

Ludgate House Resource Centre Care Home Service

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Type of inspection:

Unannounced

Completed on:

18 March 2025

Service provided by:

Clackmannanshire Council

Service no:

CS2003011441

Service provider number:

SP2003002713



Inspection report

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 1960s 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 a maximum of 11 older people at any one time. The accommodation has been modernised to a high standard and offers a bright, homely and comfortable environment with a communal lounge, kitchen and dining facilities. There are easily accessible enclosed private gardens, which provide outdoor sitting areas.

There were six people using the service at the time of this inspection.

About the inspection

This was an unannounced inspection to follow up on one requirement and one area for improvement made at our previous inspection in January 2025. The inspection took place on 18 March 2025 and 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 we:

- spoke with staff and management
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service had improved how staffing rotas were arranged to better meet people's needs, and had met the area for improvement.
- The provider had made some progress with assessment activity. However, more work was required to ensure that people receive the right care and support for all of their assessed needs.

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

Requirements

Requirement 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.

This requirement had not been met and we have agreed an extension until 16 May 2025.

This requirement was made on 20 January 2025.

Action taken on previous requirement

The service had completed some improvement work on assessment tools and pre- admission screening. Most staff had completed online training and where some training was out-of-date, the manager had a plan to address this. Where people were assessed as 'at risk' with skin integrity, the service took appropriate action to reduce the risk and sought professional advice when needed. When staff assessed people's risk of malnutrition, there were some discrepancies and miscalculations which meant that people could not be confident that their assessments were robust and reduced their risk of malnutrition.

We could not see evidence of robust management oversight of the assessment activity. The audits completed acknowledged that assessments were in place but did not consider whether they were accurate or if any action was needed or taken.

We considered that the service needed additional time to complete further training and embed practice and will extend the requirement until 16 May 2025.

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

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 to ensure that 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" (HSCS 3.19).

This area for improvement was made on 20 January 2025.

Action taken since then

The dependency tool had been updated to reflect care hours and better calculate staffing needs.

The service had a cohort of relief staff who had been refreshed in training and were now utilised to support the service when needed.

The service had completed their actions to meet this area for improvement.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

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