

Lizdean Nursing Home Care Home Service

46 Portland Road
Kilmarnock
KA1 2DL

Telephone: 01563 525 208

Type of inspection:
Unannounced

Completed on:
10 April 2025

Service provided by:
Blair and Fiona McKellar, a partnership

Service provider number:
SP2010011088

Service no:
CS2010271358

About the service

Lizdean Nursing Home is registered to provide a care home service to a maximum of 18 older people. The provider is Blair and Fiona McKellar, a partnership.

The care home is located in a residential area of Kilmarnock close to local amenities. Ten single and four double bedrooms are provided over two floors, with access to the upper floor by chairlift or stairs.

There is an intention to convert one of the shared bedrooms into two single rooms. People with impaired mobility are assessed for suitability before they are accommodated on the upper floor of the home.

Shared lounges, toilet and shower/bathing facilities are available on both floors with the dining room located on the lower level. Residents also have access to an enclosed garden area.

About the inspection

This was an unannounced follow up inspection which took place on 10 April 2025 between 09:30 and 15:30. This inspection was carried out by two inspectors from the Care Inspectorate to follow up on two requirements that were made on 27 March 2025 as a result of complaint investigation findings. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke/spent time with 7 people using the service
- spoke with staff and the management team
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

Key messages

- The manager had approached the requirements in a proactive and open way and was transparent and realistic when providing feedback about the progress.
- Staff training, in relation to Infection Prevention and Control, had improved.
- The safety and security of people's personal information had improved.
- The providers needed to make improvements to ensure the environment was clean, safe, tidy and pleasant for residents and visitors.

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 good is our setting?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How good is our setting?

2 - Weak

During a complaint investigation in March 2025, we made two requirements under this Key Question. The requirements were in relation to the provider having to ensure the environment was safe, secure, and free from clutter and trip hazards; and the provider having to ensure that the environment was safe and clean, and met recognised good infection prevention and control measures. The timescale for completion was 09 April 2025.

The service had taken action to meet some of the improvements needed and had met some element of the requirements. There remained significant concerns about the environment and further improvement is needed. Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report. Two new requirements have been made to address the outstanding issues.

We re-evaluated this key question as weak because whilst we identified some strengths, these were compromised by significant weaknesses. We felt the improvements since our initial complaint investigation were not sufficient to support improved outcomes for people, and there remained risks to people's health and wellbeing.

Requirements

1. By 02 June 2025, the provider must ensure that the environment is safe, secure, and free from clutter and trip hazards. To do this the provider must, at a minimum:

- a. Undertake an environmental audit to identify where improvements are required in the environment.
- b. Produce an environmental action plan based on SMART principles (Specific, Measurable, Achievable, Realistic, and Time-based) that identifies the actions to be taken to improve the environment.
- c. Ensure that managers are involved in environmental audits, and include actions identified for improvement and how they will be achieved.

To be completed by: 02 June 2025.

This is to comply with Regulation 10(2)(d) (Fitness of Premises) 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 environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20).

2. By 02 June 2025, the provider must ensure that the environment is safe and clean and meets recognised good infection prevention and control measures. To do this the provider must, at a minimum:

- a. Undertake a deep clean of all areas of the building
- b. Take action to ensure there is safe storage and disposal of Personal Protective Equipment, including pedal bins for disposal and PPE stations that are fit for purpose
- c. Take action to replace any furniture that presents an infection risk due to being worn or torn.
- d. Ensure all staff have a consistent approach to implementing good infection prevention and control measures in their daily role.

e. Ensure that managers are involved in Infection Prevention and Control Audits and competency assessments to provide quality assurance.

To be completed by: 02 June 2025.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

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

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

Requirements

Requirement 1

By 09 April 2025, the provider must ensure that the environment is safe, secure, and free from clutter and trip hazards. To do this the provider must, at a minimum:

- a. Undertake an environmental audit to identify where improvements are required in the environment.
- b. Produce an environmental action plan based on SMART principles (Specific, Measurable, Achievable, Realistic, and Time-based) that identifies the actions to be taken to improve the environment.
- c. Take action to ensure the safety of all doors and windows in the building, in line with recognised good practice.
- d. Take action to ensure the safety of the treatment room, by utilising a key lock or key pad entry.
- e. Ensure timescales for improvements are communicated with people using the service and their representatives.
- f. Ensure that managers are involved in environmental audits and include actions identified for improvement and how they will be achieved.

To be completed by: 09 April 2025.

This is to comply with Regulation 10(2)(d) (Fitness of Premises) 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 environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20).

This requirement was made on 27 March 2025.

Action taken on previous requirement

We walked around the service and spoke with people experiencing care and staff. The service had been decluttered in several areas and there was more space for people to walk around and enjoy. The dining area had been reconfigured to its main purpose. The manager told us this was positively received by residents and some who had previously chosen not to eat in the dining room are now joining for meals.

We viewed the environmental audit which covered all communal areas and bedrooms in the care home. Whilst this audit contained some planned actions, we found it did not have sufficient detail in relation to the work needing done. During our walk round we found equipment that needed replaced and trip hazards, these were not included in the improvement plan. The environmental action plan needs to have clear actions, realistic timeframes and measurable outcomes to ensure continued and sustained improvement to the quality of the environment.

The safety and security of the environment had improved. The provider had arranged for doors and windows to be secured in line with recognised good practice and this improved the safety of the care home for residents and visitors.

We concluded, whilst there had been improvements in the security of the environment and some areas had been decluttered, there remained significant concerns that the providers did not have a clear plan for the work that remained outstanding to improve the environment and make it safe. There remained risks of poor outcomes for the health and wellbeing of people who live in the care home. Some parts of this requirement have been met and a new requirement has been made to address the outstanding issues.

Met - within timescales

Requirement 2

By 09 April 2025, the provider must ensure that the environment is safe and clean and meets recognised good infection prevention and control measures. To do this the provider must, at a minimum:

- a. Undertake a deep clean of all areas of the building
- b. Take action to ensure there is safe storage and disposal of Personal Protective Equipment, including pedal bins for disposal and PPE stations that are fit for purpose
- c. Take action to replace any furniture that presents an infection risk due to being worn or torn.
- d. Ensure all staff have training about infection prevention and control, and have a consistent approach to implementing this in their daily role.
- e. Ensure all staff adhere to wearing the uniform provided by the organisation
- f. Ensure that managers are involved in Infection Prevention and Control Audits and competency assessments to provide quality assurance.

To be completed by: 09 April 2025.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with: Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210)

This requirement was made on 27 March 2025.

Action taken on previous requirement

The Management Team told us they had experienced difficulty in sourcing an industrial cleaning company within the short timescale of the requirements. The building had been deep cleaned by a domestic cleaning team over two days. Observations of the service confirmed improvement in the cleanliness of carpeted areas, some communal bathrooms, and in the treatment room. We remained concerned the building had not received an adequate deep clean and there remained lack of attention to detail to infection 'hotspot areas', frequent touchpoints, bedrooms and dusting.

The care home professional support team had visited to deliver Infection Prevention and control (IPC) training to all staff. In addition, the team supported the provider with a walk round to assess of the environment and compiled a list of suggested actions. We noted that IPC procedures for continence care and PPE disposal had improved, and staff were all now wearing uniform, however concern remained in relation to the compliance and consistency of some staff with safe IPC protocols.

We spoke with the Infection Prevention and Control team who have been supporting the care home. They confirmed they will continue to provide support on at least a weekly basis, with additional assessment and monitoring when required. This support will continue to be enhanced until the care home is providing a sustained level of improvement with Infection Prevention and Control, then regular ongoing support will resume.

The service had taken some action to replace furniture and equipment that was not fit for purpose. New PPE stations and bins had been purchased, however there remained PPE disposal bins that were not externally clean. A sample of mattresses and bedding confirmed a full audit was required. This should be included in the environmental action plan, as those items sampled were found not to be fit for purpose.

New audit tools were shared that the service intends to use. These were comprehensive and meaningful and will provide the management team with a quality assurance oversight of the environment and infection prevention and control measures. The audits identify good practice and also where the service needs to improve, there is an action plan included which confirms responsibilities and timescales to support improvement. The manager confirmed these were not yet in use but are planned to commence from this week. Audits will be completed weekly until the management team feel the service can demonstrate sustained improvement, then revert to monthly.

We concluded, whilst there had been improvements in the training of staff and surface cleaning of the care home, there remained significant risk of poor outcomes for the health and wellbeing of people who live in the care home due to the environment, equipment and furniture being unclean and not fit for purpose. Some parts of this requirement have been met, and a new requirement has been made to address the outstanding issues.

Met - within timescales

Requirement 3

By 09 April 2025, the provider must ensure people's personal data and sensitive information is stored safely and respectfully in accordance with the General Data Protection Regulations (2018). To do this the provider must, at a minimum:

- a. Ensure all personal and sensitive information relating to people experiencing care and staff is stored safely and securely, and not accessible in communal areas.
- b. Develop a training plan for key staff to undertake training in relation to GDPR and safe data handling, and ensure they have a consistent approach to implementing these principles.

To be completed by: 09 April 2025.

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 care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18). and "I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions" (HSCS 4.4).

This requirement was made on 27 March 2025.

Action taken on previous requirement

All personal and sensitive information relating to people experiencing care and staff was now stored safely and securely and was no longer accessible in communal areas.

The Manager arranged for all staff to undertake an online training module in relation to General Data Protection Regulations (2018) and safe data handling. Staff had been asked to complete this by 14 April 2025 and the manager gave assurance this target was being met.

This requirement was met within timescales.

Met - within timescales

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 enable people experiencing care to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health, the activities programme should offer regular opportunities to engage in outdoor activities. The provision of activities out with the coordinators' hours should also be improved.

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).

This area for improvement was made on 14 August 2023.

Action taken since then

Not assessed at this follow up inspection.

Previous area for improvement 2

Induction procedures and records should be reviewed and improved to ensure that new staff receive the role specific training they need in a phased and prioritised way.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 14 August 2023.

Action taken since then

Not assessed at this follow up inspection.

Previous area for improvement 3

The 'King's Fund (EHE) Assessment Tool' should be used to develop and implement an action plan that will promote a supportive and enabling environment for people experiencing care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

This area for improvement was made on 14 August 2023.

Action taken since then

Not assessed at this follow up inspection.

Previous area for improvement 4

The staff supervision process should be reviewed to include an enhanced focus on caseloads, training and development, goal setting, the HSCS and registration with the NMC/SSSC. More emphasis on reflective practice, where staff consider how their learning impacts on their practice and the aspects they could develop, should also be established.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 14 August 2023.

Action taken since then

Not assessed at this follow up inspection.

Previous area for improvement 5

To ensure people experiencing care are supported by staff who are skilled and competent to carry out their role, the manager should develop a staff training plan and have one quality assurance system in place that provides accurate recording and oversight of all staff training records.

This is to ensure care and support is consistent with Health and Social Care Standard 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 area for improvement was made on 27 March 2025.

Action taken since then

Not assessed at this follow up inspection.

Complaints

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

Detailed evaluations

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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