

Lindsay House Care Home Service

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Lumphinnans
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Telephone: 01592 583 581

Type of inspection:
Unannounced

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Service provided by:
Fife Council

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CS2017353223

About the service

Lindsay House is a local authority care home registered to provide a 24-hour service to a maximum of 60 older people. It is a purpose built care home situated in Lumphinnans.

The service provides accommodation within five units and over two floors. Each unit has a lounge/dining area, a bathroom suitable for assisted bathing and single bedrooms with ensuite shower and toilet facilities. There is a good size garden which is directly accessible to people living on the ground floor.

At the time of our inspection 43 people were living in the home and there were temporary management arrangements in place. The Short Term Assessment and Rehabilitation unit was not open and this service was being supported on an ad hoc basis within the other units.

About the inspection

This was an unannounced inspection which took place between 12 and 14 November 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.

To inform our evaluations we:

- spoke with eight people using the service and observed daily life for those less able to share their views verbally
- spoke with 10 family members
- spoke with 10 staff and management
- reviewed care standard questionnaires from seven people using the service, 10 staff, 10 relatives and three visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were knowledgeable, caring and respectful.
- People living here were very happy with the care they experienced.
- Management demonstrated effective leadership and communication.
- Relatives felt welcomed and very happy with the care their loved ones experienced.
- Quality assurance systems were in place and work ongoing to address areas for improvement.
- The accommodation was well presented and provided very good facilities.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
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

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 comprehensive health assessments. Records indicated good levels of community health inputs, e.g. District nursing, GP and specialist therapies where required. A relative we spoke with told us the service had, "never a hesitation to call someone out" when their loved one's health needs had changed. Care records we reviewed evidenced good recording of people's daily care needs when monitoring any identified risks, for example, food and fluid charts. This evidenced proactive care, that was given at the right times.

Information around people's adapted diet needs, for example, the level of textured diet was basic in places, often recorded as, "pureed" or "soft". This created a lack of clarity from kitchen staff around how that person's food should be prepared in relation to the formal speech and language therapy assessment. This increased the risk of someone choking from being given the wrongly textured meal. **(See Area for improvement 1)**

People were well presented; individual styles were evident. Relatives told us that their loved ones always looked, "clean and tidy". Residents we spoke with told us, "I rate the care very highly indeed" and "I am very comfortable". This evidenced care that was respectful.

We could see various opportunities for people to take part in daily activities. Outings and events were also regularly planned. We saw examples of where events were planned in line with people's individual interest. The provider could enhance its practice here by planning and delivering engagement based on people's outcomes. Comments from people included, "nothing on offer is for me" and "nothing takes my interest" and "better planning of activities would make sure everyone is accounted for, not just the same people". We discussed with the service ways in which it could improve experiences of people living in the service in this area. This helps ensure people have meaningful days. **(See Area for improvement 2)**

It is important that people and their next of kin, where appropriate, are involved in directing care. One person told us they were able to make their own decisions, "I am never restricted". Families we spoke with told us communication was good and they were fully involved. Care records clearly documented if people had legal representatives and, when and how they should be contacted.

It is important people benefit from prescribed treatments. We found good management and administration of medication. There was regular audit which provided oversight and assurance that any discrepancies could be easily identified and addressed. We observed safe administration, proper storage and good record keeping, all of which meant medication was generally well managed and people were kept safe. As required protocols were in place to guide staff manage pain and distress. We recognise the challenges faced when coordinating support for people who require support from community health professionals and pharmacies but found this could be strengthened by ensuring records reflect the efforts made, guidance given and the resulting outcomes. (See 'How well is our care and support planned?' and 'What the service has done to meet any areas for improvement we made at or since the last inspection' for further evaluation and detail.)

Areas for improvement

1. The provider should ensure appropriate staff knowledge around people's dietary needs, including adapted diets. Best practice guidance should be followed and the correct dietary needs communicated clearly with those preparing meals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

2. 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.

This should include but not be limited to:

a) People being involved in planning how they wish to spend their time.

b) Regular evaluation of the activities that are planned and delivered to ensure they meet people's current needs, wishes 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).

How good is our leadership?

4 - Good

People who rely on registered care services should have confidence in those who provide and deliver their care and support.

We evaluated this key question overall as good. We found significant strengths in the service delivery and support provided, which supported positive outcomes for people. The service benefitted from support from the provider's quality assurance team who provided support where staff training needs had been identified. There were few areas for development and a clear commitment to improvement.

We found good leadership that was committed to maintaining people's abilities and identity. Management and staff clearly demonstrated the principles behind the Health and Social Care Standards. Quality assurance systems were in place and reflected self evaluation and improvement planning. All of which supported good care and support and contributed to improvements. We found a range of meetings which meant feedback from residents, staff and relatives could provide a measure of satisfaction and guide future improvements. Relatives reported having confidence in regular and permanent staff and the benefits of good communication with all staff. Comments from family included, "absolutely no complaints, kept well informed" and "all staff are approachable and we are made to feel welcome".

There were systems in place for recording and analysis of accidents and incidents, including appropriate actions taken to mitigate risk and keep people safe. Relatives told us they felt their loved ones were, "well looked after".

Staff told us they felt confident giving feedback and voicing their opinion. They felt comfortable communicating with management. They benefitted from support and guidance in regard to their training and development. We were reassured by management and senior staff who clearly had the capacity to manage any aspect of the service associated with their role and responsibilities. Although staff demonstrated a commitment to ensuring standards were maintained we found some inconsistency in the way they completed unit cleaning and temperature records. This should be reviewed as part of the management quality assurance to evidence work done and identify slippage. **(See Area for improvement 1)**

Areas for improvement

1. The provider should ensure that staff have a clear understanding regarding their role and responsibilities in relation to record keeping and that audit processes are effective in identifying areas for improvement. Where areas for improvement are identified, they should contribute to a development/improvement plan for the service.

This is to ensure that care and support is consistent with 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?

4 - Good

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

At this inspection we examined staff recruitment as part of our core assurances and focussed on assessing staffing arrangements. Despite an ongoing reliance on agency and relief staff, we found staffing arrangements were sufficient and staff worked well together. Comments from people included, "the staff are great and we have a laugh" and relatives confirmed staff were visible, easy to find if needed. Comments from family included, "they know how to deal with my relative" and "they recognise ailments and let us know what's happening".

We found people using the service were protected by safer recruitment checks in place before staff took up post. Staff were confident and had been supported through induction and agency staff were given sufficient orientation in order to support the people in their care. Recruitment and internal promotion had increased the number of the home's own staff, relief staff and senior cover, which in turn could provide better continuity and support the service aims and objectives. There remains an opportunity for the manager to involve residents and families in the recruitment and induction process and as part of their ongoing development of a participation strategy.

We sampled staff rotas and spoke with staff. Most staff said that staffing levels had improved and that they could safely support people. Staff were visible throughout the home and quickly responded to people's support needs. Where agency staff were used the service tried to use regular and known people. This helped to ensure people received consistent support. Relatives comments included, "we know the staff well" and "they are very approachable".

The provider's risk register had regular assessments of physical, social, psychological and recreational needs recorded to inform the direct care hours for the individual and inform staffing levels. The daily handover sheet was completed by the senior in charge and clearly recorded the number and deployment of staff. This provided an overview of numbers and skill mix and could be adjusted in response to any changes throughout the shift. The duty roster provided the information needed to plan for and manage known shortfall or absence.

The provider had a system to support communication and guide staff practice, "at a glance". This was intended to support staff who maybe need support getting to know people's day to day routine or any special considerations there may be in respect of their care and support. We found some inconsistency in the records held here and staff's understanding of this resource as a place to look for information on things like, special diets. The provider should ensure accurate and up to date guidance is accessible and supports staff in meeting people's wishes and needs. **(See Area for improvement 1)**

The staffing tools used and some continuity in agency staff meant the day to day risks to staffing numbers and skill mix associated with vacancies and short notice absence were mitigated. We found staff were commitment to ensuring standards were maintained and improving the quality of life for people living here. One relative described how they, "wouldn't want [their loved one] anywhere else" noting the quality of healthcare and their involvement in decisions had been, "100%".

Areas for improvement

1. Records in place to guide and support staff in delivering care and support that meets the wishes and needs of people using the service should be reviewed regularly to support effective communication and guide staff. Staff should be provided with timely updates regarding any person's changing care needs to ensure they have the appropriate knowledge to inform their care delivery.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

How good is our setting?

5 - Very Good

We evaluated this key question as very good. 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.

We found the home to be bright, clean, spacious and well maintained. Bedrooms were spacious and residents told us that they were encouraged to personalise them. We noted that there was some good signage around the home and at a height that residents could easily read. 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. Relatives confirmed the home was, "always spotless, smelled fresh".

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

Activities within the home had a strong focus on maintaining community links. Local groups, such as nursery children, visited the home regularly. This helped people feel part of the community in which they lived in and supported a sense of identity. We also heard how involving relatives within the daily life and activities of the home supported positive family relationships.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Care plans were detailed in places. We reviewed plans that clearly recorded people's personal preferences, likes and dislikes. For example, a 'grooming care plan' recorded, "I do not wear makeup but I like to be neat and tidy. I may choose to wear perfume". People's life history and relationships were well recorded. This helps people to maintain their identity and connections with people that were important to them.

People who were considered to be in palliative or end of life stages, had streamlined plans that focused on comfort care and respecting their anticipatory care wishes. We found these plans could be enhanced by clearly recording any identified risks and how these should be managed. For example, people's needs around skin care or choking. This helps to maintain care that anticipates people's needs and safely guides care staff in how to meet these needs. **(See Area for improvement 1)**

An area for improvement was made at our last inspection in relation to care planning and other care records. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection' for details.) Although we could see improvements to the details recorded within plans and recording of people's daily care needs, we found some inconsistencies. In cases where we would expect to see pain assessment plans, these were missing. Information about adapted diets for those who required them was not always clear. 'At a Glance' plans held within each unit of the home, were not consistently up to date and it was unclear how these were being used to inform care delivery. This could result in people being cared for in ways that do not meet their needs. (See Area for improvement under section 'How well do we support people's wellbeing?')

Improvement in this area was ongoing. We could see care plan audits were successful in identifying where improvement was needed. All care staff were being given training in care planning and we felt reassured that the provider was committed to continued improvement in this area.

Areas for improvement

1. To ensure high quality care the provider should ensure that palliative care and end of life plans reflect any identified risks as well as promoting comfort care.

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); and

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

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 ensure people experience care which supports their health and well-being, the provider should ensure individual personal plans and care records, at a minimum:

- a) are person centred and reflective of people's choices and preferences
- b) use language which reflects a culture of respect
- c) provide consistent information throughout
- d) are fully evaluated to inform people's care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is rights 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 May 2024.

Action taken since then

Plans we reviewed reflected people's choices and preferences.

We found inconsistencies in risk assessments across people's plans and care records. This included, pain assessments and adapted dietary information. In cases where we would expect to see pain assessment plans, these were missing. Information around people's adapted diet needs, for example the level of textured diet, was not accurate in places. This created a lack of clarity from kitchen staff around how that person's food should be prepared. This also increased the risk of someone choking from being given the wrongly textured meal.

The provider should review its 'End of life plans' as well as the 'At a Glance plans' to ensure that they give staff clear, up to date guidance. Any review should consider how ongoing risks are mitigated and medication is managed, to promote person centred care and support good outcomes for people.

Plases refer to 'How well is our care and support planned?' section of the report for further evaluation and detail.

This area for improvement is unmet 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
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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
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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