improvement was made on 14 August 2023.**

#### Action taken since then

More robust medication audits should be in place.

This area for improvement has been continued.

### Previous area for improvement 5

The quality assurance framework would benefit from further refinement to make it clear how the systems and processes undertaken underpin and drive change and improvements that deliver positive outcomes for people experiencing care and their families. To achieve this the provider and manager should:

- prioritise the evaluation of people's experiences and outcomes in quality audits;
- measure performance against the HSCS;
- ensure audits include indicators targeted towards positive outcomes for people and evidence based good practice;
- develop, monitor and meet action plans that specify clear actions, responsibilities and timescales; and
- implement a shared approach to self evaluation, development planning and continuous improvement with residents, families and staff.

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).

**This area for improvement was made on 14 August 2023.**

## Action taken since then

Quality assurance processes are required to be more robust with a service improvement plan introduced. This area for improvement has now been revised and become a requirement.

## Previous area for improvement 6

Induction procedures and records should be reviewed and improved to ensure that new staff receive the role specific training they need in a phased and prioritised way.

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).

**This area for improvement was made on 14 August 2023.**

## Action taken since then

Induction procedures continue to require improvement. This area for improvement has been continued.

## Previous area for improvement 7

The staff supervision process should be reviewed to include an enhanced focus on caseloads, training and development, goal setting, the HSCS and registration with the NMC/SSSC. More emphasis on reflective practice, where staff consider how their learning impacts on their practice and the aspects they could develop, should also be established.

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).

**This area for improvement was made on 14 August 2023.**

## Action taken since then

Staff supervision processes require further development to improve and include those set out in this area for improvement. This area for improvement has been continued.

## Previous area for improvement 8

To ensure people experiencing care benefit from high quality facilities, a dynamic, continuous environmental improvement plan should be developed with responsive action planning setting out priorities, timescales and responsibilities.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience a high quality environment if the organisation provides the premises.' (HSCS 5).

**This area for improvement was made on 14 August 2023.**

## Action taken since then

We were able to see that the providers had developed an environmental improvement plan which could be further developed following the completion of the King's Fund Assessment. This area for improvement has been Met.

### Previous area for improvement 9

The 'King's Fund (EHE) Assessment Tool' should be used to develop and implement an action plan that will promote a supportive and enabling environment for people experiencing care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

**This area for improvement was made on 14 August 2023.**

#### Action taken since then

The King's Fund Assessment Tool has been started by the service, however requires completion and findings included in the service improvement plan and environmental improvement plan.

This area for improvement has been continued.

### Previous area for improvement 10

To ensure that people using care services benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience, personal plans should be reviewed to improve recording in relation to care planning, meaningful involvement, adopting a strengths-based approach, outcome focussed evaluations and reviews, support to maintain meaningful connections and a strong link between risk assessments, care plans and supplementary records.

This is to ensure that 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 14 August 2023.**

#### Action taken since then

We found that personal plans were outcomes focused, person centred and detailed people's capabilities in order to maintain independence. We could see there were supports to maintain meaningful connections, with good links between risk assessments supplementary records.

This area for improvement has been Met.

### Previous area for improvement 11

To inform the delivery of safe and effective care and support that meets the needs of people experiencing short breaks (respite), staff should ensure that personal plans are developed as soon as possible after admission and in accordance with the service policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12).

**This area for improvement was made on 14 August 2023.**

#### Action taken since then

We were able to see evidence of two people receiving respite care that personal plans were in place, directing staff on how to support the person in the way they wished to be supported.

This area for improvement has been Met.

## Previous area for improvement 12

Supplementary charts used to record and monitor the care and support interventions provided to residents with enhanced care needs should be accurately completed and this should be reviewed by senior staff to ensure that assessed care needs are fully met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 14 August 2023.**

### Action taken since then

We were able to see that supplementary charts were used to monitor people's health and wellbeing and these were used to inform external health professional of any changes to people's needs.

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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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