

Lisden Care Home Service

63 Brechin Road
Kirriemuir
DD8 4DE

Telephone: 01575 574 499

Type of inspection:
Unannounced

Completed on:
31 March 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2003010719

About the service

Lisden Care Home is part of the Balhousie Care Group and is situated in the Angus town of Kirriemuir. It is registered to provide a care service for 42 older people. It offers accommodation in two defined units. Kinnordy provides care and support to a maximum of 16 service users with advanced dementia or other cognitive impairment related issues.

The main part of the home is on two floors (Airlie and Glamis) and offers 26 beds caring for elderly residents with nursing needs.

All rooms are single with en-suite facilities and the home has access to a range of local amenities. The home provides a warm and friendly environment for residents and visitors. The gardens are well maintained and offer a safe and enclosed area. There are summer cabins in the grounds, which are often used by people.

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 01 April 2011.

The organisation states: 'We truly strive to capture the true essence of person-centred care by recognising that people come first - by looking after the care of people, the rest will follow'.

About the inspection

This was a follow up inspection concerning a requirement issued from a complaint investigation visit on 10 September 2024.

The follow up inspection was carried out virtually, between 12 February 2025, when we first requested information from the provider, and 31 March 2025, when we concluded our findings. 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.

We:

- Spoke with the manager
- Reviewed a minute of a relatives meeting
- Reviewed a record of an en suite review dated 18 March 2025.

Key messages

The provider has begun to consider the outstanding requirement.

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

Requirements

Requirement 1

By 31 January 2025, the provider must have carried out a full assessment of the en-suite toilet facilities and communal toilet facilities, and developed an improvement plan, to ensure they are easily accessible, fit for purpose and meet the health, wellbeing, dignity and privacy needs of service users.

To do this, the provider must at a minimum:

- a) carry out a meaningful consultation exercise with relevant stakeholders including people experiencing care and their representatives and use the findings to inform change
- b) take account of the Health and Social Care Standards: my support, my life
- c) provide the Care Inspectorate with a copy of the Improvement plan and a timeline of expected actions and outcomes.

To be completed by: 31 January 2025

This is to ensure care and support is consistent with Health and Social Care Standard 5.16: The premises have been adapted, equipped and furnished to meet my needs and wishes.

This is in order to comply with:

Regulation 3 of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SS1 2011 / 210)

This requirement has not been met and we have agreed an extension until 25 May 2025.

This requirement was made on 10 September 2024.

Action taken on previous requirement

We discussed the requirement with the manager who told us that she had shared the above requirement with four visiting relatives, during a meeting held on 28 November 2024, and no concerns were raised. She told us the estates manager and a senior manager had visited the home and carried out an assessment of the en suite and toilet facilities, however no records of their assessment or outcomes were available. The only issue identified at that time was the inward opening of a communal toilet door, which has now been changed, making the space easier to access and use.

Following our discussions with the manager, a further review of en suite and toilet facilities was carried out on 18 March 2025. An overview of findings has been provided to the Care Inspectorate, however it is unclear what the review included or how people's health, wellbeing, dignity and privacy needs were used to inform findings.

We are not satisfied that a meaningful consultation exercise with relevant stakeholders, including people experiencing care and their representatives, has been carried out or used to inform any change or improvement. We would strongly encourage the provider to include the views and experiences of service users and staff in any consultation carried out. Facilities should be assessed to ensure they meet the health, wellbeing, dignity and privacy needs of service users. This should include but is not limited to, identifying facilities that are unsuitable for people who require the use of moving and assisting equipment or walking aids.

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

By 16 June 2024, to ensure that people are safe and their needs are met, the provider must;

ensure that the number of and delegation of staff is sufficient to support the safe care and support requirements of residents

ensure people's needs, as agreed in their personal plan, are fully met.

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

This area for improvement was made on 22 May 2024.

Action taken since then

We did not assess this area for improvement at this inspection.

Previous area for improvement 2

In order to ensure that people can participate in their local community, the manager should ensure that there are opportunities for people to leave the care home to pursue their interests and enjoy community groups and resources.

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

state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

This area for improvement was made on 22 May 2024.

Action taken since then

We did not assess this area for improvement at this inspection.

Previous area for improvement 3

To ensure people's rights are upheld the manager should ensure that staff practice reflects the Health and Social Care Standards, My support, My life. This includes;

having knowledge of any relevant legal frameworks that may have an impact on an individuals care, such as power of attorney, and,

ensuring staff are aware of Anne's Law and how this can have a positive impact on outcomes for people.

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 understand and uphold my rights' (HSCS 2.3) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This area for improvement was made on 22 May 2024.

Action taken since then

We did not assess this area for improvement at this inspection.

Previous area for improvement 4

Daily recordings of care provided should be further developed to be more person-centred, detailed and evaluative.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: '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' (HSCS 1.15) and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

Area for Improvement Category

This area for improvement was made on 7 April 2023.

Action taken since then

We did not assess this area for improvement at this inspection.

Previous area for improvement 5

In order to support good outcomes for people experiencing care, the manager should ensure that all staff understand their role and responsibility in highlighting health concerns and ensuring medical advice is sought in a timely manner.

This is to ensure care and support is consistent with Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

This area for improvement was made on 10 September 2024.

Action taken since then

We did not assess this area for improvement at this inspection.

Previous area for improvement 6

In order to support good outcomes for people experiencing care, the manager should ensure that people living in the care home have regular opportunities to take part in activities that are meaningful to them, both within and outwith the care home.

This is to ensure care and support is consistent with Health and Social Care Standard 1.10: I am supported to participate fully as a citizen in my local community in the way that I want.

This area for improvement was made on 10 September 2024.

Action taken since then

We did not assess this area for improvement at this inspection.

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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