

Lizdean Nursing Home Care Home Service

46 Portland Road
Kilmarnock
KA1 2DL

Telephone: 01563 525 208

Type of inspection:
Unannounced

Completed on:
3 June 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, second follow up inspection which took place on 03 June 2025 between 09:30 and 14:15. 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. These had been extended as they had not been met at the first follow up inspection on 10 April 2025.

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 3 people using the service
- spoke with staff and the provider
- observed practice and daily life
- reviewed documents

Key messages

An environmental action plan is now in place and ongoing improvements have been planned in a realistic and proactive way.

The service has benefitted from additional support and training from the Infection Prevention and Control team in NHS Ayrshire and Arran.

Clutter and cleanliness around the care home has improved, however the service must ensure systems are in place to sustain these improvements and ensure the environment is clean, safe and pleasant for residents and visitors.

Newly introduced Quality Assurance arrangements provide confidence that the management team now have an understanding of the current environment and where improvements are required.

How good is our staff team?

We concluded there had been notable improvements in the training of staff and cleanliness of the care home. See information in Outstanding Requirements.

The risks of poor outcomes for the health and wellbeing of people who live in the care home had been reduced, however there remained concern about how the service will ensure sustained improvements with current practice and arrangement of staff. This requirement has been met, and two new areas for improvement have been made to address the outstanding issues.

Areas for improvement

1. To support people to live in an environment that is safe, clean and well maintained, the provider should review staff arrangements and deployment to enable consistent, manageable and sustained improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well.' (HSCS 3.19).

2. To support people to live in an environment that is safe, clean and well maintained, the provider should ensure all staff have a clear understanding of their responsibility to keep the care home clean. This should include, but is not limited to embedding the expected cleaning duties in daily practice and accurately and fully completing cleaning schedules.

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 good is our setting?

We concluded the service had undertaken work to improve the environment and make it safe. See information in Outstanding Requirements.

The risks of poor outcomes for the health and wellbeing of people who live in the care home had been reduced, however ongoing work is required to ensure the sustainability of the improvements and to complete the remaining programme of work. This requirement has been met, and a new area for improvement has been made to address the outstanding issues and ensure sustained improvements.

Areas for improvement

1. To ensure people live in an environment that is safe and of an acceptable standard of living, the provider should ensure quality assurance arrangements and action plans are completed fully and accurately, and lead to sustained improvement in the environment.

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).

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

Requirements

Requirement 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).

This requirement was made on 10 April 2025.

Action taken on previous requirement

We viewed the revised environmental audit which covered all communal areas and bedrooms in the care home. We found this audit to be a clear plan of the improvements that were required, with actions being planned in a realistic and insightful way. The environmental action plan is based on SMART principles with measurable outcomes which should give the management team clear oversight to progress.

We walked round the service and spoke with staff and residents. We could see some furniture and equipment had been replaced, and trip hazards had been rectified since our last visit. The management team now complete a weekly environmental audit, however work is required to ensure the weekly audit and action plan are used to update the overall environmental action plan and achieve sustained improvement to the quality of the environment.

We concluded the service had undertaken work to improve the environment and make it safe. The risks of poor outcomes for the health and wellbeing of people who live in the care home had been reduced, however ongoing work is required to ensure the sustainability of the improvements and to complete the remaining programme of work. This requirement has been met, and a new area for improvement has been made to address the outstanding issues and ensure sustained improvements.

Met - within timescales

Requirement 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).

This requirement was made on 10 April 2025.

Action taken on previous requirement

The Provider told us the building had been deep cleaned by the existing staff team who had undertaken overtime hours. Observations of the service confirmed the improvement in the cleanliness of carpeted areas and communal spaces had been sustained. We noted improvement in the general cleanliness of the bedroom and bathroom areas and to mitigate the immediate IPC risks, though further attention to detail was required in infection 'hotspot areas'.

Cleaning schedules had been introduced and were expected to be completed daily with additional schedules for a deep clean rota. We found gaps in the recording and could not be assured all cleaning was being carried out in line with the Manager's expectation. Discussions with staff confirmed the housekeeping team are currently employed for five hours per day. We asked the provider to consider a review of staff arrangements and deployment to ensure the service can sustain the improvements and maintain a clean environment.

The care home professional support team had visited regularly to provide enhanced support to the management and staff teams and delivered a further training session in relation to Safe Cleaning of Equipment to all staff. In addition, the team supported the manager to conduct weekly environment audits and provided verification of ongoing improvement. There remained concern in relation to the compliance and consistency of some staff adhering to recognised good practice and safe Infection Prevention and Control protocols. The service should work to embed consistency in the daily practice and competency of staff.

The service had taken further action to replace furniture and equipment that was not fit for purpose. Mattress and mattress cover audits are now completed weekly and we evidenced mattresses and covers which had been identified as not fit for purpose had been replaced. Additional work is required to review pillows and bedding to ensure this is of an adequate standard.

Comprehensive Infection Prevention and Control and environmental audits were now being completed weekly. This demonstrated the management team had a quality assurance oversight of the environment and infection prevention and control measures. The audits identified good practice and also where the service needs to improve, though we found the action plan was not always completed to ensure responsibilities and timescales for improvement were recorded and delegated for action.

We concluded there had been notable improvements in the training of staff and cleanliness of the care home. The risks of poor outcomes for the health and wellbeing of people who live in the care home had been reduced, however there remained concern about how the service will ensure sustained improvements with current practice and arrangement of staff. This requirement has been met, and two new areas for improvement have been made to address the outstanding issues.

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 co-ordinator's 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 evaluated 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 evaluated 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 evaluated 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 evaluated 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 evaluated 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.

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