

Cornwall Park Care Home Service

Auchendoon Road
Newton Stewart
DG8 6HD

Telephone: 01671 404600

Type of inspection: Unannounced
Inspection completed on: 10 February 2017

Service provided by:
Community Integrated Care

Service provider number:
SP2003002599

Care service number:
CS2003010794

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service registered with the Care Inspectorate on 1 April 2011.

Cornwall Park is a 30 bedded care home service and is run by Community Integrated Care (CIC). It is located in a quiet residential area of Newton Stewart. The building was originally a private house that has been extended and upgraded over the years to accommodate the needs of older people.

It is currently registered to provide care to for up to 30 older people and 4 day care places. The home is split into three areas; Cairnsmore, Blairmount and Lamachan. People living with dementia are cared for in Lamachan. The rest of the accommodation is over two floors; the upper floor is serviced by a passenger lift and all residents' bedrooms are single rooms with en suite toilet and sink facilities. There are a number of sitting and dining areas throughout the home.

There is a large front garden area and a small seating area for Lamachan. The enclosed garden area in the centre of the home has high planters for residents to use.

The home provides a small 'day care' service this was not inspected at the same time as the care home inspection.

The service 'Aims, Purpose and Functions' and 'Philosophy of Care' clearly states and gives information regarding the service provided at Cornwall Park. They state that the service will provide the best possible care that can be provided, meeting the assessed needs within the resources at their disposal.

What people told us

A volunteer inspector took part in this inspection. They spoke with eight service users.

Overall, positive responses were received. Comments made were as follows:

"I would like to get up at 8 but it is usually 10. Well looked after. Food as good as can be expected. Would like to go out. Likes own bedroom and bathroom. Don't seem to have time to take me for a walk. Staff not awful well trained but they mean well, mostly polite, talk too much about their lives".

"They are very good, good food, get a choice, comfy bed".

"Well looked after, nurses are awful good, food could be better, do everything for you, staff are so busy but do listen".

"Staff very good, help me if I need help, out into garden in summer".

"All very pleasant and helpful to me, food OK gets choice always a roast on Sunday. Staff come quickly if buzzer pressed - staff make sure buzzer in reach, staff know how to look after me, seniors & all staff are polite and helpful. This individual told the volunteer they liked their room, they could hear the children playing and could see the hills. This resident was asked what colour of paint they would like. They thought that the manager was the "right person for the job".

"Quite happy, staff helpful, food good, staff are good". This individual liked their room and liked to go outside for a walk.

"Staff attentive, give me the help needed, food good, choice of food. Staff helpful and good".

We spoke with a service user who told us that they were happy with their room, they liked the meals and got on well with the staff.

We sent out questionnaires for the service to distribute to service users and relatives.

In June 2016, 4 were returned by service users who agreed that overall, they were happy with the quality of care at Cornwall Park. Seven relatives strongly agreed that they were happy and one relative expressed concern about staffing levels at this time.

In January 2017, four were returned by residents of whom three strongly agreed and one agreed that overall, they were happy with the quality of care at Cornwall Park. The following additional comment was made by a service user:

"Very happy with the care and support from the staff".

In January 2017, five were returned by friends/relatives of whom two strongly agreed and three agreed that overall, they were happy with the quality of care at Cornwall Park.

One relative disagreed that:

1. Staff supported their relative/friend to stay in touch with friends/relatives and their own community.
2. Their relatives likes, dislikes and preferences had been detailed in their personal plan.
3. The home is free from smells.
4. My relative/friends personal property and clothing are clearly marked and properly cared for, and are not used by others.
5. There are enough trained and skilled staff on duty at any point in time to care for my relative/friend.

One relative disagreed that the environment is free from bullying, harassment, discrimination and any other form of abuse. We contacted the individual who advised that the service responded appropriately to resolve the issue with the service users involved. They were happy with how the matter was handled.

The following additional comments were made by relatives:

"The staff are fantastic but I do worry about staffing and the burden on the staff, but they never complain. There is only so much they can do and they do their best with limited resources. Nothing is ever too much bother".

"Feel that there should be at least three staff at all times especially in the EMI unit. The majority of the patients are not able to take care of themselves and when they need changing it takes two staff to do this, leaving the other patients on their own. There is always a possibility of the other patients needing help at this time. All of

the staff are brilliant and work very hard and I have the utmost admiration for their care and attention, in every other aspect it is good to visit and see my husband well looked after".

Self assessment

The provider submitted a self assessment identifying areas of strength and areas where developments need to be made.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	not assessed
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Each resident had a personal outcome plan. These were completed in variable level of detail. Specific risk assessments were used to assess health needs. Managers had audited care plans and were aware of some deficiencies. We have repeated two related recommendations (see recommendation 1 and 2). Records showed input from health professionals had been sought. Daily notes recorded each persons presentation and wellbeing.

There was a system to manage medications. Improvements were needed to ensure that stock was well-managed and prescribed preparations always available for administration. We found some gaps in administration records, these should be completed in full. This included prescribed creams and lotions. Improvements were also needed in the direction given to staff about administering prescribed creams and other topical preparations.

(See recommendation 3). The management planned to introduce a more person-centred approach to administering medications. This was to be achieved by storing medication within a secure cabinet in individual bedrooms and administering medication in accordance with each persons daily routine. Medication training was underway to facilitate this.

We saw that staff monitored people's nutritional status by completing weights and nutritional assessments. We have repeated a previous requirement about the use of the MUST assessment tool. Overall, we found the management of individuals who required an energy dense diet should be more structured and clearly evidence the extent of the support offered. This includes ensuring that prescribed meal supplements are given as prescribed. Well completed medication administration charts and food and fluid intake records would support this.

(See recommendation 4 and 5).

Staff monitored people's risk of developing pressure sores by completing a Waterlow tool. We found inaccuracies in these. Personal plans lacked detail in each persons skin care needs. (See recommendation 6).

We were concerned about the high number of falls. The management team were aware of this and as part of a falls reduction strategy planned to implement an audit tool that would allow them to analyse falls and help to identify trends such as time of day or location in the care home.

Falls prevention training was to be delivered from a company trainer and the manager was aware of the latest Care Inspectorate best practice guidance resource to support an improved approach to reducing falls. (See recommendation 7).

We observed service users playing dominos, bingo and flower arranging. However, overall, we found it difficult to measure the extent of activities within the service due to the way records were managed. The service did not employ dedicated activity staff to provide a programme of activities. This was the responsibility of care staff. We were concerned that staff resources limited the provision of meaningful activity including one-to-one time and outings. The service had transport, but we heard that it was not regularly used due to staffing resources. The provider should make improvements in this area to ensure that service users have access to regular meaningful activities linked to their previous or expressed interests. To achieve this, the provider should ensure that all staff involved in activities have their skills and knowledge updated to ensure activities reflect current good practice, particularly for individuals living with dementia. (See recommendation 8).

We were pleased that the management team had increased staffing levels to support the service users living with dementia. However, we expressed concern about staffing resources within other areas. We asked the management to review staff routines and deployment and adjust staffing levels according to residents holistic needs rather than simply the number of residents. We acknowledge that the service does not provide nursing care, however, this does not impact upon overall dependency levels. The first floor residents were cared for by two staff. Some residents required support from both staff to meet their physical care needs. We observed occasions where vulnerable residents within the lounge area were unattended. We were concerned that this may have contributed to the high number of falls. The management team were in the process of implementing a dependency tool to analyse staffing hours compared with assessed need. The management agreed to review work routines and deployment of staff to ensure positive outcomes for residents. (See recommendation 9).

We noted gaps in the six monthly review schedule. (See recommendation 10).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 10

1. The manager should ensure that all service user's personal outcome plans are further developed to identify each service user's outcomes for their care provided.

National Care Standards, care homes for older people – standard 6: support arrangements.

2. Where there are different assessments for the personal planning information these must always be completed and updated as required. It will be important for the assessments to link into the appropriate personal outcome plan for each resident.

National Care Standards, care homes for older people - standard 6: support arrangements.

3. The service should operate a medication recording system in accordance with recommended best practice. To do this the service should adhere to the following:

- Prescribed medication must be available for administration and given in line with the prescriber's instructions;
- Maintain accurate records of all medications received, administered, rejected and returned to pharmacy.

National Care Standards, care homes for older people - standards 15: medication.

4. The provider should introduce the Malnutrition Universal Screening Tool (MUST) for all residents' nutritional needs and provide training to the staff team for its use.

National Care Standards, care homes for older people - standard 6: support arrangements.

5. The service provider must implement a planned and consistent approach to nutritional assessment and management of unplanned weight loss and modified diets. In order to achieve this they must:

- Ensure that formal risk assessment for nutrition is carried out monthly
- Ensure that care plans provide clear direction to staff in how assessed care needs are to be met
- Where dietary and fluid intake is being recorded records completed accurately and in full.

National Care Standards, care homes for older people - standard 6: support arrangements.

6. The service provider must implement a planned and consistent approach to skin care and pressure area management. In order to achieve this they must:

- Ensure that formal risk assessment (Waterlow) is accurate and reviewed monthly
- Ensure that care plans provide clear direction to staff in how assessed care needs are to be met. This should take into account the frequency of positional changes, pressure relieving equipment required and any prescribed creams or topical applications needed.

National Care Standards, care homes for older people - standard 6: support arrangements.

7. The service provider must implement an improved falls prevention strategy. To achieve this the manager needs to ensure that staff are aware of the information contained within the best practice guidance document "Managing Falls and Fractures in Care Homes for Older People". Appropriate training should be provided as planned.

National Care Standards, care homes for older people - standard 6: support arrangements.

8. The opportunities for people to take part in meaningful activities and outings should be improved. These should take into account people's past interests and expressed preferences. To achieve this the provider should ensure that all staff involved in activities have their skills and knowledge updated to ensure activities reflect current good practice, particularly for individuals living with dementia.

National Care Standards, care homes for older people - standard 6: support arrangements.

9. The provider must ensure that staffing levels are appropriate for the health, welfare and safety of service users. They must conduct an assessment of the needs of residents as planned. This should be reviewed against current staffing levels and deployment arrangements.

National Care Standards, care homes for older people - standard 6: support arrangements.

10. Service users should have the opportunity to participate in a formal review of their care arrangements on a six monthly basis.

National Care Standards, care homes for older people - standard 6: support arrangements.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

During this inspection we did not examine this theme in full. We included the environment within this inspection as it was our view that the presentation of the environment required improvement. We also highlighted areas where we felt vulnerable service users were potentially at risk.

The overall appearance of the home and the standard of housekeeping was adequate and mainly odour free. All bedrooms were single with en suite toilets and wash hand basins. The service was split into three areas each with ten service users. One area accommodated individuals living with dementia (Lamachan).

We found some of the furnishings and decor tired and worn and in need of updating. Seating and floor coverings in particular would benefit from replacement. We found Lamachin Unit dull and clinical in its presentation. The provider planned to make improvements. The providers attention is drawn to the Kings Fund Environmental audit and best practice guidance in the field of care environments for those who live with dementia. The provider had produced an improvement plan and redecoration work was underway. It is our view that for the comfort and dignity of the service users that this should continue to be progressed. We asked that the provider ensure that new furniture purchased provided lockable space for service users. (See recommendation 1).

We were concerned about service users having access to a boiling water heater in the day care lounge and unattended hot kettles in the lounge/dining areas in both Lamachin and the first floor units. The manager agreed to address this issue. (See recommendation 2).

We were concerned about vulnerable service users having free access to potentially hazardous staff areas and unalarmed fire exit doors on the first floor via the main stairway. The manager also agreed to address this risk. (See recommendation 3).

Incontinence products were being stored on en suite floors. To promote privacy and dignity we asked that alternative arrangements be made. We also found assisted bathrooms being used to store mops, mop bins and other bins. The management agreed to address this.

At the last inspection we made a recommendation about reviewing the practice of locked doors within the care home as this restricted access to areas of the service. The manager had addressed this in part by displaying access codes within a butterfly design nearby. We asked that the management continue to review this so that service users have access to facilities and activities throughout the care home. We have repeated a recommendation about this.
(See recommendation 4).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. For the comfort and dignity of service users the environmental improvements plan should be progressed. This should take into account best practice guidance in creating a dementia friendly environment.

National Care Standards, care homes for older people – standard 4: your environment.

2. To promote the safety of vulnerable service users the provider should ensure that kettles/boiled water are not accessible.

National Care Standards, care homes for older people – standard 4: your environment.

3. To promote the safety of vulnerable service users the provider should ensure that they do not have access to potentially hazardous areas of the care home. This includes the utility area beside the kitchen, storage areas and unalarmed fire escape areas on the first floor .

National Care Standards, care homes for older people – standard 4: your environment.

4. The provider should review the current practice of the units 'locked doors' and where required ensure that the information and guidance in Mental Welfare Commission 'Rights, Risks and Limits to Freedom and Safe to Wander' are followed.

National Care Standards, care homes for older people – standard 5: management and staffing arrangements and standard 4: your environment.

Grade: 3 – adequate

Quality of staffing

This quality theme was not assessed.

Quality of management and leadership

Findings from the inspection

There was a management structure in place. Senior care assistants supported the manager in the day-to-day running of the care service. The manager felt well supported by external management, including a quality manager. Quality surveys and a meeting schedule were in place. This supported management to communicate and gather feedback from staff residents and relatives.

The management team had completed various internal audits and were aware of areas where improvement was needed. This included implementing appropriate dementia training. We have repeated a recommendation about this as the service operates a specialist dementia unit (See recommendation 1). A robust falls prevention strategy and developments in assessment and care planning are also required. We have made recommendation about this in theme 1 of this report. Environmental improvements were underway and further work was planned.

The manager was aware of the need to complete a dependency assessment and review the skill mix and deployment of the staff team to ensure that staffing resources supported positive outcomes for individuals.

A recent resident of the day initiative had been introduced. We heard that this had been successful in promoting choice and meaningful activity. The manager planned to continue to develop this. The service used "Active Resident Care" documentation. This is a more person-centred approach to care delivery. The management planned to source training to implement this to support positive outcomes for service users.

A new staff supervision and appraisal system was being implemented. We have repeated recommendations made about this as the system was not fully established. (See recommendation 2 and 3).

The management appeared motivated toward achieving improvements. A service development may consolidate plans across all departments. (See recommendation 4).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The provider should further develop the training for all staff in relation to Dementia Care in relation to the SSSC & NHS Educating for Scotland - 'Dementia Skilled - Improving Practice, Dementia Managed Knowledge Network and Promoting Excellence.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

2. The provider should consider the introduction of a staff appraisal system to complement the staff supervision process. This should also include views of residents/relatives where appropriate.

National Care Standards, care homes for older people - standard 5: management and staffing.

3. The provider should look at developing how service users/relatives are involved with and commenting on how staff undertakes their work with them. This would be important when it comes to staff supervision and annual appraisals.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

4. The management should produce a service development plan to take account of scheduled improvements planned across all areas of the care service. This should identify timeframes for completion and responsible individuals.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

Grade: 3 - adequate

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The manager should ensure that all service user's personal outcome plans are further developed to identify each service user's outcomes for their care provided.

National Care Standards, care homes for older people - standard 6: support arrangements.

This recommendation was made on 23 November 2015.

Action taken on previous recommendation

This recommendation has been continued.

Please refer to quality theme 1 for progress on this recommendation.

Recommendation 2

The provider should introduce the malnutrition universal screening tool (MUST) for all residents' nutritional needs and provide training to the staff team for its use.

National Care Standards, care homes for older people - standard 6: support arrangements.

This recommendation was made on 23 November 2015.

Action taken on previous recommendation

This recommendation has been continued.

Please refer to quality theme 1 for progress on this recommendation.

Recommendation 3

Where there are different assessments for the personal planning information these must always be completed and updated as required. It will be important for the assessments to link into the appropriate personal outcome plan for each resident.

National Care Standards, care homes for older people - standard 6: support arrangements.

This recommendation was made on 23 November 2015.

Action taken on previous recommendation

This recommendation has been continued.

Please refer to quality theme 1 for progress on this recommendation.

Recommendation 4

The provider should look at developing how service users/relatives are involved with and commenting on how staff undertakes their work with them. This would be important when it comes to staff supervision and annual appraisals.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

This recommendation was made on 23 November 2015.

Action taken on previous recommendation

This recommendation has been continued.

Please refer to quality theme 4 for progress on this recommendation.

Recommendation 5

The provider should further develop the training for all staff in relation to Dementia Care in relation to the SSSC & NHS Educating for Scotland - 'Dementia Skilled - Improving Practice, Dementia Managed Knowledge Network and Promoting Excellence.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

This recommendation was made on 23 November 2015.

Action taken on previous recommendation

This recommendation has been continued.

Please refer to quality themes 1 and 4 for progress on this recommendation.

Recommendation 6

The provider should consider the introduction of a staff appraisal system to complement the staff supervision process. This should also include views of residents/relatives where appropriate.

National Care Standards, care homes for older people - standard 5: management and staffing.

This recommendation was made on 23 November 2015.

Action taken on previous recommendation

This recommendation has been continued.

Please refer to quality themes 4 for progress on this recommendation.

Recommendation 7

The provider should look at developing how service users/relatives are involved with and commenting on how staff undertake their work with them. This would be important when it comes to staff supervision and annual appraisals.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

This recommendation was made on 23 November 2015.

Action taken on previous recommendation

This recommendation has been continued.

Please refer to quality themes 4 for progress on this recommendation.

Recommendation 8

The provider should review the current practice of the units 'locked doors' and where required ensure that the information and guidance in Mental Welfare Commission 'Rights, Risks and Limits to Freedom and Safe to Wander' are followed.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements and standard 4: your environment.

This recommendation was made on 23 November 2015.

Action taken on previous recommendation

Some doors were secured using a key pad lock. The provider had reviewed this arrangement to allow greater freedom of movement throughout the service. To achieve this, the code was displayed within a butterfly logo close to the door. The management felt that this allowed service users with improved cognitive ability greater freedom.

We asked the management to continue to review this to allow service users within Lamachan Unit greater opportunity to take part in activities and access the wider care home facilities.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
19 Oct 2015	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
31 Oct 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
14 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good

Date	Type	Gradings	
31 Jan 2013	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
15 May 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	Not assessed
22 Mar 2012	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
24 May 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
24 Jan 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
23 Jul 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
4 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
20 Jul 2009	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good

Date	Type	Gradings	
24 Feb 2009	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 Jan 2009	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Jun 2008	Announced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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