

## Carlingwark House Care Home Service

Carlingwark Street  
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**Type of inspection:**

Unannounced

**Completed on:**

4 September 2018

**Service provided by:**

Community Integrated Care

**Service provider number:**

SP2003002599

**Service no:**

CS2003010792

## About the service

Carlingwark House is a care home for older people situated in extensive grounds overlooking Carlingwark Loch, on the outskirts of Castle Douglas.

The service provider is Community Integrated Care, a national social care charity which provides care and support to people across the UK.

Carlingwark House is registered to provide care and support to 30 older people. More information can be found on the service's own website: [www.c-i-c.co.uk/age-related-needs-and-dementia/care-home-castle-douglas-carlingwark-house](http://www.c-i-c.co.uk/age-related-needs-and-dementia/care-home-castle-douglas-carlingwark-house)

There are three areas of the home with their own living and dining rooms. Bedrooms are all situated on the ground floor and have en-suite toilet with wash hand basin. An Assisted bath was also available.

There are two central courtyard areas with raised bed planting offering good access to outdoor space.

The service do not employ nurses as a part of the 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 we issued questionnaires to help us gauge the views of people supported and their relatives.

One person supported returned a questionnaire. Overall, they "agreed" they were happy with the quality of the care received. They "disagreed" the service asks for their opinion on how it can improve. One negative comments was made regarding the lack of visibility of staff; all other comments were positive also stating it was "home from home."

Six relatives returned questionnaires. Overall, five "agreed" they were happy with the quality of care their relative received. However, one "disagreed" also expressing disagreement with the safety and staffing within the care home.

During the inspection we spoke with five people supported and two relatives.

The people supported who were consulted all indicated they were happy with the care and support provided. They had no concerns and felt confident in the staff.

One relative consulted was concerned about the admission process which had not been conducted in a way to ensure thorough transfer of information. The manager agreed to look into this.

Another relative spoke highly of staff and the support provided. "they can't do enough for you" and "I can't praise them highly enough" were comments made.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**3 - Adequate**

People should have their rights respected. Staff were aware of confidentiality to protect people's privacy. There was understanding about the need to seek consent and this was documented well.

People should expect to be supported in a way that recognises their individual needs. Staff were observed to have warm and compassionate interactions with people supported. At times staff may need to be reminded to keep noise levels calm. There were brief periods when staff interaction with each other could be loud and also conflicting sounds arose from T.V.'s which were in close proximity. This could cause stress for some people and so staff could be encouraged to manage this sensitively. Ways to enhance positive staff interactions were discussed with the manager.

People should experience responsive care in order to maintain their dignity. At times people supported were out of range of staff due to the spread out nature of the environment. This meant people could sometimes experience difficulty obtaining help when they need it. The result could be times of calling and becoming stressed which could be avoided if staff were in closer range. Ways of ensuring staff are in closer range for those who need help but cannot use a buzzer should be explored. See area for Improvement 1.

Ways of gathering views of people supported could be developed further to be more inclusive. This would help to ensure everyone's views are taken account of.

People should be supported to get the most out of life. Staff knew people well and understood their preferences which helps them to meet their needs. However, skills to ensure people's capabilities were matched with meaningful activity were still to be developed. A new activity lead had been appointed but this had not yet

resulted in changed outcomes for people supported. People told us staff were pushed for time and this meant activities sometimes didn't happen as planned. See area for Improvement 2.

People should expect to feel safe and protected. Measures were in place to ensure action was taken if people had potential for harm or harm occurred. However, records of restraint and adult support and protection referrals could be tracked more robustly to ensure action to protect people is recorded clearly. The review process could also be used more proactively to check important issues and ensure people have accessed their finances to support aspirations and choices. Tighter monitoring of the use of equipment and sedative types of medication should be introduced. This helps to ensure people's rights and limits the use of restrictive practices. See area for Improvement 3.

People should expect their health needs to be assessed and set out in a personal plan how these should be met. This had progressed since the last inspection and personal plans now covered aspects of health and welfare better than previously. However, there were still areas of duplication and gaps. This was discussed and management are aware of the need to streamline records further to ensure ease of use and link this to better outcomes for people supported.

The staff had improved the monitoring of food and fluids for people who were at risk of dehydration or malnutrition. Further development could ensure closer checks of fluid charts for those at risk. More detail of individual preferences for high calorie food/ snacks and use of food charts to increase intake for those losing weight would also be beneficial.

Overall, medications were managed well but better guidance for staff on when to give "as required" medications would be good practice to help ensure consistency. Changes to pain medications should be monitored using a pain assessment tool to ensure the right levels are provided. See area for Improvement 4.

## Areas for improvement

1. The service provider should explore ways to ensure staff remain in range of people who need higher levels of observation and intervention quickly to reduce stress or distress.

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

3.17 I am confident that people respond promptly, including when I ask for help.

2. The service provider should ensure individualised meaningful activities are identified and implemented for all people supported.

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

1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.

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 use records and review processes more proactively to:

a) ensure use of restrictive equipment/ sedative medications are kept to a minimum.

- b) check finances are being accessed and spending is taking place to achieve goals/ aspirations.
- c) ensure full agreements to personal plan and any changes within it.

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

1.3 If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.

2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

4. The service provider should further improve medication management by:

- a) ensuring guidance/ protocols are available to staff of when and what circumstances "as required" medications should be given.
- b) monitor topical applications to ensure administration has taken place and is recorded.
- c) use pain assessment tools when changing pain medications or when pain is not controlled.

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.

## How good is our leadership?

**4 - Good**

People should expect the organisation to have suitable quality assurance systems so that there is a culture of continuous improvement.

Community Integrated Care as the provider of the service have strong values based strategies and emphasise this through policies and staff training. This helps to ensure human rights are central to the support provided.

The implementation of quality assurance systems and policies was not always carried out well. For example, areas of checking and monitoring set out in the quality assurance policy had not happened. This meant although there were some systems in place they were not functioning as well as they could be. See Area for Improvement 1.

People should expect to be asked for their views and involved in improving the service. Although some views of people supported and their relatives were sought this was not in enough quantity or with enough detail to be effective in providing direct influence. This should be developed further. See Area for Improvement 2.

Positive changes had occurred in leadership of the service and this was better organised with some areas of devolved responsibilities becoming clearer. This could develop further to ensure wider involvement in improvement plans following a comprehensive self evaluation. This would be good practice and we would encourage use of the new quality improvement framework to help shape this over the year ahead.

## Areas for improvement

1. The service provider should review the use of quality assurance systems to:

- a) include self evaluation,

- b) consider actions to be taken if areas of the current policy cannot be implemented.
- c) include a stronger audit cycle that checks practice against recognised guidance and best practice publications in key areas for example dementia care.

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

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

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

2. The service provider should seek to establish more meaningful ways of involving people in service development.

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

4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.

4.7 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.

4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

4.9 I can take part in recruiting and training people if possible.

## How good is our staff team?

**4 - Good**

People should expect staff have been well recruited. We found appropriate checks had been carried out. Storage of the correct information in staff files needed review with senior management as a recent change had occurred making audit harder to complete. The manager told us this would be rectified.

Staff recruited underwent an interview which included discussion about their values base. This helps to ensure staff with the right qualities are employed.

People should expect staff to be registered with Scottish Social Services Council and maintain this registration to ensure professional standards. Registrations were monitored and on one occasion a staff member "lapsed" registration. This was picked up by management and tighter systems have been introduced.

People should expect staff to be trained and competent. New staff should follow an induction process which helps ensure this. Although an induction workbook was available this had not been used for recent new starts. There had been shadow shifts and fortunately these staff were experienced. However, more robust induction procedures should be introduced. See Area for Improvement 1.

## Areas for improvement

1. The service provider should ensure all staff undergo an induction process which supports their training, checks competence and ensures skills are appropriate to the job role they are being asked to perform.

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

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.

## How good is our setting?

### 5 - Very Good

People should expect a high quality environment and Carlingwark provides a pleasant and clean place to live. It benefits from beautiful grounds and easily accessed outdoor space.

The three small group living areas mean people can easily use a mix of private and communal areas. This meant there was a homely and relaxed atmosphere.

The facilities were appropriate to meet the needs of people and plans were in place to further improve these taking account of best practice. For example the décor used colour and contrast to help people with visual impairment and dementia.

There was active involvement of the local community and this was developing. This meant people benefited from fundraising and lots of visitors. Discussion took place about increasing the use of volunteers and further involvement of community resources.

Some areas of the home would benefit from Wifi for people to stay connected and this was being explored by management.

Recently a new bath had been installed, this added to the existing mix of bath and shower facilities. Some further improvement could be made to the homely appearance of some of the bathrooms. As all bedrooms were en-suite access to toilet facilities were readily available.

The installation of a wet floor shower was under discussion and purchase of further supportive shower chairs would be beneficial.

Discussion also took place regarding the possible introduction of Namaste care for people at end stages of dementia. Namaste care focuses on sensory stimulation. This requires staff training but the environment would need minimal adaption to allow this to take place. This would represent a significant improvement in the care experience and progress towards the introduction will be monitored at future inspections.

## How well is our care and support planned?

### 4 - Good

People should expect to have assessments of their needs and wishes recorded and in agreed personal plans to assist staff in meeting these needs appropriately.

Personal plans had developed and covered the main aspects of health and well-being. Staff had worked hard to improve these documents and they were up to date and informative. A change had been made to store these in a locked cabinet in people's bedrooms. This meant they were close to the person being supported and could be updated and referred to easily.

However, they were also very large files which could be further streamlined to reduce duplication and archive unnecessary information.

Although, a large amount of work had gone into making improvements to the personal plans there were still areas of best practice which needed to develop. For example in ensuring risk assessments such as waterlowe risk of pressure sores directly results in a skin care plan to support the actions to be taken. In addition the use of active care records could replace some records used. This would be more dynamic, and direct frequency of specific care rather than just documenting when some aspects of care take place and not others.

People should expect to be involved in these assessments as their needs change. We could not always see how people had contributed to their plans of care and what their views were when reviews were carried out. This could be developed further.

As people's needs change their dependency may rise and this needs an agreed method of calculating and review to ensure the service have the right staff to meet people's needs.

In addition people should expect support to ensure their future care needs are anticipated. This should involve others to establish thresholds of care and wishes for the future in the event of becoming unwell. Work had started to record anticipatory care plan summaries. However, staff had not had sufficient training in how to complete these.

See Area for Improvement 1.

## Areas for improvement

1. The service provider should ensure personal plans are further developed to:

- a) reduce duplication and streamline.
- b) ensure risk assessments flow into a care/ support plan.
- c) consider the use of active care notes to direct care and record more easily.
- d) develop anticipatory care plan summaries which are completed by staff who have had sufficient training to do this.
- e) show greater involvement of person supported or their representative.

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

1.14 My future care and support needs are anticipated as part of my assessment.

1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

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

## 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 Regulation 5 (1) - personal plans.

Timescale by 15 March 2018



**This requirement was made on 29 January 2018.**

## Action taken on previous requirement

Improvements had taken place and personal plans now broadly reflected health and welfare support needs. Further development should take place and this is reflected in Quality indicator 5.1 of this report.

**Met - outwith timescales**

## Requirement 2

The service provider must ensure people supported by the service have their hydration and nutritional needs met. If it is not possible to support these needs appropriate actions must be taken to inform G.P. and update plans of care accordingly.

This is in order to comply with SSI 2011/ 210 Regulation 4 (1)a - welfare of users.

Timescale by 15 March 2018

**This requirement was made on 29 January 2018.**

## Action taken on previous requirement

Improvements had been made to the monitoring and practice in supporting hydration and nutrition. Systems introduced meant it was known more quickly if low fluid/food intakes had occurred and actions could be taken. Further development could still take place to ensure outcomes are further improved. This is reflected in Quality indicator 1.3 of this report.

**Met - outwith timescales**

## Requirement 3

The service provider must review and improve quality assurance systems in order to recognise risks, mitigate these and improve outcomes.

- this will be demonstrated by an audit programme which checks areas of highest concern first, such as hydration and nutrition. Identifies points for improvement and sets out clear action plans
- monitoring of staff training and actions in relation to allegations of staff misconduct
- notifications must be made to the Care Inspectorate as set out in our notifications guidance document
- referrals must be made to the Multi-agency Safeguarding Hub (MASH) appropriately
- an effective improvement plan with timescales must take account of all action plans and ensure progress is made.
- an incident analysis format must be introduced to ensure appropriate learning and follow-up takes place when serious issues arise.

This is in order to comply with SSI 2011/ 210 Regulation 4(1) a welfare of users.

Timescale 15th March 2018.

**This requirement was made on 29 January 2018.**

## Action taken on previous requirement

Improvements had been made locally to some of the audit and checking of food/fluids for example but other areas had not yet developed. The improvement plan was still too focused on inspections and not taking account of a wider internal audit and broader feedback from people supported. This area for improvement has been commented on in Quality indicator 2.2 of this report and a further area for improvement is indicated.

**Met - outwith 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

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
- six 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 agree representative and record of any views expressed.

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

**This area for improvement was made on 29 January 2018.**

### Action taken since then

Recommendation is met.

Improvement was seen in the personal plans examined. Further development could take place and this is reflected in quality indicator 5.1 of this report.

### Previous area for improvement 2

The service provider should further develop hydration and nutritional care for people at risk. This will be demonstrated by:

- clear fluid targets set and checked on a daily basis.
- individualised plans of care showing how to support/ assist with fluids & food.

- use of an agreed nutritional risk assessment tool and removal of those which are out of date or no longer in use.
- an individualised approach to food fortification for those who need it at each meal and snack opportunity
- the choice of high calorie drinks (fortified milk, milk shakes, smoothies) made using a "food first" approach
- the use of prescribed supplement drinks and foods only after the "food first" approach has been tried and for supplement use to be reviewed regularly
- staff training to enable a food first individualised plan to be used effectively.

National Care Standards for care homes for older people, Standard 13.4 Eating Well.

**This area for improvement was made on 29 January 2018.**

## Action taken since then

Recommendation is met.

Improvement was seen in use of the fluid and food charts. However, further development could take place. This is reflected in quality indicator 1.3 of this report.

## Previous area for improvement 3

The service provider should further develop meaningful activities for people who are supported.

This will be demonstrated by:

- individual assessment to establish interests and capabilities.
- tailored approach to maximise opportunity and enhance well-being
- staff training to enable effective support for meaningful activities.

National Care Standards for care homes for older people, Standard 17.1 & 17.7 - Daily Life.

**This area for improvement was made on 29 January 2018.**

## Action taken since then

This recommendation is not met.

Although an activity lead had recently been appointed this had not yet resulted in any changed outcomes for people supported. A new assessment of individual interests had been introduced but not all people had been assessed yet. Staff had not been provided with any specific training to support new developments and were relying on finding their own resources and being self directed. This needed a more strategic approach and specific resources to support implementation.

A new area for development has been highlighted in this report. See quality indicator 1.2

## Previous area for improvement 4

The service provider should develop clear policies and plans of care for supporting people at risk of deteriorating health. Staff should be clear about who to contact and determine as far as possible what people's wishes are with the support of professionals skilled in these conversations.

National Care Standards for care homes for older people, Standard 14 - keeping well healthcare.

**This area for improvement was made on 29 January 2018.**

## Action taken since then

This recommendation is met.

Although work had commenced on developing anticipatory care plan (ACP) summaries, this was in the early stages. Staff had not had sufficient training to support this. However, the use of the people causing concern records in the service had assisted them to ensure health care professionals were contacted appropriately in the event of deteriorating health. Further development is needed to ensure ACP's are completed with sensitivity and contain the necessary information to be shared with G.P.'s. This is reflected in quality indicator 5.1 of this report.

## Previous area for improvement 5

The service provider should continue to develop the environment to suit the needs of older people with dementia. In order to do this the following should be introduced:

- use of audits to help assess the environment in terms of dementia friendly adaptations and infection prevention and control measures
- plan to improve choice of bathing and showering facilities.

National care standards for care homes for older people, standard 4 - your environment

**This area for improvement was made on 29 January 2018.**

## Action taken since then

This recommendation is met.

Improvements had been made to improve the bathing facilities and a further development was planned to improve the choice of shower facility. Audits were not in evidence for infection control and this should be considered. Dementia friendly adaption was on-going and recent changes to the décor were appropriate in the most part.

## Previous area for improvement 6

The service provider should ensure staff training programmes include staff observation and competency checking.

National Care Standards for Care Homes for Older People, Standard 5.3 & 5.4 Management and staffing arrangements.

**This area for improvement was made on 29 January 2018.**

## Action taken since then

Some staff observation was used within the service to promote improvement. This could be developed further and discussion took place regarding use of tools to help staff identify positive integrations and negative interactions with people supported.

This has been reflected in quality indicator 1.1 of this report.

## Previous area for improvement 7

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.

National Care Standards for Care Homes for Older People, Standard 5 - management and staffing arrangements.

**This area for improvement was made on 29 January 2018.**

## Action taken since then

This recommendation is met.

The manager had commenced SVQ 4. Other staff within the service could benefit from using the SSSC resource "Step into Leadership". This will be monitored at future inspections.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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