

Lochbank Care Home Service

Lochbank
75A Graham Crescent
Forfar
DD8 1DW

Telephone: 01307 463714

Type of inspection:
Unannounced

Completed on:
30 April 2024

Service provided by:
Lochbank House Limited

Service provider number:
SP2023000428

Service no:
CS2023000420

About the service

Lochbank is situated in the Angus town of Forfar and is convenient for local services and public transport. The two-storey home is set in a traditional style building with a modern extension. The home is set in spacious grounds to the front of the property and overlooks a local cricket ground to the rear.

The service has two passenger lifts available to the people who live there to ensure easy access to all levels of the home. All rooms have en-suite facilities which include a toilet, wash hand basin and shower. There are communal lounges, and dining rooms on each floor of the home. The service also benefits from a hairdresser's room.

At the time of inspection 23 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 22 , 23 and 24 April 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, the service was issued with an Improvement Notice on the 3 May 2024. (See the service's page on the Care Inspectorate website).

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 11 people using the service, and five of their families;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- We had serious concerns about the staffing arrangements within the home that meant not always receive responsive care. people did
- Some people's plans required to be reviewed as they did not have up to date information about people's needs. This put people at risk.
- The management oversight of the service and quality assurance processes needed to improve.
- Improvements were required to the management of medication.
- The service needed to improve how it recognised, responded to, and reported any incidents of potential harm to people.
- We took enforcement action to require the provider to improve the quality of people's care.

See the service's page on our website for more information.
<https://www.careinspectorate.com/index.php/care-services>

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	1 - Unsatisfactory
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. During the inspection, we were concerned about the welfare, health, and safety of people. We issued the service with an Improvement Notice connected to these concerns. For further details of this enforcement see the service's page on our website at www.care.inspectorate.com.

We had significant concerns that staff were not always visible within the home. This was impacting on people's wellbeing and staff ability to recognise and respond to people's needs and changing needs. Care was often basic with staff having little time to speak with people out with care tasks. We will report on this further under key question 'How good is our staff team?'. (See Improvement Notice on the service's page on our website).

People had to wait for care and support. We heard buzzers going off and taking time to be answered. Some people did not have their buzzers within easy reach for them, which meant people could not alert staff when required. This was having an unnecessary negative impact on people's psychological wellbeing as they were not being provided with appropriate care and support at the time they needed it. One person told us that the buzzers disturb them, and that they will not always press their buzzer due to the length of time it takes for staff to respond. (See Improvement Notice on the service's page on our website).

During the inspection, most people looked well, however, we saw some people's fingernails were long and dirty. Some people did not receive regular baths or showers. Records showed some people had not had a bath or shower for several days. Improvements in this area would promote good physical and mental health and wellbeing and protect people's skin.

People sat for extended periods of time with little interaction and nothing to keep them occupied. People told us they were bored. We saw some planned activities, however, these were limited. This meant people were not spending their time purposefully to promote their feelings of wellbeing.

We had serious concerns that staff had not followed advice and guidance provided by healthcare professionals for one person. This had led to a deterioration in the person's condition which could have been prevented. There were no appropriate records kept regarding this either. (See Improvement Notice on the service's page on our website).

Some of the details recorded in people's health assessments needed to be reviewed and updated. This is to ensure any changes to a person's needs are identified and addressed timeously. For example, one person's weight had not been recorded accurately. (See Improvement Notice on the service's page on our website).

Where people had experienced wounds or pressure areas, staff had made appropriate referrals to health professionals and sought appropriate equipment. However, we found one person's airflow mattress to be set at the wrong setting for the person using it. In addition, we could not be confident that people were receiving frequent positional changes. Some records were not fully completed and did not evidence the level of care required. This put people's skin at risk of breaking down. (See Improvement Notice on the service's page on our website).

There was information missing in people's personal plans. Where guidance or changes in people's care had been recommended by health professionals this had not always been updated with the person's personal plan. This meant people may be at risk of harm if they do not receive care that meets their needs. (See 'How good is our care and support planned?').

We could not be confident that people's nutritional and hydration needs were being met. We saw people not receiving their breakfast until late morning due to delays in people getting up. Staff did not recognise the impact this had on people as they were then offered their lunch time meal soon after. This could affect people's appetite and nutritional intake for the day which could lead to weight loss. (See Improvement Notice on the service's page on our website).

Improvements were required to the recording of people's food and fluid intake. Records did not always include a record of people's daily fluid target, the date and some were inaccurate. This made it difficult to monitor when individuals had not achieved their daily targets and to implement changes to planned care when required. (See Improvement Notice on the service's page on our website).

A further concern identified was that people did not receive adequate catheter care, this meant people were at risk of infection. (See Improvement Notice on the service's page on our website).

Some areas of medication administration and recordings needed to improve. For example, where people had been prescribed creams, we would expect clear directions for staff when supporting people with their medication. As a result of our concerns in relation to medication management a requirement has been made. **(See requirement 1).**

Requirements

1. By 3 June 2024, the provider must ensure people receive their medication in the way it has been prescribed.

In order to achieve this, the provider must as a minimum:

- a) Ensure there are adequate stocks of medication for people. Any difficulties with stock or supply of medication should be discussed with the prescriber timeously.
- b) Ensure that there is improved oversight and auditing of medication and that appropriate actions are taken if a discrepancy is identified.
- c) Ensure clear directions are in place for the administration of topical medication.
- d) Ensure medication is labelled with date of opening and all labels are legible.
- e) Ensure that where medication administration records (mar) are handwritten these should contain the signature of the staff member transcribing the information and the person who checked the transcription for accuracy.
- f) Ensure that when as required medication is given, records should include the date, time and quantity given, the reason for administration and the result of the outcome.

This is to comply with Regulation 4(1)(a) & (d) (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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. During the inspection, we were concerned about the welfare, health, and safety of people. We issued the service with an Improvement Notice connected to these concerns. For further details of this enforcement see the service's page on our website at www.care.inspectorate.com.

We recognised that there had been significant challenges to the service, particularly with the leadership and management of the home. There have been recent changes in leadership across the organisation. This has meant there had been a reduction in the oversight of the performance of the service resulting in a decline in standards of practice. It was disappointing that some beneficial systems such as staff allocation sheets and flash meetings that had previously been in practice had not been embedded or sustained in practice. (See Improvement Notice on the service's page on our website).

There were some quality assurance systems and tools available to help the management team to identify and prioritise improvements. However, we found significant concerns regarding people's care and support had not been picked up or prioritised with these processes. A more robust approach was needed to ensure people's needs are met with improved outcomes.

(See Improvement Notice on the service's page on our website).

The service failed to identify and report eight adult support and protection concerns to the lead agency responsible for the protection of people. They also failed to undertake their legal responsibility of notifying the Care Inspectorate of these concerns. This meant people were at continued risk of harm and neglect as appropriate investigation and actions had not been undertaken. (See Improvement Notice on the service's page on our website).

How good is our staff team?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question. We issued the service with an Improvement Notice connected to these concerns. For further details of this enforcement see the service's page on our website at www.care.inspectorate.com.

We had serious concerns in relation to the staffing levels within the home. We found that people did not have the support of enough trained and competent staff to meet their health, welfare, and safety needs. Staff were not visible, and people were not receiving responsive care. One person told us "There is not enough staff, I sometimes have to wait". A recent reduction in the number of staff on duty had contributed to this.

(See Improvement Notice on the service's page on our website).

We were assured by the management team that there were enough staff on shift, however, we found it difficult at times to locate staff. Our findings reported under 'How well do we support people's wellbeing?' highlight the impacts this had on the people who use the service.

There was a record of dependency assessments for people to assess and plan staffing levels and skill mix. However, a more robust approach was required which takes into consideration people's desired outcomes, the environment and wellbeing of staff. Despite discussions with the provider, they were insistent there were enough staff which could meet people's needs and that this was based on dependency. During these discussions, the focus was on staff time management. Whilst this can be an issue the staffing numbers on shift were still a significant area of concern. One staff member told us it was "chaotic", and another told us that "staffing levels are despicable" and that they "are not always safe".

(See Improvement Notice on the service's page on our website).

Staff vacancies were impacting on the service. The service had several vacancies which the provider was actively recruiting to. Agency and relief staff were being used, however, the lack of a consistent team and experience was putting additional pressure on existing staff. It was evident that some existing staff were tired with morale and motivation being low at times.

Important information was not shared or passed on accurately and this led to one person experiencing a deterioration in their health. A daily handover meeting took place, however, not all staff attended this. This meant some staff did not have the necessary information to provide the right care and support to people. This put people at risk of harm.

(See Improvement Notice on the service's page on our website).

Improvements were required to ensure staff had the right knowledge, skills, and competency to care for and support people. Some staff required essential training to be updated and others had completed little or no training since commencing in post. Observations of staff practice were not being regularly undertaken to assess or address staff's learning and competence. Some staff had not received supervision in line with their professional codes of practice. This meant we could not be assured that staff were provided with the necessary information, support, and training to undertake their role.

(See Improvement Notice on the service's page on our website).

How good is our setting?

3 - Adequate

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

People benefitted from warm, comfortable, and welcoming communal living areas with plenty of fresh air and natural light. The environment was generally clean and tidy, with no evidence of intrusive noise or smells. People's rooms were personalised and homely, which promoted each person's experience, dignity, and respect.

There were records in place to record when rooms and communal areas had been cleaned. However, these were not always being completed and we identified some issues relating to cleaning standards. For example, one bath and a servery area were not clean. This put people at risk of infection. This can also have a negative impact on people's dignity and gave us concerns that the current systems in place to check the cleanliness of the home were not effective. (See 'How good is our leadership?' and the Improvement Notice on the service's page on our website).

People were at risk of harm due to being able to access areas of the home which were unsafe. We found some rooms which were unsecured that contained items that could cause harm. they were cluttered,

contained pots of paint and cleaning chemicals. This was brought to the manager's attention for immediate action and was resolved at the time of inspection.

(See requirement 1).

The safety gate on the upper floor servery was broken allowing people access to an unattended kettle which was full of boiling water. There was a risk assessment in place, however, staff had not adhered to this. This put people at risk of burns/scalds from hot water.

(See requirement 1).

There was a system in place to monitor the environment, however, this had failed to pick up on safety concerns that we had identified during the inspection. As a result, people may be at risk of harm.

Room audits had been completed and an action plan developed. However, this had not been reviewed and updated therefore it was difficult to see where improvements had been made. (See 'How good is our leadership?' and the Improvement Notice on the service's page on our website)

Requirements

1. By 3 June 2024, the provider must ensure people experience care in an environment that is safe.

In order to achieve this, the provider must as a minimum:

- a) Ensure people do not have access to high-risk areas of the home that could put people at risk of harm, such as unoccupied rooms unsupervised.
- b) Ensure all cleaning chemicals and other substances which would be hazardous to people's health are stored safely and securely. This should be monitored, and non-adherence should be addressed.
- c) Staff to follow and adhere to all risk management plans and risk assessments in place. This should be monitored, and non-adherence should be addressed.

This is in order to comply with Regulation 3, Regulation 4(1)(a), Regulation 4(1)(d) and Regulation 10 (b) 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 secure and safe' (HSCS 5.19).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. During the inspection we were concerned about the welfare, health, and safety of people. We issued the service with an Improvement Notice connected to these concerns. For further details of this enforcement see the service's page on our website at www.care.inspectorate.com.

Some people's personal plans included useful information about their life stories, choices, and preferences. However, some people's plans required to be reviewed as they did not have up to date information about

people's needs. We also observed that one person's plan was incomplete, and others had gaps in information. This information is essential for staff supporting people. Due to vacancy levels the service used agency staff. This increased the risk to people, particularly when the information was inaccurate or incomplete. New staff and agency staff were reliant on this information as they get to know people and their needs. However, it is also essential for existing staff if someone's needs changed. (See Improvement Notice on the service's page on our website).

We observed that there were limited and inconsistent records in people's health care charts. It was concerning that there was no oversight or evaluation of these records by the senior care team. For example, incomplete records about people's food, fluids and catheter care prevented ongoing assessment and review of people's needs. This meant any changes to a person's needs may not be identified and addressed timeously.

(See Improvement Notice on the service's page on our website).

One person's emergency evacuation plan in their personal plan was out of date. This meant the support the person required in an emergency, such as a fire, was incorrect and could have an impact on the person being evacuated safely.

(See Improvement Notice on the service's page on our website).

Daily recordings of care and support were mostly task orientated. The notes did not reflect people's views or feedback. This meant they lacked information that would contribute to the review and evaluation of people's care and experiences. We also observed that essential information was not always recorded.

(See Improvement Notice on the service's page on our website).

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	1 - Unsatisfactory
3.3 Staffing arrangements are right and staff work well together	1 - Unsatisfactory
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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