

Ludgate House Resource Centre Care Home Service

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Type of inspection:
Unannounced

Completed on:
8 January 2025

Service provided by:
Clackmannanshire Council

Service provider number:
SP2003002713

Service no:
CS2003011441

About the service

Ludgate House Resource Centre is a local authority service which has been registered to provide respite, short stay breaks and a short term assessment service to older people living in the Clackmannanshire area.

The premises were built in the 1960's and were originally used as a care home for older people. In 2001 the service was restructured to create a local resource centre providing respite care.

The service currently provides 24 hour care for up to a maximum of 11 older people at any time. The accommodation had been modernised to a high standard and offers a bright, homely and comfortable environment with a communal lounge, kitchen and dining facilities. There is easily accessible enclosed private gardens, which provide outdoor sitting areas. There were eight people using the service at the time of our inspection.

About the inspection

This was an unannounced inspection which took place on 7 January 2025. The inspection was carried out by one inspector 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 six people using the service and five of their family members
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People benefitted from warm interactions with staff and were treated with kindness and respect.

The provider must ensure that people receive the right care and support for their assessed needs.

Staff supported each other and worked well together as a team.

The service needed to improve how staffing rotas were arranged to better meet peoples needs.

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 staff team?	4 - 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 quality indicator 1.3 as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences and outcomes for people may be reduced significantly because key areas of performance need to improve.

We observed that staff engaged with people respectfully, patiently and with warmth. Staff knew most people well and people appeared to value their contact. The service ensured that people-maintained relationships with those important to them and family and friends were made to feel welcome.

The management of medication followed good practice guidance and the service had a robust process to manage any medication errors.

Mealtimes were unhurried where staff offered choice and encouraged people to eat and drink. People told us that the food wasn't always to their liking, however one person said that "staff always try to find an alternative if there's nothing (for me) to eat".

Care plans included health assessments about, for example, mobility, skin health and nutrition. However, we saw that care plans and assessments were not always fully completed and this meant that people's health could be at risk because their needs had not been properly assessed. For some people that had been assessed as 'at risk' with skin integrity and nutrition, the service had not taken any action to reduce the risk to them and we could not see how their health needs were being addressed. Because this had a direct impact on people's outcomes, we made a requirement about this. (See requirement 1)

Requirements

1. By 14 March 2025, the provider must ensure that people are supported with all aspects of their care. This should include, (but is not limited to) skin integrity and nutrition.

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

- a) Staff use assessment and screening tools at the time of admission and throughout people's stay to identify care needs.
- b) Where anyone is identified as 'at risk', then appropriate actions are followed including a full care and support plan and referral to specialist professionals if required.
- c) Training is provided to staff to allow them to complete and interpret assessment documentation and take appropriate action.
- d) Management have a robust process in place to ensure oversight of the admission and assessment activity.

This is to comply with Regulation 4(1)(a) (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:

1.19 'My care and support meets my needs and is right for me.'

3.14 '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.

How good is our staff team?

4 - Good

We evaluated this key question overall as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on peoples experiences.

People could be confident in the staff team, as we saw that they were motivated and worked well together. There was respectful communication within the team and this created a warm atmosphere because there were good working relationships. Feedback about staff was very positive with people complimenting staff on their approach and kindness one person said 'anything you want they will see to it' and another said 'staff are very caring'.

Most of the staff we spoke to were motivated and enjoyed working in Ludgate but there was an overall concern that "people's needs had become more complex" and this meant that staff sometimes felt that there were not enough of them to fully support people.

The service used a dependency tool to inform staffing levels, however, when we reviewed the staffing rotas, we could see that in recent weeks, a number of shifts had less staff than was planned. The dependency tool was not being used effectively to reflect the assessed needs of individuals and support the deployment of staff. Although there were times where additional staffing was available, this was planned round staff 'fixed' rotas and not around peoples needs or increased service activity.

Because this affected outcomes for people, we made an area for improvement about this. (see area for improvement 1)

Areas for improvement

1. The service should ensure that staffing is arranged, so that the right people with the right skills are in place at the right time, to have the greatest impact on providing safe and high-quality services that result in the best outcomes for people.

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support is consistent and stable because people work together well." (3.19).

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's nutrition needs are fully met and they are supported to enjoy their meals, the service should, at a minimum:

- a) Use their screening tool, Malnutrition Universal Screening Tool (MUST) fully.
- b) Take appropriate action and regularly reassess anyone that is identified as 'at risk' of malnutrition.
- c) Ensure that when people do not like the menu choice, that alternative options are varied and that a hot option is offered at breakfast.
- d) Ensure that people are consulted about the meals during their stay and that the provider responds to any feedback received and takes action where needed.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'My care and support meets my needs and is right for me.' (HSCS 1.19)

and "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning". (HSCS 1.33)

This area for improvement was made on 5 September 2023.

Action taken since then

We reviewed this area for improvement at this inspection.

The service had made some progress with meal choices and had been working with the meal provider following a meeting with some people who used the service. The service had also introduced a process to ensure that people had the right assessments about nutrition and the risk of malnutrition. Although we could see the process in place we found that this was not always followed for people who may be at risk and we made a requirement about this. (See section: How well do we support people's wellbeing? Requirement 1).

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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