

Leys Park Care Home Care Home Service

Leys Park Road
Dunfermline
KY12 0AB

Telephone: 01383 723 790

Type of inspection:
Unannounced

Completed on:
13 December 2024

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2004085047

About the service

Leys Park is a care home for older people situated in a residential area of Dunfermline, Fife. It is close to local transport links, shops, and community services. The service is registered to provide care for up to 66 people.

The home has an enclosed garden area, and accommodation is provided over two floors. The lower floor has a large dining room, two lounges and an activities room. The upper floor is split into two separate units. Each has its own dining area and lounge. There is a passenger lift providing access to and from the lower floor.

A refurbishment plan is in place and extensive work is being undertaken to improve facilities.

About the inspection

This was an unannounced follow up inspection which took place on 10 December 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 three people using the service and two of their relatives
- spoke with four staff and management
- observed practice and daily life
- reviewed documents

Key messages

The service had met some aspects of the outstanding requirements. The service had made progress towards meeting other parts of the outstanding requirements. As a result, we made a new requirement to better reflect the progress made by the service and highlight the outstanding areas the service should focus on improving.

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 is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned?

3 - Adequate

This was a follow up inspection to assess progress towards outstanding requirements and areas for improvement. The service had made progress towards meeting the outstanding requirements, however had not yet met all aspects. As a result, we made a new requirement (**see requirement 1**) and an area for improvement (**see area for improvement 1**) to better reflect the progress the service had made and highlight improvements which were still necessary.

See 'outstanding requirements' section of this report for more details of the progress the service had made.

Requirements

1. By 7th March 2025, the provider must ensure service users receive the care and support they need to achieve good health, wellbeing, and quality of life outcomes. To do this the provider must, at a minimum:

- a) Ensure personal plans provide clear and accurate detail to guide staff to provide consistent and safe care in line with people's assessed needs, planned care, and personal preferences and choices
- b) Ensure personal plans support staff to identify where an individual's health may be at risk and take appropriate actions to mitigate the risk of harm

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 my 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).

Areas for improvement

1. The provider should develop their pre admission process to ensure managers have enough information to make an informed decision about whether they can safely support an individual, prior to them moving into the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: **'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event (HSCS4.14) and 'I am in the right place to experience the care and support I need and want (HSCS 1.20).**

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

Requirements

Requirement 1

By 27 October 2023, the provider must provide service users with the care and support they need to achieve good health, wellbeing, and quality of life outcomes. To do this, the provider must, at a minimum:

- a) ensure a full pre-admission assessment is carried out, involving prospective service users, and where practicable, their representative prior to admission.
- b) ensure healthcare risk assessments, including skin care, continence care, and foot care, are fully and accurately completed, involving service users, and where practicable, their representative.
- c) ensure care plans reflect the views, choices, and preferences of service users, and where practicable, their representative.
- d) ensure documentation is accurate and sufficiently detailed to demonstrate that people who use this service receive care and support that is in line with their assessed needs, planned care, and personal preferences and choices.
- e) ensure any concerns raised about care provision and care outcomes are listened to, and acted upon, to ensure improvements are made.

This is in order to comply with Regulation 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure care and support is consistent with Health and Social Care Standard which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11). This requirement was made on 12 July 2023.

This requirement was made on 12 July 2023.

Action taken on previous requirement

Some people had moved into the service since the last inspection. We reviewed information gathered by the service before their admission. The manager had visited all, except for one, person prior to their admission. We found pre admission assessments had been undertaken in varying formats. We asked managers to consider the process of gathering information prior to admission and develop a structure to ensure necessary information is always gathered. As a result, we made an area for improvement (**see area for improvement 1 under 'how well is our care and support planned**).

We sampled personal plans and found all expected risk assessments had been completed. Risk assessments had been recently reviewed, were up to date and generated relevant care plans. Medical care plans detailed people's health conditions and gave good guidance regarding symptoms and the impact of these.

Some personal plans contained a good level of detail and reflected person centred needs, preferences and wishes. The service had made progress gathering and recording information about people's life history and what matters to them. The service should continue to gather this information and ensure it is consistently reflected in personal plans.

Documentation was not completed consistently and did not always include sufficient detail. Where people's support needs had changed, this was not always reflected throughout the personal plan. Some plans, particularly those associated with bowel care were not sufficiently detailed to guide consistent support. End of life care plans remained basic for some, whilst other people did not have one. Information about how people like to receive their medication, including those with covert pathways was not always sufficient. Some plans were poorly written and unclear.

We found evidence of the service recognising complaints and concerns raised by family members. We found evidence of the service communicating with relatives and other professionals. We found evidence of managers considering and identifying actions as a result. Managers included allied health professionals in these decisions. As a result, people benefited from improved health outcomes. The service could further improve complaint handling by clearly recording the outcome of concerns and where there are timescales for actions.

As a result, only some aspects of this requirement were met. This requirement will be removed and a separate requirement made (see 'how well is my care and support planned' section of this report). This is in order to reflect the progress made by the service and direct them to focus on improvements still required.

Not met

Requirement 2

By 8 December 2023, you must protect the health, welfare, and safety of service users. In particular, you must ensure that all personal plans are reviewed regularly (at least once in every six-month period) and contain up-to-date risk assessments and care plans which:

- a) accurately reflect the assessed current health and care needs of service users, with particular attention being given to stress and distress; and
- b) accurately reflect the views, wishes, and feedback of people and their relatives.

This is in order to comply with Regulation 4(1)(a), (Welfare of Users), Regulation 5(1), and Regulation 5(2)(b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This requirement was made on 1 June 2023.

This requirement was made on 1 June 2023.

Action taken on previous requirement

We sampled personal plans and found evidence of regular reviews of personal plans taking place. Where people's needs had changed some plans had been updated. However, further work is required to ensure plans are always updated to a good standard.

We found evidence of six monthly care reviews being scheduled or having taken place with people and/or their next of kin. Further work is necessary to ensure reviews record people's views, feedback and evaluate the support being provided.

Managers should pay particular attention to death and dying care plans. We found these were either missing or very limited. People and their representatives should be supported where possible to ensure their views, wishes and preferences are discussed and recorded in order to support future care planning.

The service had made progress towards meeting this requirement, however aspects remained unmet. As a result, this requirement will be removed and a separate requirement made (see 'how well is my care and support planned' section of this report). This is in order to reflect the progress made by the service and direct them to focus on improvements still required.

Not met

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 to ensure good outcomes for people experiencing care, continence care should be improved. When concerns are noted, the continence assessment and care plan should be revisited, to identify how improvements can be made to support people's dignity and respect.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 18 August 2023.

This area for improvement was made on 18 August 2023.

Action taken since then

We sampled personal plans and found inconsistent detail. There was not sufficient guidance to support staff to recognise potential concerns and take appropriate action.

As a result this area for improvement was not met.

Previous area for improvement 2

In order to ensure good outcomes for people experiencing care, the manager should make sure that people have a say in their assessments and care plans. Care plans should clearly reflect people's individual choices and preferences for personal care, with regular reviews being carried out to ensure needs are being met.

This is to ensure care and support is consistent with Health and Social Care Standard 2.11: My views will

always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

This area for improvement was made on 18 August 2023.

This area for improvement was made on 18 August 2023.

Action taken since then

Personal plans showed evidence of reviews taking place regularly. Personal preferences were detailed in most cases. The service had developed 'about me' sections in individual plans to record information about people's life history and what matters to them.

We found some evidence of six monthly reviews with people and their next of kin taking place. We saw a few examples of relative's views being included, however these were very limited. The service should continue to improve how they conduct and record reviews. The service should ensure they are recording people's views clearly, as well as any agreed outcomes. Records of reviews should evidence that the care being provided has been evaluated.

As a result, this area for improvement was not met.

Previous area for improvement 3

To support the health, welfare and safety of people who use the service, the provider should ensure all staff receive regular supervision and appraisals which ensure their learning and development needs are assessed, reviewed, and addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: '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 1 June 2023

This area for improvement was made on 1 June 2023.

Action taken since then

We discussed this area for improvement with the manager. The manager advised they have implemented regular supervision sessions for staff. The manager advised they have not yet undertaken staff appraisals. Staff appraisals are time dependant and the manager has a plan to ensure these take place. The manager was in agreement there was still work to be done to demonstrate this area for improvement has been met.

As a result this area for improvement remains.

Previous area for improvement 4

In order to promote activity and independence for people living in the service, including people with dementia and other cognitive impairments, the service provider should have appropriate signage around the home. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards which

state: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 1 June 2023

This area for improvement was made on 1 June 2023.

Action taken since then

The service had upgraded signage and added some points of interest to orientate people in the service. The service continues to undergo extensive renovation works, therefore this area for improvement could not be fully assessed. The service continues to make progress towards renovating and improving the environment.

As a result this area for improvement remains.

Complaints

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

Detailed evaluations

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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