

# Lillyburn Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 October 2022

**Service provided by:**  
Pacific Care Limited

**Service provider number:**  
SP2003002346

**Service no:**  
CS2003010431

## About the service

Lillyburn Care Home is managed by Pacific Care Limited. The service is located in Milton of Campsie and provides care and support for up to 56 people within a purpose-built environment.

There are four units within Lillyburn's main building. Each unit accommodates up to 10 older people. A separate unit, Kintyre, is situated across from the main building and has been designed to cater for the care and support needs of up to 16 older people with dementia.

The grounds provide landscaped gardens that are easily accessible to people.

There were 54 people living in the home during the time of the inspection.

The main objective of the service is to provide the highest standards of quality care for older people and to enable their time within Lillyburn to be enjoyed with comfort, dignity and respect.

## About the inspection

This was an unannounced inspection which took place on 10, 11 and 12 October 2022. The inspection was carried out by four inspectors and one inspection volunteer 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 of the service we:

- spoke with nine people using the service and nine relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with five visiting professionals.

## Key messages

- The service communicated well with external agencies.
- The management team were knowledgeable about aspects of the service that required improvement.
- Evidence that oral care needs have been met needs to improve.
- People were supported by staff in a warm and respectful way and staff were knowledgeable about people's care plans.
- The environment was bright, spacious and welcoming.
- The service needed to ensure all areas of the home were dementia friendly.

## 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?	5 - Very Good
How good is our leadership?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

## How well do we support people's wellbeing?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People appeared happy with their care and support. Everyone knew each other and there was a warm and positive atmosphere within each unit. Interactions between people and staff were respectful, kind and caring. People told us, "Staff are nice. It is lovely. They have something you can't buy.", "Staff go out of their way to be good to you." Staff monitored people regularly to ensure they were safe and their needs were being met.

People benefitted from regular healthcare assessments. They had access to community healthcare and treatment, including prevention and detection interventions when required. There was good analysis of health needs such as, falls and wound management. There was also evidence that the home worked closely with community psychiatric nurse (CPN) to support people who had been experiencing stress and distress. Medication records were of a good standard and people received the medications they needed. This assured us that people received the care and support they required.

The service had signed up to *NHS caring for smiles* and there was evidence of regular dental visits to the home. During our walk around, we did observe that not everyone had completed their oral care routine. This was evident when we checked some people's oral care products which did not appear used. We fed this back to the management team who assured us this would be improved upon. The service has agreed to ensure that all residents are registered with dentists and referral for check ups and treatments will be made appropriately. 'People's health and wellbeing could decline if oral care is not maintained.

People benefitted from access to a tasty, varied and well-balanced diet. They were able to choose from a variety of, meals, snacks and drinks which reflected their dietary needs and preferences, including fresh fruit and vegetables. The dining experience was very good.

Activities were happening daily with a combination of 1:1 or group activities on offer. One person had been supported to attend a family wedding and several people had attended a community group, 'Come and Sing'. There was an activity timetable within each unit which was facilitated by activity co-ordinators and staff. This meant that people were supported to engage in meaningful activities which can help prevent isolation and loneliness.

The home was following the Scottish Government's Open with Care guidance which meant visitors were now free to visit when they wished. Families were incredibly happy with their relative's care. They told us:

"Staff are excellent."

"The staff do a good job. I'm happy with the care."

"Mum receives excellent care."

Infection prevention control was of a very good standard. The environment was clean with no malodours. There was sufficient Personal Protective Equipment (PPE) and systems for cleanliness and safety. Staff and visitors continued to follow current national Infection Prevention and Control (IPC) guidance. These steps helped prevent the spread of infections and contributed to keeping people safe.

Regular Infection prevention and control spot checks were carried out such as observations of staff washing their hands and appropriate use of PPE. The service had also carried out several cleaning audits. We suggested the provider reviewed what they are capturing as they had gathered a lot of information.

We found discrepancies when we carried out mattress and cushion spot checks which we highlighted immediately with provider. Their responsiveness showed that they were committed to maintaining high standards of infection control to keep people safe.

## How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Regular audits were carried out which identified areas of support and care that required attention. There was evidence of a whole team approach to auditing with identified leads in each department who completed this task. The management team had a particularly good overview of what areas of improvement required to be actioned within the home.

They also carried out quarterly self-evaluations on their own performance. The results were used as part of the service improvement plan. There was evidence that the service was committed to continually improving people's experiences. This meant that any issues that could impact on people's health and wellbeing, were resolved promptly.

The management team learned from all accidents, incidents and complaints to improve the quality of care and support for people. All accidents, incidents and complaints had been responded to and management plans for each event had been logged and actioned. However, there was no evidence of feedback from other parties about how the service handled complaints. There was also no closed dates on any logged complaints. This had been fed back to the management team who have assured us this information will now be included within their complaints process.

Staff received regular supervision and training. The service also had nominated staff within each area of training who delivered 'on the job' learning such as manual handling. It was evident that the service had opportunities for staff to further develop their skills. Management had a good overview of staff's learning and development needs. People received support by a trained and competent staff force.

Communication across the home was very good. Handovers happened at each shift change and there were daily flash meetings. There had been monthly staff meetings in each unit facilitated by senior staff. Each unit had a diary and knew what was happening on that day. This meant that people's health and wellbeing needs had been continually monitored to make sure it was right for them.

We attended a flash meeting held in a communal area on the lower floor of Lillyburn. This location was a busy main corridor which meant it was difficult to hear what was being said. There was also a risk that any sensitive information could be overheard by passers-by. We brought this to the attention of the management team who responded immediately by changing the location of meeting to an unused office within the building.

## How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Care plans were personalised and contained a very good level of information about the person's health and wellbeing needs. People's care plans were reviewed regularly. Reviews had taken place; there was evidence that there had been input from families and others involved within this process. Some people had lived in the home for some time to which relationships with all involved within care plans appeared to be well-established. This meant that people's care and support had been reviewed regularly to make sure it was right for them.

People had been supported to understand the standards they should expect from their care and support and were encouraged to be involved in evaluating the quality of the service provided. There had been monthly residents' meetings and satisfaction surveys had been conducted in May. Information about people's experiences had been collated from the survey and was displayed on notice boards throughout the home. This shows the openness of the service to share people's experiences.

The environment promoted unrestricted movement for people. Each unit was bright and spacious with a variety of seating areas and people were able to choose where they would like to sit. However, one resident had, on a few occasions walked into people's rooms without their consent. We discussed this with provider at feedback who had a plan in place to revisit how dementia friendly the environment was. For instance, changing the colours of people's bedroom doors as they had all appeared the same. This assured us that people's health and wellbeing needs, shaped the environment.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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