

Lancefield Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Lancefield Care Home Limited

Service provider number:
SP2012011875

Service no:
CS2012309940

About the service

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Lancefield Care Home is registered with the Care Inspectorate to provide a care home service to a maximum of 36 older people. The service has been registered since 2012. There were 33 residents living in the home on the day of our inspection.

The home is close to the town centre of Johnstone and near local shops and public transport. The accommodation is within a two-storey converted mill. Each resident has their own bedroom. The lounges, dining room and 'cosy' lounge are on the ground floor. There is access to a garden area and this is in the process of being developed.

The service aims to 'provide an environment where each person can maintain control over many areas of their life and still be treated with compassionate care.'

What people told us

We spoke with residents both individually and in small groups during the inspection. We observed the care and support offered to them by staff. We also received comments from residents in our questionnaires. Overall the comments were very positive.

Here is a sample of the comments received:-

"I've nothing to complain about at all. the staff are helpful and kind. The manager is approachable and the activities staff member is a joy. I love my room, it has everything I need."

"I am happy with my room. I don't like to make a fuss, I'm quite content. Breakfast is extra good. Everybody seems happy here, I'm happy here."

"I'm fine here. I like to stay in my room. Staff are lovely - nothing is a bother. The food is ok."

"Staff are very good. If you have something that is bothering you, they listen. Food is good too. I have no complaints at all."

"It's lovely here. All staff are kind and helpful."

"I'm not sure where I am, the surroundings are unfamiliar, but I like it so far. I slept well with no disturbance, so that's good."

"I am happy here. The staff are good. I am happy to sit and watch the world go by."

"I see a difference. Staff are brilliant, they are doing a good job. My room was all done up for me coming here."

We spoke with relatives during the inspection. The comments we received were positive overall. Here is a sample:-

"The difference is my relative since coming to Lancefield is unbelievable. She is very well fed, very clean and happy. Staff are all very helpful and it has a warm, friendly atmosphere."

"The home gives me no cause for concern. It is bright and fresh."

"My relative enjoys staying in the home. He has made new friends and all staff are friendly and professional."

"I see a big difference in the last year. The meals are nice. The place looks homely and the staff are so helpful."

"Very relieved to have mum here - she is an independent lady but was not doing well. She looks a lot better. We were really worried about her."

"This pace is a godsend. I could not believe we had found such a wonderful place. It is so clean and bright with lovely staff."

"It is definitely on the up, getting there. People know my mum better and communication is good."

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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?

4 - Good

Staff were kind and compassionate towards residents. Positive relationships were evident and staff knew residents well. Residents particularly enjoyed when staff used light hearted humour or started to sing, the response was uplifting for residents.

Both residents and relatives commented positively about the staff team which showed that residents were cared for by respectful and attentive staff members. It was good to see that staff instinctively knew if someone was distressed or uncomfortable, they responded discreetly and with patience. Residents would benefit more from this interaction if staff were less task orientated and appreciated the importance of spending meaningful time with residents out with of the task of caring. The person centred values staff demonstrated towards residents should also be evident in the paperwork they complete. Using words such as 'aggressive' and 'agitated' to describe a resident does not promote a person centred approach.

Residents could join in a range of activities both within and out with the care home. The activities were informed by resident choice and preference. We observed residents enjoying activities such as karaoke and Easter bonnet making. Residents were thoroughly enjoying singing and dancing and staff also took part. Residents within Lancefield had a range of care and support needs, including some living with dementia. It was important that all residents got access to an appropriate programme of activities that enhanced their interest and abilities. The recordings of how a resident had enjoyed their day or a particular event/activity

were not outcome focussed, therefore it was hard to see if the activity had been meaningful. This will be an area for improvement.

We could see that residents enjoyed meal times. Staff had worked hard since the last inspection to improve the dining experience. Tables were nicely set, menus were on display and residents were offered a visual choice of meals and drinks. Staff supported any resident who needed help in a discreet manner. A staff member would share a meal with residents to experience for themselves the quality of the meal time. All of this supported a pleasant and sociable dining experience.

Staff were knowledgeable about the health needs of residents so this ensured that any concerns were dealt with promptly. Appropriate risk assessments and care plans were in place to guide staff on how to care for each resident. A visiting health professional told us that 'staff are ready for my visits and they follow my advice. I have seen an improvement over the last few months.' This supports the view that residents received good clinical care provided by trained and attentive staff. The medication records were accountable however staff needed to ensure that they recorded each medical intervention they undertook with a resident for their safety and well-being. We discussed the use of 'as required' (PRN) medication to support residents' health needs. In discussion with staff it was good to hear how they supported residents with such areas as pain and stress and distress before administering any 'as required' medication. However the written protocols to support this approach were not detailed enough to guide staff to consider 'what else works' before giving a resident any medication. PRN protocols needed to be put in place. This will be an area for improvement.

Areas for improvement

1. The activity programme provided should be appropriate for each resident despite their health and well-being needs. How a resident has enjoyed their day or a certain activity should be written in an outcome focussed way so that it is evident if the activity was a success for the resident.

HSCS 1.25 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.

2. Medication management and administration should follow good practice. The protocols for administering an 'as required' medication should be clear. The steps to be taken before medication is considered should also be evident.

HSCS 1.24 Any treatment or intervention that I experience is safe and effective.

How good is our leadership?

4 - Good

The management team had changed significantly over the last few months with a new manager, depute and house manager. Residents and relatives told us that there had been 'good changes' and they saw a 'big difference' since the new manager had been appointed. They were describes as 'approachable' and 'aware of what if going on' This gave reassurance that the management team were visible to both residents and their relatives.

Good progress was noted with the processes put in place to assure that residents were safe and well cared for within the home. The management team observed staff practice, completed regular audits and drew up action plans for any deficits identified. These systems supported staff to consider their practice and if it needed to be improved for the benefit of residents.

The audits undertaken showed that the priority within the home was the care and support of residents. Medication, meal time experience and activity audits, as examples, were completed regularly to determine if anything could be better for residents. Staff were given areas of responsibility and timescales to complete any identified actions.

The current systems and processes in place were in their infancy as the manager had other priorities when she started. The systems to assure quality over all elements within Lancefield were slowly being developed and this will take time. We were reassured that the management team had a good overview of priorities and areas requiring improvement. They should continue with the quality assurance process they have started and co-ordinate it to evidence positive outcomes for residents. They should develop a dynamic action plan or development plan that shows all the ideas and plans in place and the progress noted. This should be shared with residents and relatives. This will be an area for improvement.

Areas for improvement

1. The management team should continue to develop quality assurance systems and processes within the home. A development plan should be drawn up showing what the achievements and aspirations are and how these will support positive outcomes for residents. This should be shared with residents and relatives

HSCS 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

How good is our staff team?

4 - Good

Staff were well thought of by both residents and relatives. They were described as 'kind', 'lovely' and 'good fun.' Staff knew the residents well and this supported genuine relationships and a feeling that residents were nurtured by staff. Staff should be aware of their role in caring and supporting residents in all aspects of their lives within the home, just not the 'task' of caring. In discussions staff could tell us the importance of spending quality, meaningful time with residents but did acknowledge that often got caught up in tasks.

In discussions with staff they told us that 'things were so much better than before'. They were enthusiastic about their job and the support and training they received. A positive workforce provides good, improved care to residents. There were enough staff on duty to meet the needs of residents so this ensured that they did not have to wait long to receive assistance and this was appreciated. We were told 'I ask for help and I get it.' There had been very limited use of agency staff so this meant that residents were cared for by a familiar and consistent staff team.

The management team had commenced a programme of staff development which included supervision, competency based practice and reflective accounts. These were still to be fully developed and co-ordinated however they were a positive step in supporting staff to consider their own practice and how it could be better, for the benefit of residents.

Staff were encouraged to deliver training to other staff members. This promoted an ethos of peer support and learning but also developed leadership skills and abilities. Staff were encouraged to complete a formal qualification and the home was supporting several staff members to do this.

A training plan had been drawn up to ensure that residents were cared for by a skilled and trained group of staff. This needed to be further developed to ensure that each staff member had an individual training plan which met both the mandatory and specific training needs of each person.

All of these systems and processes, recently put in place to support staff development and training, needed to be co-ordinated into a comprehensive staff development plan. At present, many of these processes stood alone. This will be area for improvement.

Areas for improvement

1. The management team should draw up a comprehensive staff development plan incorporating all of the systems and processes already initiated. Each staff member should have an individual training plan.

HSCS 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 setting?

4 - Good

The interior of the home had continued to be improved since the last inspection. There were more places for residents to spend time during the day such as lounges and a quiet room and the garden was being developed to offer safer access and more space for residents to enjoy. Residents and relatives were complimentary about the home describing it as 'fresh', 'homely' and 'a nice place to live.'

Attention had been given to making the home safer and more appropriate for residents living with dementia. Better signage and small items, such as pictures on doors, to help orientate residents within the home had been established and this will continue to be developed. Residents appeared comfortable and relaxed in the home. They were able to walk freely around the home if they wished and there were several areas that they could use to rest, such as the foyer. It is important that residents are offered a choice on a regular basis in where they would like to sit or eat their meals, not just where staff think they would like to go. This would promote choice and better use of the environment, where appropriate, for the benefit of residents.

We were assured that a programme of on going refurbishment was planned and we asked that a copy of the plan be sent to us. There were limitations on what could be achieved due to the older style of the building, however for the well-being and comfort of residents the environment needed to be developed in line with good practice and individualised care.

The records used to keep residents safe and well, and equipment used to support them, were accountable and completed to a high standard.

How well is our care and support planned?

4 - Good

Assessment and care planning did reflect residents' needs and wishes to an extent. Most of the information contained within the care plans was relevant and up to date. We were told that care plans were in the process of being re-written to fully reflect the assessed needs of each resident, about one third had been completed to date. To support a more person centred approach a 'story book' was being completed for each resident. This would show more personal details about the residents, including their history, preferences and aspirations.

We did not get a sense of people's identity from the care plans we looked at as they were mainly clinical in tone and content. Staff knew the residents and their needs well but this was not followed through into a person centred care plan.

To support a more person centred approach in care plans, staff should be aware of how they write in the daily notes. The daily notes were clinical and generic and gave no insight into how someone had enjoyed their day. They did not reflect the warm, attentive care we saw during then inspection. Staff needed to be confident to write about outcomes for residents not just 'ate well' or 'settled day'. If daily notes were more person centred then this would have a positive impact on the monthly care plan evaluations and the formal reviews. This will be an area for improvement.

We looked at care plans where stress and distress for a resident was evident. Good plans to help support residents' mental health and wellbeing were in place for some but not all residents. We discussed this with the management team and they agreed to ensure that action would be taken so that each resident living with stress and distress had a care plan that articulated their needs and guided staff on how to support them.

Areas for improvement

1. The care planning and review process needed to improve. Care plans, daily notes and review minutes should be outcome focussed and written in a person centred manner, taking account of all the needs of residents, not just health concerns.

HSCS 1.15 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.

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

Requirements

Requirement 1

In order to ensure that residents' personal plans set out how the health, welfare and safety needs of the individual are to be managed and met, the provider must ensure the following by 31 August 2018:

- that personal plans accurately reflect all the current needs of individuals
- systems are fully implemented to assess, monitor and manage risks to residents that are fully utilised and kept up to date to inform care planning. This includes, but is not restricted to, risks relating to falls and nutrition
- information is included about care and support interventions and is developed to fully reflect the care being provided

- information is included about individual's care and support that is up to date and regularly evaluated
- personal plans are developed in consultation with the resident and their representative reflecting choices and preferences of the individual.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15) and in order to comply with Regulation 5(1) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 18 May 2018.

Action taken on previous requirement

Each resident had a care plan and they were in the process of being re-written. The plans were evaluated monthly and regular reviews of care took place. The health needs of residents was well documented, with the appropriate risk assessments and other documentation being used effectively. The plans were still clinical in style and content and plans for residents living with stress and distress need to improve. However overall progress with care planning is noted and the requirement has been met. There will be an area for improvement.

Met - outwith timescales

Requirement 2

In order to ensure that at all times suitably qualified and competent staff are working in the service, the provider must ensure that staff receive training appropriate to the work they perform. By 31 May 2018, the provider must carry out a training needs analysis for all staff and develop a training plan including timescales for the completion of training.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state '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) and in order to comply with Regulation 15(a) and (b)(i)- Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 18 May 2018.

Action taken on previous requirement

There was a training plan in place which covered the mandatory training required to keep residents safe and well. Staff were motivated to attend training and the statistics for completion of the training were improved. The manager had introduced competency based practice and reflective accounts to compliment the training and learning of staff. Staff need to continue to complete all mandatory training and have access to more developmental training. Each staff member should have their own training record that they are responsible for. Overall we saw progress with staff training and competency based practice so the requirement has been met. There will be an area for improvement.

Met - outwith timescales

Requirement 3

To make proper provision for the welfare and safety of residents and to ensure a satisfactory quality of service is consistently provided, the provider must fully implement a quality assurance system by 31 August 2018.

This should include, but not be restricted to, the following:

- use of internal audits to check key areas to ensure that policies and procedures are being followed, taking into account issues highlighted in the inspection report
- ensure any issues found through the audit process are highlighted and an action plan made with timescales for any actions required taken to address those issues.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19) and in order 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.

This requirement was made on 18 May 2018.

Action taken on previous requirement

The new manager had implemented a range of quality assurance systems. These included regular audits of areas such as medication and care plans. Staff were asked to reflect on their practice and evidence their competence in certain areas. The management team had a presence on the floor and they were supporting staff. To ensure that any deficits identified through the quality assurance systems, action plans were drawn up and staff identified to undertake the action. Overall we saw more accountable quality assurance systems which supported an improvement approach within the home. The requirement has been met. There will be an area for improvement.

Met - outwith 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

The provider should improve the quality and range of meaningful activities available in the home considering residents' preferences and choices.

This area for improvement was made on 18 May 2018.

Action taken since then

Activities have improved since the last inspection. We saw residents engaged in meaningful opportunities and they were enjoying themselves. The recording of outcomes for residents participating in activities needs

to improve and care staff need to see their role as promoting a positive day for residents as well. This area for improvement will continue.

Previous area for improvement 2

To ensure that medication is managed safely and effectively, the provider should improve the records of medication administration in line with best practice guidance.

This area for improvement was made on 18 May 2018.

Action taken since then

The home had initiated their own medication audits. These showed that whilst practice was improving there were still areas requiring further attention to keep medication management safe and responsive. The 'as required' (PRN) medication needs to be recorded in a more accountable way. This area for improvement will continue.

Previous area for improvement 3

The provider should continue to review and develop the management of mealtimes to ensure that residents are supported to enjoy their meals in a relaxed atmosphere respecting their choices and preferences.

This area for improvement was made on 18 May 2018.

Action taken since then

We observed residents having both breakfast and lunchtime meals. The experience was pleasant and calm on the whole. Staff offered visual choices of meals and this supported residents to have choice of what they would like to eat. Tables were nicely set. The area for improvement has been met..

Previous area for improvement 4

To ensure that residents' personal care needs are fully met taking into account their choices and preferences, the provider should implement robust systems to record individuals' personal care.

This area for improvement was made on 18 May 2018.

Action taken since then

The management team had put in place a personal care booklet which covered all aspects of the day to day care for residents in an easy format. It is an individualised record of a residents personal care needs and needs to be completed daily by staff. This booklet is an effective guide for staff to ensure that person centred care is agreed and delivered. This area for improvement has been met.

Previous area for improvement 5

To ensure that the use of equipment that may restrain is used in the best interest of the individual, the provider should ensure that equipment is assessed and consented for in line with best practice guidance. The provider should ensure that staff receive training regarding the following best practice guidance, Rights, risks and limits to freedom, from the Mental Welfare Commission for Scotland.

This area for improvement was made on 18 May 2018.

Action taken since then

We looked at the care plans and records for those residents who required equipment that could potentially restrain them. Up to date consent forms were in place and discussions with families regarding equipment, such as the use of bedrails, had taken place. Staff were more aware of the potential harm with this

equipment and the maintenance records showed that the equipment was regularly checked. This area for improvement has been met.

Previous area for improvement 6

To develop the leadership skills of staff in supervisory positions, the provider should ensure that staff are trained, competent and skilled in the role that they undertake.

This area for improvement was made on 18 May 2018.

Action taken since then

We saw progress with this area for improvement. Staff were being supported to undertake SVQ III and SVQ IV to develop their knowledge and practice. A more robust training plan had been devised to respond to the training needs of staff. Staff practice was supported by competency based assessment and reflective accounts. This area for improvement has been met.

Previous area for improvement 7

To support and develop the staff team, the provider should establish a schedule of regular supportive supervision for staff. This should be provided by staff with the appropriate skills and training.

This area for improvement was made on 18 May 2018.

Action taken since then

Progress has been made with this area for improvement. A programme of staff supervision has been established. Staff verified that supervision did take place and that it was helpful. Staff who are supervisors were being guidance on what meaningful supervision of staff should look like. This area for improvement has been met.

Previous area for improvement 8

The provider should develop a plan with timescales to support the development and sustained improvement of the service.

This area for improvement was made on 18 May 2018.

Action taken since then

The manager had started to pull together a development plan. She acknowledged that she had other priorities when she took up the post. This area for improvement will continue.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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