

Letham Park Care Home Care Home Service

205/207 Ferry Road
Edinburgh
EH6 4NN

Telephone: 01315 550 780

Type of inspection:
Unannounced

Completed on:
28 November 2024

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2011303093

About the service

Letham Park Care Home is registered to provide care and support for up to 70 older people. The care home is situated in the North Leith district of Edinburgh close to a main road with public transport facilities, shops and parks nearby. The care home is one of a number of care services provided by Renaissance Care (No1) Limited.

The care home consists of two buildings surrounded by landscaped gardens including car parking. Mathieson House at the front of the grounds is a refurbished Victorian property. It provides residential care for up to 20 people.

The Garden House is a modern building to the rear of the grounds and provides care and support for up to 50 people across three levels with lift access. Islay unit on the ground level supports people living with dementia. Arran unit on the first level and Skye unit on the second level provide nursing care. Each unit is similar in layout with a lounge and a dining room.

The care home also has a hair salon, a ground floor café and enclosed gardens and conservatory.

There were 63 people experiencing care at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 27 November 2024. The inspection was carried out by two inspectors from the Care Inspectorate. This was a follow up inspection to assess progress on a requirement and three areas for improvement made following the full inspection of the service which took place between August 6 and August 8, 2024.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and five relatives
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

Key messages

- Staffing levels across all departments had improved and there were more nurses to cover each unit across a 24 hour period.
- Staff expressed feeling well supported by their leaders.
- Staffing arrangements had improved people's dining experience including dedicated time to support people who needed assistance to eat and drink well.
- The level of activities available to people had improved with a full compliment of Wellbeing
- Leads to promote meaningful engagement.
- Further improvement was needed so that every person had meaningful activities available to them and recorded well in their personal plans.
- Cleanliness of the home had improved but cleaning records needed to be completed consistently.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our staff team? | 4 - Good |
| How good is our setting? | 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 re- evaluated this key question as good. Improvements made by the service meant that several important strengths taken together now clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences. Visiting health professionals spoke positively about how well the service supported people with their clinical needs and how responsive the service were when people's needs changed. See full details of actions taken to improve health and wellbeing outcomes for people experiencing care under the 'outstanding areas for improvement' section of this report.

How good is our staff team?

4 - Good

We re- evaluated this key question to good. Improvements made by the service meant that several important strengths taken together now clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences. The provider evidenced that all aspects of the requirement made in relation to staffing levels and skills had been addressed. While the provider was continuing to recruit we found that staffing levels across all departments had improved since the full inspection of the service. See section 'Outstanding requirements' for further details of improvements made.

How good is our setting?

3 - Adequate

The evaluation of this key question remains as adequate. The available communal space people had in the units within Garden building was limiting though the provider had plans in place to adapt the premises to improve the quality of the setting. While the overall cleanliness of the home had improved the care home did not have its full compliment of domestic staff at the time of inspection and cleaning records evidenced a number of gaps. We have made a new area for improvement in relation to cleaning records being consistently well completed. This is so that people can be assured that there are effective systems in place to promote their safety and wellbeing. See area for improvement one.

Areas for improvement

1. In order that people's safety is promoted and they experience a consistently clean environment the provider should improve the quality of detail in cleaning records.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

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

Requirements

Requirement 1

By November 12 2024, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe.

To do this, the provider must, at a minimum:

- a) ensure staff rotas clearly evidence that there are always sufficient levels of staff to meet people's assessed needs across a 24 hour period in each unit.
- b) demonstrate clearly how the outcome of people's assessments are used to inform staffing numbers, skills and arrangements.
- c) ensure that the dependency assessments take account of non direct care hours, additional staff duties, the layout of the environment and practical supports required to support people to access the communal areas of the home and their garden grounds.
- d) implement robust quality assurance systems to evaluate people's care experiences and regularly assess if staffing arrangements are effective in providing responsive, person-centred support.
- e) ensure that if staff are deployed to alternative roles that this is reflected in the staff rotas

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15)

This requirement was made on 8 October 2024.

Action taken on previous requirement

Staffing rotas were better organised and evidenced that there were improved levels of staff to promote people's health and wellbeing across all departments.

The provider demonstrated that staffing levels corresponded to people's assessed needs and were adapted when people's needs changed.

The provider was reviewing the staff dependency tool they currently used as they wanted a more comprehensive tool that took account of the environment. We will review progress made with this at subsequent inspections.

The service had invested in improving levels of nursing staff and there was now improved availability of nursing staff to attend to people's clinical needs across both Garden House and Mathieson House.

Catering staff had been deployed to serve meals and this had freed up more time for carers to attend to people's support needs. Mealtimes arrangements had been reviewed and there were dedicated staff to support people who needed assistance to eat and drink well.

Care staff confirmed that they were no longer called on to perform other duties as there was a better complement of catering staff with only one assistant cook role to be recruited to.

The provider had invested in Wellbeing Leads and now had a full complement of staff to promote activity and meaningful engagement within people's home and in the community. The recording of meaningful engagement in the electronic care planning system had improved though did not show that every resident had sufficient levels of 1:1 support or activities meaningful to them or equal access to events in the community.

The Wellbeing Leads were still being inducted into their roles and the provider agreed to address areas that needed further attention. We will assess progress on this at subsequent inspection of the service but noted the improvements made to date.

Staff expressed positivity about their work and told us that there were enough staff on shift to meet people's needs. While a few relatives commented that staff did appear to be rushed at times they expressed that this didn't impact on the quality of care their loved one experienced.

Some people told us that call bell response times could be better particularly in the evenings and during the night. The provider maintained an overview of call bell response times and should continue to monitor how promptly people are responded to across a 24 hour period.

This meant that staffing arrangements were assessed as being sufficient to meet people's health and wellbeing needs though further improvements could be made to evidence that all people experiencing care are meaningfully engaged in activities that match their individual interests and choices.

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 promote people's wellbeing, people should have increased opportunities to participate in appropriate social, recreational and stimulating activities which are meaningful to them and consider their identified interests, needs, choices and preferences.

This is to ensure care and support is consistent with the Health and Social Care Standard (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 8 October 2024.

Action taken since then

The provider had taken action to make improvements to the level and choice of activities available to people experiencing care. This had been achieved in a relatively short space of time and further developments were planned for. Wellbeing lead vacancies had been recruited to and the recently employed staff were being supported into their new roles by more experienced staff. The recording of meaningful engagement in the electronic care planning system had improved and better demonstrated the activities people had been involved in as well as individual time spent with people. There was further work needed to demonstrate that every person supported was being afforded the same opportunities to access their local community and be involved in trips further afield. A person experiencing care told us that they would like to get out more and have increased opportunities to match their individual interests. Activity information was now provided to people so they could see what was happening each day. Staff should ensure that this information is easily accessible to people who need support to mobilise. The provider had continued to build connections with the local community and had children from schools and nurseries visiting. There had also been links made with local churches to support people with their spiritual needs. This meant that while there was scope for further improvements overall people were being better supported with their social and recreational needs. We have assessed this area for improvement to have been met and will review progress made at subsequent inspections of the service.

Previous area for improvement 2

In order to promote people's rights to have concerns/complaints dealt with in a formalised way, the provider should review the complaints policy and procedures so timescales are clear. The complaint log should correspond with the service's complaint procedure and demonstrate the timescales in which people's complaints/concerns have been responded to and resolved.

This is to ensure care and support is consistent with the Health and Social Care Standard (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 8 October 2024.

Action taken since then

The provider had reviewed the complaint policy and procedures so that timescales for responding to and finding resolutions to complaints/concerns raised were clear. The provider was able to demonstrate the outcomes of complaints/concerns raised as well as the timescales for dealing with complaints. This area for improvement has been met.

Previous area for improvement 3

In order to promote the cleanliness of people's environment, the provider should regularly check that the pantries on each unit are being maintained to a high standard and that people's individual and communal equipment is being cleaned thoroughly after use.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This area for improvement was made on 8 October 2024.

Action taken since then

We found that the overall cleanliness of the home, facilities and equipment had improved and staff recorded when people's equipment had been cleaned in the Nourish care planning system. The pantries were found to be clean and better organised though there remained some issues with labelling of foods in one of the pantries. We advised the provider to keep the food labels readily accessible to staff at the point where food stuffs are opened and stored. The provider was continuing with refurbishment of the building and further decorating had taken place. There were plans to increase people's communal living space in the Garden building through taking away one of the bedrooms on each unit. Exact timescales for completion of works were still to be finalised but we heard this would take place in 2026. This would provide people with a more spacious setting and improved quality of living. We heard that there had been some issues with domestic staff availability though this was being resolved at the time of inspection. Some of the cleaning records had gaps in them and did not evidence well that all areas of the building were being cleaned consistently. While some aspects of this area for improvement were assessed as being met we have made a new area for improvement under the Key Question 'How good is our setting' section of this report. Having improved cleaning records will demonstrate that people's safety and quality of environment is being promoted well.

Complaints

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

Detailed evaluations

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| 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 staff team? | 4 - Good |
| 3.3 Staffing arrangements are right and staff work well together | 4 - Good |
| How good is our setting? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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