

Ludgate House Resource Centre Care Home Service

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Type of inspection:
Unannounced

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25 June 2025

Service provided by:
Clackmannanshire Council

Service provider number:
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Service no:
CS2003011441

About the service

Ludgate House Resource Centre is a local authority service which has been registered to provide respite, short stay breaks and a short term assessment service to older people living in the Clackmannanshire area.

The premises were built in the 1960s and were originally used as a care home for older people. In 2001, the service was restructured to create a local resource centre providing respite care.

The service currently provides 24 hour care for a maximum of 11 older people at any one time. The accommodation has been modernised and offers a homely and comfortable environment with a communal lounge, kitchen and dining facilities. There are easily accessible enclosed private gardens, which provide outdoor sitting areas.

There were nine people using the service at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 24 and 25 June 2025. The inspection was carried out by two inspectors from the Care Inspectorate, supported by an inspection volunteer. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service and their families and gather their views.

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:

- received feedback from 10 people using the service and five of their family representatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People were supported by staff who were kind and interactions were respectful.

The leadership team needed to use the audit activity and outputs to drive improvement across the service.

The staff team were consistent and worked well together.

The service needed to make some changes to the environment to better support outcomes for people.

Care plans were well informed about people but needed reviewed to include individual outcomes and permissions around restrictive practices.

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?	3 - Adequate
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

We evaluated quality indicator 1.3 (People's health and wellbeing benefits from their care and support) as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were supported in Ludgate by staff that were kind and respectful. People using Ludgate and their families were happy with the care and support. One person told us that they were "well looked after." while another said the "staff are great" Most people said that there was "not much to do" , "its a long day" and were not aware of any activities programme. One relative said that Ludgate House was "a lifeline" for them. Most families feedback was that they felt involved and reassured that their loved one was cared for.

The dining experience was calm and unhurried although most people ate in their rooms, staff were attentive to their needs. The team had good oversight of peoples skin integrity and people could be confident that medication was administered safely as staff followed good practice guidance. The service had developed good relationships with the healthcare teams and this meant that they knew who to contact when people needed additional healthcare assessment or support.

Because people mostly spent time in their rooms and there was no planned programme of activities, we saw a lack of social interaction between people and with staff. For those that did use the communal areas, there were a number of missed opportunities for staff to support people in there personhood and psychological need. We made an area for improvement to support better outcomes for people in this area. (See area for improvement 1)

Areas for improvement

1. To help to give purpose to individuals' day, and support their wellbeing, people should have opportunities to take part in meaningful engagement to help them live a fulfilling life. In doing so, there should be increased emphasis placed on:

- a) exploring peoples preferences, wishes and aspirations
- b) engagement with people who choose (or are required) to remain in their own rooms
- c) ensuring good communication about planned events with people, in a way that is meaningful to them
- d) Undertake a review of the environment to ensure all areas are functional, accessible and provide a nice place for people to socialise.

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) and '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)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood

of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People and their families told us that the service communicated well and feedback from people and their relatives was being gathered on a regular basis to ensure that support was being delivered in line with people's care and support needs and their wishes and preferences.

The leadership team had a service improvement plan in place that identified planned developments. There were a range of quality assurance audits in place and significant audit activity, however we were not able to see how this linked with the development plan or how quality assurance was driving improvement and supporting better outcomes for people. This included work completed on care plan audits, accident incident monitoring and staff supervision activity. Because this could impact on people's care and support, we made an area for improvement about this. (See area for improvement 1).

Areas for improvement

1. So that people can have confidence in the organisation providing their care and support the service should ensure that robust and effective quality assurance processes are in place. This should include, but is not limited to:

(a) Outputs from audits are clearly identified and actioned in a timely manner that supports people's outcomes.

(b) Robust and regular oversight of the service by the organisation to monitor the quality assurance system and its effectiveness.

(c) Staff receive regular and effective supervision and monitoring of practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I use a service and organisation that are well led and managed". (HSCS 4.23)

How good is our staff team?

4 - Good

We found several strengths that impacted positively on outcomes for people and evaluated this key question overall as good. The staff team were well established and had formed close relationships and this meant that they worked well together. Staff told us they feel well supported and working in the home is like being part of a family.

Staff training was offered on a regular basis and taken up by staff frequently. This meant that people could be assured that staff had the right knowledge and skills to care for them.

Staffing levels were determined by assessment of people's dependencies and this supported staffing arrangements to be right. To continue to support this and improve outcomes for people, the service could further develop the dependency tool by considering the environment and professional judgement when determining staffing.

How good is our setting?

4 - Good

We evaluated this key question overall as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Ludgate House is purpose built with good access to an internal garden which was well used by people throughout the inspection. There were maintenance and cleaning records which were all up to date and followed good practice guidance. Although the home appeared clean and tidy, we saw some areas of concern where infection prevention and control measures were breached because the surfaces were not intact and therefore not able to be cleaned fully. This meant that people could be exposed to risk due to poor infection prevention and control measures.

People were placed at risk because cupboards in the communal kitchen area had various hazardous cleaning materials stored and although the cupboard was lockable, staff practice was to leave this open and accessible to everyone in the care home.

We found the corridors to be long and stark with no points of interest, support for orientation or way-finding. This was not supporting a positive therapeutic environment, particularly for people living with a cognitive or sensory impairment.

Because the overall environment needed some improvement to support better outcomes for people, we made an area for improvement about this. (See area for improvement 1).

Areas for improvement

1. In order that people are able to move around and feel safe and secure in their surroundings, the service should undertake a review of the environment using good practice guidance.

This should include but is not limited to:

- a) easing decision-making and orientation
- b) encouraging independence and social interaction
- c) promoting good infection prevention and control through maintenance and necessary repairs
- d) ensuring safe storage of chemicals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

How well is our care and support planned?

4 - Good

We evaluated this key question overall as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from individualised, person centred care plans that had up to date health assessments and risk assessments in place. We saw good detail recorded in the support plan on peoples needs and 'what's important to me' and this meant that staff could use the information to develop therapeutic relationships and have opportunity for discussions.

The care plans did not have detail about what they wanted from their care and support. Because this was important to meeting people's outcomes we made an area for improvement about this. (See area for

improvement 1).

During our inspection we saw falls prevention equipment being utilised which supported staff in falls reduction. Because this equipment is considered restrictive practice, an intervention that limit a person's freedom and autonomy, people or their representatives should be consulted about and agree with using this. We were unable to see evidence of discussion or permissions to use falls prevention equipment and we made an area for improvement about this. (See area for improvement 2).

Areas for improvement

1. To reflect people's individual needs, rights, choices and wishes, the provider should ensure that personal plans are fully completed and regularly reviewed to direct care based on people's current situations. This should include, but is not limited to ensuring that:

a) support plans include people's individual aspirations and outline the support that will be provided to help them to achieve this.

b) support plans and daily recordings are outcome focused, and written in a person-centred manner, taking account of all the needs of people including social and psychological support.

This is to ensure that 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 3.07); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.08).

2. To ensure that people continue to receive good outcomes, the use of equipment that may restrain should be fully assessed and clearly documented in line with current best practice guidance.

To do this, the service should ensure:

a) They undertake a review of the use of all equipment that may restrain currently in use in the service.

b) Personal plans include, clear information detailing the consultation about the use of this equipment.

c) There are fully completed assessments to determine if the use of the equipment is safe for the individual.

d) Informed consent is in place for the use of this equipment signed by the individual or their representative.

e) Regular reviews of the continued use of the equipment are carried out.

f) Staff receive training regarding restraint and have an understanding of The Mental Welfare Commissions best practice guidance: Right, risks and limits to freedom - March 2021.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (4.11).

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

Requirements

Requirement 1

By 14 March 2025, the provider must ensure that people are supported with all aspects of their care. This should include, (but is not limited to) skin integrity and nutrition. To do this the provider must, at a minimum, ensure that:

- a) Staff use assessment and screening tools at the time of admission and throughout people's stay to identify care needs.
- b) Where anyone is identified as 'at risk', then appropriate actions are followed including a full care and support plan and referral to specialist professionals if required.
- c) Training is provided to staff to allow them to complete and interpret assessment documentation and take appropriate action.
- d) Management have a robust process in place to ensure oversight of the admission and assessment activity.

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

1.19 'My care and support meets my needs and is right for me.'

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 requirement had not been met and we have agreed an extension until 16 May 2025.

This requirement was made on 20 January 2025.

Action taken on previous requirement

When we reviewed this at our visit in March the service had not met the requirement.

We considered that the service needed additional time to complete further training and embed practice and will extend the requirement until 16 May 2025. We reviewed this again at this inspection. The service had implemented assessment and screening tools to determine people's level of risk in relation to skin integrity, falls and malnutrition. Care plans were in place where required and staff training had been completed. The management team completed admission audits to ensure this practice was embedded.

Met - outwith timescales

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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