

Lomond Court Nursing Home Care Home Service

Woodside Way
Glenrothes
KY7 5RW

Telephone: 01592 754 489

Type of inspection:
Unannounced

Completed on:
4 October 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300748

About the service

Lomond Court Nursing Home is a purpose-built home situated in a residential area on the outskirts of Glenrothes. The home provides 24-hour nursing care and support to 40 older people.

The service provider is HC-One Limited, a national provider of private health care.

Accommodation is provided on two floors and each floor can accommodate 20 people in single occupancy rooms with ensuite facilities. There is substantial parking provision and landscaped gardens with a patio area for residents' use.

There were 38 people living in the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 30 September and 1 and 2 October 2024. 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 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 seven of their family and representatives
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People's health needs were well considered but medication management required further attention.
- Managers and leaders were well respected and competent.
- Staff worked well as a team and were kind and compassionate.
- The environment was clean and pleasant.
- Care planning was detailed and guided care well.
- As part of this inspection we assessed the service's self evaluation of key areas. we found that the service had begun to use self evaluation, however, further work is required to develop this approach to support 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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - 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?

3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths which have a positive impact on people, however some key areas of performance need to improve.

People should expect high quality care that is right for them. It is important people experience warm, nurturing relationships with staff. We observed many kind, compassionate and warm interactions between people using the service, visitors and staff. People described the staff looking after them as 'excellent' and 'perfect'. Staff described the home as like 'one big family'. We could be assured that people were being cared for by a staff team who knew them well.

It is important that record keeping guides and supports staff practice and reflects people's assessed need, wishes and choices. We found care plans and supporting documentation contained relevant assessments and updates which meant they could guide staff and reflect the care being delivered.

There was good clinical oversight of people's health needs. Prompt referrals were made to other health professionals meaning that people had the most appropriate health care at the correct time.

We found medication management required improvement. An audit highlighted some discrepancies in medication records and had implications for their reliability. This caused concern and was brought to the immediate attention of the manager. A requirement is made. **See requirement 1.**

We found people were supported to maintain contact with family and friends. Visiting was unrestricted and staff understood the opportunities they had for meaningful activity and the benefits associated with maintaining relationships. Families felt welcome in the home and described warm relationships with staff, who they had great confidence in.

People were very well known by those who looked after them. The service had a consistent staff team, which meant that people were familiar with all staff within the service. This meant people were less likely to experience stress and distress. We saw that staff were skilful in recognising stress reactions and used their knowledge of individuals to comfort or distract them.

People should get the most out of life and be able to spend their time in a meaningful way. We saw that staff were actively engaged with people during the day. There were opportunities for people to take part in small group activity. People were also supported on a one-to-one basis by a dedicated activity staff. The home had recently lost access to their minibus and both people and their families commented on this loss. In a piece of written feedback one person living in the service mentioned how the bus had allowed them to stay connected to their local community.

We found the home provided good facilities and there were good standards of infection prevention and control. There were systems in place to monitor and maintain cleaning standards, overall standards were high and staff understood infection prevention and control measures. This meant the risk of infection was reduced and contributed to keeping people safe.

Although mealtimes were busy, menu options were shown visually which helped promote people's choice and independence. People on adapted diets had the appropriate foodstuffs and those who required support during mealtimes were given this in a calm and dignified way. Lunch was enjoyed, with one person saying, "It's always good". We had confidence that people's weight and nutrition was being monitored regularly and that any issues or concerns would be addressed.

Requirements

1. By 31 October 2024 the provider must ensure medication is managed in a manner that protects service users. To do this you must ensure that staff maintain records in line with your policy and reflect good practice. As a minimum this must include:

- a) Accurate medication administration records and
- b) Accurate stock records.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

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 leadership?

4 - Good

We evaluated this key question as 'good', where there are important strengths which clearly outweigh areas for improvement. The strengths have a significant positive impact on people's experiences and outcomes.

The service was well organised, with a calm and welcoming atmosphere. Daily allocation sheets were used to ensure that staff were clear about their responsibilities. Senior staff were able to monitor practice and be aware of who was accountable for each task. This helped the service operate with no sense of rush or urgency.

Family members said that they felt welcomed, and very well known, by the manager and staff. This gave them a sense of confidence in the home and that they could raise any issues or concerns knowing that they would be addressed. One person said, "You say something once and they're on top of it".

Relatives and staff had noticed positive changes within the service over recent months. Feedback from families included them describing the service as 'absolutely excellent' and 'first class'. People felt involved and included via resident and relative meetings and an 'open door' policy from the manager. The service should continue to expand the ways in which people's views and wishes are incorporated into change and improvement within the home.

Quality assurance was being well led, with a number of systems and processes in place to monitor aspects of the service. Audits and overviews were completed regularly and were effective in areas such as the internal environment of the home, which was presented to a high standard. Some further work on the oversight of medication systems was required. Please see key question one for details.

Data and information gathered by the service had been used to good effect to address key issues such as falls and the use of certain medications. The manager was able to show good examples of how making focused changes had improved outcomes for individuals within the home. This showed a positive, improvement focused approach.

The service had not undertaken any observations of care practice for a number of months. Observing and competency checking aspects of practice helps to ensure high standards and identify training needs. Without these it is difficult to evaluate the effectiveness of training which has been completed. The manager was aware of this and could see the benefit of reintroducing these. An area for improvement is made. **See area for improvement 1.**

Areas for improvement

1. To support good outcomes for people the provider should ensure that staff receive regular observation and competency checks. This would allow the progress of training and development to be assessed and any areas of need identified.

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

We evaluated this key question as 'very good', where there were major strengths in supporting positive outcomes for people.

Staffing arrangements should be right and staff should work well together. We found that staff were visible throughout the home and were working in an organised way. The leadership team extended to nurses, nursing assistants and senior carers. This structure ensured that staff were fully supported during their working day by knowledgeable leaders who they respected.

People and their families reported being confident in the team who looked after them. One family member said, "As a family we are very happy with the compassion and care".

The service operated a key worker system, where staff took additional responsibilities for certain individuals. This fostered a sense of connection and staff could focus on ensuring good links with people's loved ones. Family members were updated regularly and felt confident that they would be alerted to any changing health needs.

Staff had completed all mandatory training to a good level and demonstrated good values of respect, compassion and warmth with those who they looked after. Staff knew people well and were able to identify any stress or distress at an early stage. People were cared for with skilful interactions that demonstrated a good understanding of dementia and cognitive impairment. This extended beyond the care staff to the domestic team, who were also noticeably kind and compassionate.

People living in the service were clear about their views on the staff, with people saying: "These girls cheer me up and make my day, I love having them all around me" and "She's very good, she's a wonderful lady" (of a staff member). Family members could see the effect of staff's efforts. One said, "The difference in Mum is night and day".

Staff were deployed with good consideration of skill mix and experience. Newer staff were able to reflect that they found the existing team to be welcoming and supportive. All staff spoken to felt that the team worked well together. This led to a respectful and warm atmosphere within the home which was appreciated by visiting families and those who lived there.

How good is our setting?

4 - Good

We evaluated this key question as 'good', where there are important strengths which clearly outweigh areas for improvement.

People benefit from a modern, comfortable, welcoming environment with plenty of natural light and space. The home was clean, tidy and generally well looked after, with no evidence of intrusive noise or smells.

The home had a relaxed welcoming atmosphere. People had a choice of where they wanted to spend their time. Some people enjoyed company in sitting areas, whilst others preferred to be in their own rooms or smaller spaces designed to enhance their wellbeing. We found the sensory room was enjoyed and other communal space was used to facilitate family celebrating a birthday.

There was a large, enclosed garden accessible through a small bistro. Although most people would require support to enjoy the outside space, one gentleman happily guided us around and benefited from getting out regularly. The outside space could be further developed and add to the current opportunities for meaningful activity available to people.

The home needed some redecoration but there were good systems in place to identify and address any repairs and the home was well maintained. We noted that there was some good signage around the home. We observed that there was good contrast in the colours of flooring, walls, handrails and toilet seats to assist anyone living with dementia or loss of sight.

Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively. Care equipment such as bed mattresses, bed rails and shower chairs were cleaned regularly and following current practice guidance.

Equipment was maintained well, with safety checks being carried at planned intervals. This helped to ensure people were safe and enjoyed a pleasant home environment.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as 'very good', where there are important strengths and few areas for improvement.

The service work with a predominantly electronic care planning system, supported by additional paper held documentation. We found the level of detail to be good in most cases and sufficient to reflect people's assessed needs. Risks were clearly identified and plans were in place to mitigate against those risks. This gave confidence that plans were well thought through and considered.

People and their families had been involved in developing plans of care and were included in regular reviews and updates. Families described being regularly consulted about changes to care and this gave confidence that their views and wishes were being considered. Not all plans had been updated after changes to people's care, however we did not have concerns that care practice had been adversely affected.

Care plans which outlined the care of people at the end of their life were detailed and gave good consideration to people's individual wishes. These plans considered both people's physical and emotional wellbeing. We could be confident that, sometimes difficult, conversations around the end of people's lives had taken place. Staff were aware of their responsibilities around completing care documents and we could see that these were subject to regular audit.

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 experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful to them and meet their individual wishes, interests and outcomes.

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). 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 10 July 2024.

Action taken since then

As recorded within the last report, we found a variety of activities were on offer to people living in the service. We were able to see how the facilities continued to benefit people.

Electronic care notes recorded people's engagement in planned events and activities and their experiences of these. This aspect of recording could be further developed but was sufficient to record and evaluate input.

Relative and resident meetings created opportunities for people to discuss the range of activities on offer and give feedback on things that had taken place.

Although the service should continue to develop its practice around planning events/activities in line with people's individual wishes and outcomes we could be confident the provider's approach to improvement should ensure good outcomes for people are sustained.

This area for improvement is met.

Previous area for improvement 2

To support people's wellbeing, the provider should ensure that end of life care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met when they become unwell.

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 10 July 2024.

Action taken since then

Care planning for the end of people's lives was detailed and personalised in the plans which we sampled. It was clear that people and their relatives had been involved and included in all decisions and plans. The service had included specific detail about music choices and environment which showed an attention to detail. We could be confident that staff had sufficient guidance with which to provide an end of life experience which was according to people's wishes.

This area for improvement is 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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