

Lomond Court Nursing Home Care Home Service

Woodside Way
Glenrothes
KY7 5RW

Telephone: 01592 754 489

Type of inspection:
Unannounced

Completed on:
5 November 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.

About the inspection

This was an unannounced inspection which took place on 5 November 2024. The inspection was carried out by one inspector from the Care Inspectorate.

This was a follow up inspection, which looked at the service's progress towards a requirement that was made at an inspection carried out by the Care Inspectorate in October 2024.

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 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- An audit of medication found good standards of recording and storage.
- The service had made good use of reflective practice to identify areas for improvement.
- Systems were now consistently being used to support safe management of controlled medications that were no longer required.

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
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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

There was one outstanding requirement relating to this key question. We were satisfied that this required improvement was met. Details can be found in the 'What the service has done to meet requirements we made at or since the last inspection' section of this report.

To reflect the 'good' outcomes identified for people at our last inspection and the evidence gathered at this inspection, we are re-evaluating this key question as 'good'. This means we identified several strengths which impacted positively on outcomes for people living in the service.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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 should include:

Accurate medication administration records and

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 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 requirement was made on 2 October 2024.

Action taken on previous requirement

We carried out an audit of all controlled medications held within the service and found accurate counts and records were in place.

The service had introduced a paper record for medications that required returning to the pharmacy. This supported best practice and was in line with their medication policy.

The service presented evidence of reflective practice and group supervision having been used to identify errors in practice and embed good practice. Our discussions with staff gave us confidence practice had improved.

The manager of the service had carried out daily audits to review and monitor good practice around medication stock, controlled drugs and returning of medication to the pharmacy.

We conclude that this requirement is met.

Met - within timescales

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 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).

This area for improvement was made on 2 October 2024.

Action taken since then

Not reviewed at this follow up inspection and remains in place.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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