

Hepburn Court, West Lodge Care Home Service

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Telephone: 01592 562 600

Type of inspection:
Unannounced

Completed on:
28 February 2025

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2003037897

About the service

Hepburn Court, West Lodge is contained within the Glamis House complex. It is a residential service offering 24 hour care for up to 12 people with a physical and/or sensory disability or a learning disability. The provider is Leonard Cheshire Disability.

Hepburn Court, West Lodge are two well-appointed, purpose-built premises with their own entrance points and there is opportunity for staff and residents to meet with others, if desired. Both houses are located in pleasant, landscaped grounds and gardens in a quiet, residential area with shops and links to public transport nearby.

Accommodation is provided in spacious single rooms with en-suite facilities, including a shower. Suitable equipment to assist with moving and handling is installed. There is a spacious sitting/dining room with access to a patio and sheltered grounds. The houses have their own small kitchen area, sluice and laundry. Each house has a spacious communal bathroom and toilet.

About the inspection

This was an unannounced inspection which took place on 25 and 26 February 2025. The inspection was carried out by two inspectors from the Care Inspectorate. We commenced the inspection by looking at how the service supported peoples wellbeing and as well as the quality of staffing. During the course of our inspection, we identified that some improvement was also required in relation to the services quality assurance. We therefore also reported on this under the 'How good is our leadership' section of this report.

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 five people using the service and two of their representatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were dedicated and skilled.
- People were supported by staff that knew them well.
- People had positive relationships with support staff.
- Staff reported being well supported by the leadership team and felt valued.
- High level of needs within parts of the service were impacting overall outcomes for people.
- Staffing was under strain at times.
- Promoting meaningful days could be enhanced.

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 leadership?	3 - Adequate
How good is our staff team?	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?

3 - Adequate

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

People should experience care that is compassionate. We saw lots of kind interactions between staff and supported people. People let us know that they felt cared for. One person said, "I am happy with them [staff]." Another told us, "The staff have my back and assist me when ever needed." From our observations of practice, we could see that care was delivered with respect and empathy.

People should benefit from care and support that is based on best practice and holistic. Our review of care notes and care plans evidenced that people were benefitting from care that met their needs. Peoples weight was well maintained. Attention to pressure care was given and peoples skin was intact. People who required more specialist care, benefitted from clear guidance being in place. Staff supporting them were confident and well trained to provide the care required.

A healthy approach to nutrition was promoted. We saw people being involved in planning their own weekly menus and being encouraged to have a balanced diet. Promotion of people being involved in food shopping and food preparation could be enhanced. We saw some missed opportunities for people to be more active in their daily living, where able. Relatives we spoke with reported feeling frustrated at times as their loved one wasn't encouraged to be more active. See area for improvement in section 'what we have done since our last inspection to meet any outstanding areas for improvement?' for details. Improvement here would ensure that people are supported to meet their full potential.

We saw contrasting experiences across both units, of people feeling safe and content. One person living in the service told us, "We don't trust them [fellow resident]." A relative told us "[My loved one] and another resident don't get on." The service was aware of these issues and the appropriate referrals and actions, had been taken to support people to have more positive experiences. We could see that assessments were on going to ensure that peoples' needs were met safely. The service should continue to use supported people reviews, ongoing assessment and multi-disciplinary decision making to manage positive relationship between people living in the service and keep people safe from harm. We were assured by the services attention to improving these experiences for people.

Management of people's medication should be robust and follow best practice guidance. Our review of medication administration records (MAR) found people were being supported to take their prescribed medication safely and as directed. We found improvement was required in how the service recorded medication stock, including carry forward balances. A requirement has been made in section 'How good is our leadership?' of this report.

Support plans and risk assessments should guide staff to effectively deliver care in line with people's identified outcomes and wishes. Care plans we sampled were detailed in places. They recorded people's preferences and gave person centred detail around how peoples care needs should be met. We saw a good level of multi-disciplinary input, including health screenings and health care assessments.

Although we saw examples of plans having been reviewed and keyworker monthly reports completed, there was lack of formal care reviews. These reviews are important as they involve the supported person, their representatives and ensures that the care being given is effective and meaningful. These would also offer an opportunity for peoples experiences to be formally recorded and the for the service to receive feedback. A requirement has been made in section 'How good is our leadership?' of this report.

How good is our leadership?

3 - Adequate

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

For the purpose of this key question, we focused on quality assurance. Quality assurance are checks that make sure any issues are identified, and action taken to make improvements.

The leadership team had a good presence within the service. This meant that they knew peoples needs well and staff told us they felt supported. Despite vacancies within the leadership team, staff told us they had had supervisions and felt these were helpful forums to support their development. Staff we spoke with told us the "Manager is very approachable, helpful. Helps with anything. Gets on the floor if needed." and "[Senior] is very supportive, she speaks up for us."

Good quality assurance promotes good standards of care and drives improvement. We would expect to see formal staff observations of practice taking place on a regular basis to ensure competency and measures peoples experiences of care. These were lacking. Although we were also able to see some other audits taking place, for example medication and infection prevention control, these were basic and did not inform or drive improvement. 'Business As Usual (BAU)' meetings were taking place monthly that reviewed compliance and service focus areas; this gave us some assurance of oversight. All of these formats required developing and should inform a service improvement plan. **See requirement 1.**

At our last inspection, we made an area for improvement, noting that the service should increase peoples' opportunities to give feedback and share their views. This area for improvement has not been met. See section 'What the service has done to meet any areas for improvement we made at or since the last inspection.' Effective quality assurance and service development is most effective when people are central to identifying and planning improvement. The service should continue to focus on how to ensure regular opportunities for people, and or their representatives to provide feedback. **See requirement 1.**

The service evidenced to us both a drive and capacity for improvement.

Requirements

1. By 19 May 2025, to ensure a culture of responsive and continuous improvement which meets the health, safety and wellbeing needs of supported people, the provider must develop a dynamic service improvement plan which is reflective of self-evaluation and outcomes of quality assurance processes.

These processes must include, at a minimum:

Planned and regular audits in medication stock control and Medication administration records (MAR).

Audits of care planning and care records

Regular, formal reviews of peoples care needs and experiences

Feedback from supported people, stakeholders and external agencies

Observations of staff practice and people's experiences of care.

Robust oversight of agency induction to the service.

This is in order to comply with regulations 4(1)(a)(Welfare of Service 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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on people's outcomes and experiences, key areas needed to improve.

We observed a staff team that was dedicated and skilled. Relatives we spoke with told us regular staff were "excellent." A supported person told us, "Can I just say, I really like all my support workers."

The service has both carer and senior carer vacancies and were actively recruiting to fill these positions. Accounting for these vacancies and an increase in people's needs within one unit of the service, had meant there was a high reliance on agency staff. Steps were taken to try and ensure consistency; however, this was not always being achieved. Feedback from Leonard Cheshire staff and our review of care notes, evidenced that this was having a negative impacted on how efficiently the service ran at times, and on some peoples' outcomes. Our review of rotas found that the service was short staffed on occasions. We were assured that addressing this was a priority for the service.

We found improvement was needed to how agency staff were inducted to the service. This included them accessing information about peoples support needs. This would support people's outcomes being met, enhance safe practice and promote team working. Requirement 1 in 'How good is our leadership?' section of this report applies.

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 that people experience good outcomes and quality of life, the provider should ensure:

- a) people are supported to spend their time in ways that are meaningful and meet their outcomes;
- b) people are supported to be as independent as possible, in line with their wishes and outcomes, enhancing daily living skills.

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) and 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21).

This area for improvement was made on 13 June 2023.

Action taken since then

The service has been unable to make consistent progress in this area. Although we saw examples of people being content and doing things that they enjoy, people, staff and relatives told us this still required improvement.

The service was aware of the improvement needed in this area. Staffing strains and increasing health needs of people living in the service were significant impacting factors.

This area for improvement is NOT MET and remains in place.

Previous area for improvement 2

To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organization uses learning from this to improve' (HSCS 4.18).

This area for improvement was made on 13 June 2023.

Action taken since then

We saw little evidence of supported people being involved in meaningful feedback that supports service improvement.

This area for improvement is no longer in place and has been incorporated into a new requirement in the 'How good is our leadership?' section of this report.

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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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