

Cornwall Park Care Home Service

Auchendoon Road
Newton Stewart
DG8 6HD

Telephone: 01671 404600

Type of inspection: Unannounced
Inspection completed on: 18 April 2018

Service provided by:
Community Integrated Care

Service provider number:
SP2003002599

Care service number:
CS2003010794

About the service

Cornwall Park is a care home for older people situated in Newton Stewart close to the town centre.

The service provider is Community Integrated Care, a national social care charity which provides care and support to people across the UK. More information can be found on their own website: www.c-i-c.co.uk/age-related-needs-and-dementia/care-home

Cornwall Park is registered to provide care for up to 30 older people, most of whom have dementia. The home is split into three small group living areas; Cairnsmore, Blairmount and Lamachan. People with higher dependency needs are cared for mostly in Lamachan unit.

The accommodation is over two floors. The upper floor can be accessed by lift or stairs. All 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 with seating areas. The enclosed courtyard garden in the centre of the home has high planters for people supported at the service to use.

The service 'Aims, Purpose and Functions' and 'Philosophy of Care' states the service will provide the best possible care that can be provided, meeting the assessed needs within the resources at their disposal.

The service do not employ nurses as a part of their staff group. Nursing needs are met by referral to District nurses or other specialist nurses as needs arise.

What people told us

Prior to the inspection visit we sent out questionnaires. Four were returned from people who use the service. Three "strongly agreed" they were happy with the quality of care provided.

Very positive comments included: "you want for nothing...they care for you before you would know you need it."

However, one person supported felt there weren't enough staff on duty and some staff needed more training to have the right skills for care.

Four relatives returned questionnaires. Two "strongly agreed" and two "agreed" they were happy with the overall quality of care provided.

During the inspection visit our inspection volunteer spoke with seven people using the service and two visiting relatives. An inspection volunteer has experience of using care services and is trained to focus on gaining the views of people using services.

All of the people spoken with were complimentary about the quality of care, environment, staffing and management. They felt the food was good, liked their rooms and felt confident in the staff who knew their likes and dislikes. One or two felt staff could be more visible and at times they have to wait for attention.

Self assessment

The service was not asked to complete a self assessment prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

People supported by the service and their relatives could express their views by attending a meeting, completing a questionnaire or speaking with staff directly. We saw minutes of meetings and results of questionnaires displayed. These indicated the service would listen and respond to views and comments made.

The comments we heard and observations of interactions indicated people felt safe and were treated with dignity and respect.

New personal plan formats had been introduced and good progress had been made in completing these. The sample of personal plans examined showed detailed records of personal preferences for care, who to consult if there were changes needed and greater awareness of long-term medical conditions. Some further development was needed to ensure all risk assessments used linked to an appropriate plan of support. Aspirational outcomes were not well understood by staff and this section was not well used. Further guidance may help staff to know what areas of the personal plan should be prioritised for new admissions and timescales for completion. This helps to ensure people are cared for safely so risks and supports are well understood. See recommendation 1.

Although staff tried to support people with activities this did not always happen. There were a limited range and only the most able people took part. This meant some people had little to do and could not maintain their health as well as possible. For example by taking part in chair based exercises or similar. See recommendation 2.

Medication ordering, records of administration and storage were examined. This indicated overall medication was well-managed and regularly checked to help ensure safe and effective use. The use of medicated creams was not well recorded and this needed development. See recommendation 3.

The mealtimes observed were well-managed by staff and people appeared to enjoy their food. We were told there was plenty of snacks and drinks provided. Some greater attention was needed for people at risk of dehydration to ensure fluid monitoring takes place and actions are taken to increase fluid intake. For example if someone has a urine or chest infection. See recommendation 4.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The service provider should ensure all personal plans reflect the health and welfare support needs of service users.

This will be demonstrated by records which show:

- Outcomes of risk assessments have a clear link to support plans. For example waterlowe pressure sore or multifactorial falls risk assessments.
- A financial risk assessment is introduced and support plan developed.
- Support to monitor long term medical conditions is detailed/ agreed.
- Efforts are made to develop anticipatory care plans so future needs are discussed and agreed.
- Stress/ distress is assessed and support plans developed.
- Active care records are developed, so day to day support is personalised and important aspects of care are not missed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

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

1.23 My needs, as agreed in my personal plan are fully met, and my wishes and choices are respected.

2.5 If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.

2. The service provider should develop meaningful activities which are suitable for people's individual needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.25 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.

3. The service provider should ensure medicated creams are administered correctly and records of administration are kept accurately.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.24 Any treatment or intervention that I experience is safe and effective.

4. The service provider should ensure people at risk of dehydration have appropriate fluid monitoring and support to increase their fluid intake as far as possible.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.13 I am assessed by a qualified person, who involves other people and professionals as required.

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

Grade: 4 – good

Quality of environment

Findings from the inspection

The environment at Cornwall Park was of a high quality with pleasant and homely spaces. People had a choice of seating areas and the grounds around the home provide nice views. People personalised their rooms bringing in their own furniture and bedding if they wished.

The care home is divided into three areas of small group living which includes drink and snack making facilities. This was well designed and organised.

The bedrooms all have en-suite toilet and basin which helps to provide privacy. The hand washing facilities were in the process of being upgraded and this improved hygiene for staff.

All areas of the home were observed to be clean, well maintained and no odours were detected. This indicated a safe environment. Discussion took place regarding the use of disposable commode inserts and urinals. Staff need to be clear on safe use and disposal as they were new to the home. The housekeepers facilities could also be improved to ensure ease of fill/ tip of buckets used for cleaning. This could further improve safety and infection control.

The care home was well-connected with the local community in the heart of town. There were regular visits from children from the neighbouring school. A mini bus was available to help take people out for trips. This helps people to stay connected and feel part of the community.

Although the design of the care home is good with external gardens and an internal courtyard. Access and use of these areas should be developed and promoted to enhance well-being. See recommendation 1.

The communal bathrooms should be developed to be more homely, accessible and user-friendly. See recommendation 2.

Development had started to improve the dementia friendly aspects of décor. This included painting the bedroom doors in Lamachan unit. This should be extended throughout the home based on the needs and preferences of people living there. See recommendation 3.

Staff were reminded about the need to assess equipment carefully prior to use. This was in relation to use of a lap-strap and wheelchair. The manager took action immediately to ensure risk assessments were put in place.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service provider should ensure the outdoor spaces are made more accessible.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

5.1 I can use an appropriate mix of private and communal areas including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

5.23 If I live in a care home, I can use a private garden.

2. The service provider should improve the communal bathroom/ shower facilities to be more homely, accessible and user-friendly.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

5.14 The premises has been adapted, equipped and furnished to meet my needs and wishes.

3. The service provider should continue to improve the environment to be suitable for people with dementia. This should include:

- increasing the light levels in areas which are dull.
- reduce the noise intrusion from buzzers.
- continue to use colour and contrast to help with way finding.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

5.11 I can independently access the parts of the premises I use and the environment has been designed to promote this.

5.18 My environment is relaxed, welcoming, peaceful and free from avoidable noise and smells.

Grade: 4 - good

Quality of staffing

Findings from the inspection

Staff were observed to interact with people respectfully. Staff spoke positively about working well together as a staff team. The allocation of staff to one of the three small group living areas was described as helpful in ensuring good communication. People told us staff knew them well and this gave confidence.

Staff meetings took place every few months, there were regular one to one sessions to support staff using a document called "You can". This helped to promote development of staff and give them a say in how the service was run. Questionnaires had been used to gauge staff awareness of the providers values which helps to promote respect and compassion.

Staff recruitment included checks to ensure staff were of good character and had the relevant experience. Systems were in place to ensure they registered with the Scottish Social Services Council (SSSC) and this was monitored by management. This helps ensure a professional workforce.

New staff had attended induction training days. A training plan was in place and all staff had regular updates on key mandatory subjects. This helped to ensure skills and knowledge were kept up to date.

The staff group had not been provided with a structured approach to developing skills and knowledge in dementia care. This could be done using the promoting excellence framework. Although managers had this training, no dementia champions or leads had been identified within the staff group and best practice in this area was progressing slowly. See recommendation 1.

There were many areas of practice that would benefit from development to increase staff knowledge and skills. For example anticipatory care planning, end of life care, falls, nutrition/ hydration and provision of meaningful activities. The use of champions or leads could be beneficial in taking this forward.

Consideration could also be given to the recognition of deterioration in people supported and how this is communicated from shift to shift. We discussed possible improvements to handover sheets and how the use of active care records can alter to respond to changing needs. This could help to support people better by anticipating issues and planning for known vulnerability and end of life. Greater use of external supports such as Care Home Education Facilitator were also encouraged.

Care staff were all registered at practitioner level with the SSSC as the provider wanted their role to include care planning. This decision may benefit from review as the need for staff to complete qualifications suitable for registration could be difficult to obtain in the timeframes.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service provider should ensure staff use best practice to inform care delivered. To support this staff roles as clinical leaders in key subjects such as dementia, nutrition, palliative care, tissue viability and activity provision should be considered.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

3.21 I am protected from harm because people are alert and respond to signs of significant deterioration in my health, that I may be unhappy or may be at risk of harm.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

People told us they had confidence in how the service was managed and felt the home was well run.

The organisation made efforts to seek the views of staff and people using the service and used the comments made to help improve the service. Human rights were central to the organisations values and these had been discussed recently with staff.

Complaints were logged, investigated and responded to. This showed complaints were acted upon proactively.

Some audits were used and there were elements of a quality assurance system in place. However, this was not fully implemented yet. The organisation intended for additional measures to be put in place to assist monitoring service quality but these had not happened.

For example the quality assurance policy needed updating to match changes such as the introduction of the improvement plan and electronic dashboard to monitor key issues. Although an improvement plan was used managers lacked guidance in how this should be completed. The annual plan viewed was not fully comprehensive and did not reflect all areas identified by the manager for improvement.

There was limited use of action plans following audits and audit results were not feeding into the improvement plan. Discussion took place on further developments such as the introduction of active care notes, promoting excellence training and use of external professional supports. These areas should form part of an improvement plan for the home.

Although positive outcomes were seen for people supported and continuous improvement was evident the quality assurance systems did not drive these changes as effectively as they could.

There had been little investment in leadership training for staff at all levels and this should be encouraged. See recommendations 1 & 2.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. 1. The service provider should further improve quality assurance systems and link this more strongly to outcomes for people supported. This will be demonstrated by:

- an effective improvement plan which drives changes and involves everyone in the service appropriately.
- an audit cycle which results in action plans which in turn feed into the improvement plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

2. 2. The service provider should provide leadership training to those staff in key leadership positions in order to further support improvement and ensure leaders have the skills and capacity to oversee this.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

4.23 I use a service and organisation that are well led and managed.

4.27 I experience high quality care and support because people have the necessary information and resources.

Grade: 4 – good

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

Previous requirements

Requirement 1

The service provider must ensure all personal plans reflect the health and welfare support needs of service users.

This is in order to comply with SSI 2011/ 210 Personal plans Regulation 5 (1)

Timescale: By 31 February 2018.

This requirement was made on 27 October 2017.

Action taken on previous requirement

A new streamlined personal plan format had been introduced. Staff had training in how to complete these. Good progress was seen. Further development was needed and this is reflected in recommendation 1 of this report.

Met – within timescales

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

Previous recommendations

Recommendation 1

The service provider should ensure all personal plans reflect the health and welfare support needs of service users.

This will be demonstrated by:

- a revised format which can be used effectively by staff to support day-to-day care
- inclusion of clear records to support and guide care decisions. i.e. legal status / Adults with Incapacity forms/ resuscitation decisions/ anticipatory care plans
- clear record of long-term medical conditions and how these are to be monitored
- outcomes of risk assessments to have a clear link to the support plan
- 6 monthly review records that support review of support plans, checks to ensure consents, changes to care have been discussed and agreed. (i.e. medication changes, equipment use, finances etc.), agreement with individual or their agreed representative and record of any views expressed.

National Care Standards for care homes for older people, Standard 6 - Supporting Arrangements.

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

New support plans had been implemented with a clear index and improved records to support decision-making. Copies of legal orders had been obtained and the manager had a clear overview of different legal status of people supported.

Further developments are needed to ensure the signature box on the front page is used to reflect consent to the support plan and a signature space may need to be added to show which staff member completed the plan and the date.

There is still work to be done to implement anticipatory care plans and ensure risk assessments link to support plans. This is reflected in recommendation 1 of this report.

This recommendation is met.

Recommendation 2

The service provider should ensure medication administration is monitored more closely and records support staff to do this as safely as possible.

This will be demonstrated by:

- "as required" protocols to guide staff as to when and what circumstances to administer these medicines

- medications are reviewed by G.P. if the resident cannot swallow them safely
- medications disguised in food or drink have a clear support plan stating how this is to be done and review date to ensure it is kept to the minimum necessary
- spot check medication administration to ensure best practice.

National Care Standards for care homes for older people, Standard 15 Keeping Well - Medication.

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

Medication systems were checked were satisfactory. Areas for further improvement were identified in the administration and record keeping of topical medicated creams. This is reflected in recommendation 3 of this report.

This recommendation is met.

Recommendation 3

The service provider should ensure maintenance checks are developed to include: wheelchairs, window restrictors, profile beds and the staff call system.

National Care Standards for Care Homes for Older People, Standard 4.2 Your Environment.

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

Checks were in place for these items.

recommendation is met.

Recommendation 4

The service provider should ensure tighter monitoring of the use of equipment which has the potential to limit people's freedom. This includes: sensor mats, recliner chairs and lap straps.

National Care Standards for Care Homes for Older People, Standard 4.2 Your Environment.

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

The personal plans had a section to record equipment in use. This had improved since the last visit but was not yet fully consistent. We saw one example of a lap strap in use which had not been risk assessed. This was very loose and could pose a risk if the person had slipped down in the chair. Staff were reminded about the need to assess equipment prior to use. This will be checked at the next inspection.

This recommendation is not met.

Recommendation 5

The service provider should ensure the outdoor spaces are made more accessible.

National Care Standards for Care Homes for Older People, Standard 4.1 Your Environment.

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

Some improvement had been made to the potholes in the grounds but other works had not been completed yet. It was intended to install a gate to the right hand side of the building to enable people to walk fully around the building in a continuous loop. There was still a risk of slips and trips due to uneven surfaces and moss growth.

This recommendation is not met and has been repeated in this report.

Recommendation 6

The service provider should ensure people's clothing and belongings are clearly marked.

National Care Standards for Care Homes for Older People, Standard 16.10 Private Life

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

A new labelling machine had been purchased and some improvements had been noted. There were still issued of unmarked clothing and staff were trying to address this.

recommendation is met.

Recommendation 7

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

National Care Standards, care homes for older people - standard 5, Staffing arrangements & 6: support arrangements.

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

A dependency tool was in use to help gauge if staffing levels were sufficient to meet the needs of people supported. The use of the dependency tool may not be fully accurate and support was needed to improve this. A change was made to the rota for nightshift and this was proving successful in meeting peoples needs overnight. No issues with staffing were identified. Each area has staff allocated and although spread out appears to be working well most of the time.

Recommendation is met.

Recommendation 8

The service provider should ensure staff use best practice to inform practice. To support this staff roles as clinical leaders in key subjects such as dementia, nutrition, palliative care, tissue viability and activity provision should be considered.

National Care Standards, care homes for older people - standard 5.4, Staffing and management arrangements.

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

Staff training had taken place to improve knowledge of dementia, nutrition and skin care. However, there was still a need to provide clear leadership in best practice in all of the areas identified. The organisation had yet to make a decision on this was to be done. No decision had been made on whether support staff should be leads for activity provision or whether a specific person should be identified to lead on this.

This recommendation is not met and has been repeated in this report.

Recommendation 9

The service provider should review staff roles and ensure registration with Scottish Social Services Council matches correctly with the roles conferred.

National Care Standards for Care Homes for Older People, Standard 5 – Management and Staffing Arrangements

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

A review of staff roles had taken place and registration with the SSSC matched with the roles.

Recommendation is met.

Recommendation 10

The service provider should further support the management team to implement a service improvement plan which focuses on addressing issues in relation to:

- record keeping and personal plans
- staffing and deployment
- introducing a more specific audit cycle
- ensuring action plans are addressed

National Care Standards for Care Homes for Older People, Standard 5.4

This recommendation was made on 27 October 2017.

Action taken on previous recommendation

Improvements were seen to record keeping and personal plans. There were no issues identified with staffing and deployment on this visit. Further improvements were needed to implement an effective improvement plan. This did not yet capture all actions from a continuous improvement audit cycle. Systems to ensure a single action plan was stored and monitored had not yet been put in place.

This recommendation has been reworded to reflect these issues in this report.

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
18 Sep 2017	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate
10 Feb 2017	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing Not assessed Management and leadership 3 - Adequate
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 Environment Staffing Management and leadership Not assessed Not assessed 4 - Good 4 - Good
15 May 2012	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good 4 - Good 3 - Adequate Not assessed
22 Mar 2012	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 3 - Adequate Not assessed
24 May 2011	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good Not assessed
24 Jan 2011	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed Not assessed Not assessed
23 Jul 2010	Announced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed Not assessed 5 - Very good
4 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 5 - Very good Not assessed
20 Jul 2009	Announced	Care and support Environment Staffing Management and leadership 4 - Good 5 - Very good 5 - Very good 4 - Good

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

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