



Quality Improvement and Development Plan
Lillyburn and Kintyre Care Home
2024/2025

Lillyburn Care Home supports up to 56 residents across 2 buildings (Lillyburn, main building and Kintyre, our 16 bedded specialist dementia unit) based in East Dunbartonshire, on the outskirts of Glasgow. Together with over 100 dedicated staff we aim to provide the highest quality of care within the Care Home sector.

In November 2023 Care Inspectorate (CI) undertook an inspection piloting a new methodology of inspection called a Core Assurance inspection. This type of inspection was to test a new way of confirming that better performing. Low risk services are continuing to provide good quality care and support.

Following the inspection, the Care Inspectorate confirmed that the previous evaluation of very good had been maintained. The previous inspection, undertaken in October 2022 showed we were providing a very good service consistently, and the report (published in October 2022) highlighted and outlined the very good work, support, and care delivered to our residents, their families, and our staff.

The CI reflected on many areas of significant strength and since then, we have continued to work towards implementing further change and improvements so that our residents continue to experience excellent care.

We are now looking at our longer-term ambitions as part of our quality improvement journey to remain an excellent Care Home provider, recognised for the care we provide and the staff we develop.

Excellent Care, Every Time

Our Quality Improvement and Development Plan (QIDP) reflects a renewed focus and continues to place the resident at the centre of everything we do. Our ambition is to provide *Excellent Care, Every Time* for every single one of our residents.

Excellent Care, Every Time means; Every resident receives safe and excellent care. We want our residents and their families to always experience the very best of care and for our staff to continue saying, "I'm proud to work at Lillyburn Care Home".

We want our staff, whatever their role or position to shine and contribute to our future and our resident's care.

Our 2024/25 Quality Improvement and Development Plan is the start of a 12-month journey towards improved excellent care. By delivering it, we will equip our staff with a framework, methodology and passion for improving resident safety and quality of care. We will ensure that we continue to embed a culture of excellence and always continue to look at how we can improve. The plan demonstrates a deep-rooted desire running throughout Pacific Care to always find ways to make things better and more meaningful for our residents.

We will ensure that as a home we make the best use of this commitment and that we remain enthusiastic and passionate about quality improvement throughout the delivery of the plan and into the future.

We want to demonstrate that we offer the highest standards of clinical care, psychological, and social support to our residents and their families, loved ones and friends. We will commit to remaining true to our values to provide excellence in the home, and that our staff will drive our Quality Improvement and Development Plan forward.

The improvements we want to make and are making, set out in this document, will be embedded into the culture of the home, and will help us build the capacity and capability to improve into the future.

Our Quality Improvement and Development Plan covers everything from dementia care, end of life care, meaningful connections and activities, improved resident experiences, staff development, infection prevention and control, as well as being more responsive to the feedback of our residents, families, health professionals and our own staff - all with the aim of providing *Excellent Care, Every Time*.

The following pages provide an overview of the Quality Improvement and Development Plan. They describe the background to the plan and how it has evolved over the past year, and how we intend to continue our improvements beyond 2024.

The document will describe how, by bringing together people who have different perspectives on what is needed to improve our residents and our staff's experiences, we have developed a plan and approach to quality improvement.

The various elements of each area of improvement and development are summarised with their key metrics for success used to monitor and track progress.

We are determined to deliver this plan, but we recognise and know we can't do this alone. One way in which we do this is by sending out annual surveys to our residents, their families, external health and social care professionals, and our staff to receive and welcome comments, observations, thoughts, and ideas to help us to make improvements, all supported by a co-production approach. We value the support of our stakeholders, our partner organisations and, critically, our staff and residents as we work together to deliver the highest quality of care.

This plan demonstrates our commitment and ambition to provide *Excellent Care, Every Time*.

Who is responsible for delivering our Quality Improvement and Development Plan?

The Pacific Care leadership team and home manager acknowledged the findings of our most recent CI inspection, and whilst these highlighted significant strengths in how we support our resident's well-being, our leadership, and how well our care and support is planned, we remain committed to building on these to deliver a service that will provide *Excellent Care, Every Time*, remaining a leader in the sector.

The areas of improvement and development we have focused on, delivered, and continue to deliver, fall into the following key areas, and are directly aligned to the Care Inspectorate's key quality indicators.

- How well do we support people's well-being?
- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is our care and support planned?

Lillyburn Care Home is led by the Home Manager, **Clare Selbie**, supported by her deputy and staff. The home also benefits from regular support from the Quality Improvement Manager, Clinical Director, HR, Finance, and the Operations Manager.

The Home Manager is responsible for implementing the actions and delivering the proposed outcomes in

this document. The Clinical Director and Quality Improvement Manager (along with the Home Manager) provide leadership and direction for the Quality Improvement and Development Plan.

Individual improvement projects and programmes have been developed and led by our staff - clinical, operational and support services, working together to ensure we provide high-quality care and resident experience.

The home also works closely with NHS Greater Glasgow and Clyde Care Home Collaborative Improvement team on a number of projects, supporting the home with the delivery of its Quality Improvement and Development Plan.

Background to the Quality Improvement and Development Plan

Pacific Care Ltd is a family-owned Care Home provider and has been supporting the care of residents for over 25 years. Its values are founded on the belief that every resident should receive *Excellent Care, Every Time*.

To help achieve this, we aim to move forward, building, and growing year by year through co-production with our residents, families, and staff, supported by the regulation and improvement work of the Care Inspectorate, and partnership with East Dunbartonshire HSCP to deliver the very best of care.

Lillyburn Care Home was given the rating of 'Very Good' (Graded 5 out of 6) in October 2022 by the Care Inspectorate (CI).

It highlighted the following 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.*

Following the inspection, we immediately began to focus on what we needed to do to improve ourselves further and maintain a leading presence in the provision of care within the Care Home environment.

The Core Assurance inspection undertaken in November 2023 further qualified the very good rating received the year previous highlighting strengths within the service particularly in supporting the wellbeing of our residents, providing clear leadership, developing staff, and ensuring that people living with dementia were being supported by staff who were knowledgeable with their health and wellbeing needs. It also reported positively on the setting and environment, and that the planned care and support received by our residents reflected people's choices and wishes, were person centred, were able to get involved in a wide range of activities and interests.

Our Quality Improvement and Development Plan is not just a response to the ongoing regulatory function of the Care Inspectorate's (CI) inspections. It is a real desire to build, grow, achieve, and deliver excellent care and experiences for our residents. This includes the actions that we believe are necessary to provide our residents we care for with safe, effective, compassionate, and meaningful, high-quality care.

We have put safety and quality at the heart of everything we do. We are strengthening our response to risk, reducing harm, and implementing reliable systems to support our staff to provide safe and effective care. We will involve residents in the design and delivery of our care so that we better understand what matters to them.



To offer confidence to our stakeholders, staff, and residents that we are making continued improvements, the Quality Improvement and Development Plan is underpinned by improvement milestones and metrics to ensure that we can effectively track our progress and be transparent through our own personal accountability.

The delivery of our Quality Improvement and Development Plan will build on our recent CI inspection reports from October 2022 and November 2023 to ensure our actions will continue to lead to measurable improvements in the quality, safety, and meaningful experiences of care for our residents.

Care Inspectorate 2022 Report

The 2022 Care Inspectorate grading for Lillyburn Care Home is shown in Figure 1.

The full CI report can be found on the CI website.

<https://www.careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?id=313588>

Figure 1



Lillyburn Care Home Service

Birdston Road
Milton of Campsie
Glasgow
G66 8BY

Telephone: 01417 763 366

Type of inspection:
Unannounced

Completed on:
12 October 2022

Service provided by:
Pacific Care Limited

Service provider number:
SP2003002346

Service no:
CS2003010431



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

Care Inspectorate 2023 Report

The 2023 Core Assurance inspection report for Lillyburn Care Home offered assurances we continue to deliver a very good service. Captured below are some of the key messages within the report.

"We saw that the service had good governance and quality assurance processes in place, that included the observation of staff practice."

"People's health and wellbeing benefitted from safe and effective medication management practices. The service used an electronic system to track and manage medication."

"Leaders demonstrated a clear understanding about what was working well and what improvements were needed within the service."

"We found that people received support by a trained and competent staff force."

"Staff told us they felt well supported within their roles. Some staff had developed areas of specialism, such as becoming dementia champions."

"Care plans reflected people's choices and wishes. They were person centred and included information in people's preferences within all aspects of life."

"People were able to get involved in a wide range of activities and interests."

The full CI report can be found on the CI website.

[https://www.careinspectorate.com/index.php/care-services?detail=CS2003010431&q=lillyburn%20&fq=! \(ServiceStatus:\\$Cancelled\\$\)AND\(CareService:\\$Care%20Home%20Service\\$\)&sort=&starttr=0&message=%3Cb%3EResults%20for:%3C/b%3E%20,%20Care%20Home%20Service&sCondition=null](https://www.careinspectorate.com/index.php/care-services?detail=CS2003010431&q=lillyburn%20&fq=! (ServiceStatus:$Cancelled$)AND(CareService:$Care%20Home%20Service$)&sort=&starttr=0&message=%3Cb%3EResults%20for:%3C/b%3E%20,%20Care%20Home%20Service&sCondition=null)

What have we done to support the development of the Quality Improvement and Development Plan

Our Quality Improvement and Development Plan is a key driver for change. Throughout the year we will regularly revisit, update, and amend our Quality Improvement and Development Plan supported through internal programmes, committees, meetings, external guidance, and collaboration with our stakeholders.

Examples of some of the ways in which we have and do this, are summarised below.

- Refreshed our 'internal' unannounced Quality Assurance Audits in line with the Care Inspectorate's Core Assurances and Key Quality indicators.
- Updated our internal Infection Prevention and Control Assurance and Accountability Framework.
- Continuous update of our internal Risk Assessment and Safe System of Work; Respiratory and Non-respiratory Infections in Health and Social Care – Care Homes.
- Promote external collaboration with East Dunbartonshire's HSCP Assurance Teams supporting an annual Quality Assurance visit to the home.
- Issue surveys to residents, families, external health and social care professionals and staff to collate feedback about our performance and their experience to inform what we are doing well and what we can do better.

- Grown our community connections enabling greater access to events internally and externally to help our residents feel part of the local community.
- Collaborating in care improvement projects with external stakeholders evidencing improved care outcomes.
- Developed and commenced the implementation of our digital care strategy to promote and improve resident safety, improved care outcomes and more meaningful experiences and connections.
- Improved our social media presence to promote the excellent care and wonderful experiences our residents enjoy, helping to break the myths and stereotypes which people continue to have of care homes.

What did we achieve in 2023/24

Lillyburn and Kintyre Care Home set out a number of specific aims and objectives for 2023/24, specifically to improve our ability to evidence the excellent care and support delivered by our staff.

A summary of the achievements for 2023/24 is illustrated below;

- Implementation of electronic medication records to improve our ability to track and monitor the safe administration of medicines in real time.
- Implementation of Digital Reception to improve data capturing.
- Introduction of Oomph on demand, a digital based activities platform and leading provider of activities, wellness, content, and training designed to boost happiness and quality of life for care home residents and staff.
- Launch of the 'Milkshake' Project which has helped to improve the health and well-being of our residents improving and increasing their weight and MUST scores. Such is the success we are now looking to measure improvements of other care outcomes as a direct benefit of the project including a reduction of falls.
- Finalist in the 2023 Scottish Care, Care Home Awards in the category of Nutrition.
- Staff completed a full-day Intergenerational training session through Generations

Working Together. We recognise the importance of different generations coming together, and this was one of our focal points in 2023

- Re-introduction of intergenerational community work between the home and local schools which see children actively participating in support and engagement with our residents.
- Refurbishment of garden areas promoting a relaxed and enjoyable space.
- Successful quality assurance and inspection visits undertaken by the Care Inspectorate and East Dunbartonshire.

What areas will we be focusing on over the next 12 months?

The Quality Improvement and Development Plan 2024/25 overpage provides the reader with a detailed overview of the agreed improvement areas and actions Lillyburn and Kintyre Care Home will be working towards achieving. This is a dynamic and fluid plan and will change as we meet our aims and as we recognise and acknowledge new areas of improvement.

The plan represents a real time commitment to all of our stakeholders that we are aspiring to *Excellent Care, every Time*.

We will update the plan for the reader every 3 months so that we keep you updated with our progress. We would also encourage any other suggestions or observations from you at any time towards our improvement plan.

Key to the success of our Quality Improvement and Development Plan is framing it around the Care Inspectorate's (CI) own Quality Improvement Framework and Core Assurance Checklist.

The quality framework (Figure 2) helps to guide and provide a clear pathway for the home manager and their staff to self-evaluate, progress, and deliver the required areas of improvement identified in the plan.

The core assurances help us to remain focused on the areas that are important to our resident's safety and wellbeing. Meetings these will ensure they are kept safe and protected from harm, whilst meetings our legal obligations in line with our conditions of registration.

Figure 2

Key question 1: How well do we support people's wellbeing?	Key question 2: How good is our leadership?	Key question 3: How good is our staff team?	Key question 4: How good is our setting?	Key question 5: How well is our care and support planned?
1.1. People experience compassion, dignity and respect	2.1. Vision and Values positively inform practice	3.1. Staff have been recruited well	4.1. People experience high quality facilities	5.1. Assessment and personal planning reflects people's outcomes and wishes
1.2. People get the most out of life	2.2. Quality assurance and improvement is led well	3.2. Staff have the right knowledge, competence and development to care for and support people	4.2. The setting promotes people's independence	5.2. Carers, friends and family members are encouraged to be involved
1.3. People's health and wellbeing benefits from their care and support	2.3. Leaders collaborate to support people	3.3. Staffing arrangements are right and staff work well together	4.3. People can be connected to and involved in the wider community	
1.4. People experience meaningful contact that meets their outcomes, needs, and wishes	2.4. Staff are led well			
1.5. People's health and wellbeing benefits from safe infection prevention and control practices and procedures				
Key question 6: What is the overall capacity for improvement?				

Quality Improvement and Development Plan 2024/25

Outcome What do we want to achieve?	Actions How are we going to do it?	Timeframe When do we want this to be completed or next reviewed?	Person responsible Who is doing each action or responsible for ensuring it gets completed?	Where are we now? What have we achieved, and what has prevented us from doing what we wanted?
Residents should be encouraged to be as active as possible	Sit to stand exercises to be commenced with selected residents who are at higher risk of falls	Ongoing project	Activity Staff	28.10.24 – Personal training trial booked for a few sessions fortnightly with external personal trainer who will include strength and balance as part of their session 15.11.24 – Activity staff attended strength and balance training. 29.11.24 – Activity staff to identify residents to be involved in strength and balance in the New Year.
Better outcomes for residents with focus on nutrition and hydration and sharing this practice	Project Milkshake ongoing	Ongoing	All Staff	29.11.24 – Project now complete, videos of how to implement Project Milkshake into care home completed by CS, CB and JB and now available on NHSGGC website. Three staff all attended 6 local authority areas for launch events over NHSGGC for the launch of the Project to all care homes.
Improved care recording and evidencing of achieving outcomes for residents	Implementation of Person Centred Care planning (online care planning)	Commence implementation April 2024. All care plans to be transferred and written by end of September 24.	Manager and deputy to oversee Nurses and seniors to complete	29.11.24 – Mandatory and optional risk assessments, forms and care plans are in place for all residents. Full care plan audits are ongoing.
Continued improvement of activity interaction recording via Oomph platform	Oomph implemented January 2024, continue developing platform through providing feedback to developers.	Implemented January 2024, continue with improvements throughout 2024.	Manager and deputy to oversee. All staff to be involved in completion	29.11.24 – Record keeping has improved since start of year.
Move to online housekeeping and maintenance records	Implementation of maintenance platform through PCS (Centrim)	Implemented May 2024, ongoing review over 2024 whilst adapting to new system	Manager and deputy to oversee. Maintenance and housekeeping staff involved in daily recording. All other staff to log jobs through PCS maintenance app	29.11.24 – Very good compliance of recording maintenance and housekeeping.

Provide evidence of safe staffing following results of surveys and Implementation of Safe Staffing Act.	IORNs continue to be completed, conversations with staff on the dependency levels and allocation of staff for tasks and socialising, the importance of maintaining independence and the impact on dependency. Completion of reactive staffing template to maintain levels of staffing when short term sickness occurs. Tracker also used for planning into the following week where it is reviewed in advance. Minimum of 4 weeks rota is available in advance to allow steps to be taken to ensure appropriate cover. Should there be additional clinical needs in the care home, then discussions will be had with clinical director.	Ongoing	Manager and deputy to oversee	29.11.24 – Safe staffing supervisions completed with all staff.
Improved assessment of pain, to improve pain management for residents	Implementation of digital pain check software Painchek.	Implementation Oct 24	Manager and deputy to oversee. Nurse and seniors to implement	29.11.24 – Pain assessments are now being completed more frequently and reacted upon. More training and review of assessments by Painchek will take place in January 25.
Improved independence for residents to access toilet facilities	Implement better signage around the care home so residents can identify toilets from a distance	Dec 24	Manager and Clinical Director	29.11.24 – Signs ordered and awaiting delivery