

Pittendreich Care Home Care Home Service

Pittendreich House
Melville Dykes
Lasswade
EH18 1AH

Telephone: 0131 660 4073

Type of inspection:

Unannounced

Completed on:

25 September 2018

Service provided by:

St Philips Care Limited

Service provider number:

SP2003003516

Service no:

CS2004062064

About the service

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Pittendreich Care Home (referred to in the report as 'the service') provides care and accommodation for up to a maximum of 27 older people, to include two individuals under the age of 65. There were 24 residents in the home at the time of the inspection. The home is owned and managed by St Philips Care Limited (referred to in the report as 'the provider'). At the time of the inspection the home was at full occupancy as extra bedrooms rooms had been made into office space.

The home is in the countryside close to the village of Lasswade. There are large grounds and gardens which can be viewed from many of the rooms. The home has three floors with a lift and stairs giving access to each floor. Fourteen bedrooms have ensuite toilet facilities, the rest have a wash hand basin within the room. There are two sitting rooms that can be joined into one large room. There is a dining room and an additional dining space in the smaller of the sitting rooms.

The service provider's mission statement states: "Our service users are encouraged to maintain their preferred lifestyle in their new home environment. We support resident's choice, freedom, dignity, independence and participation in planning their individual care needs."

What people told us

Prior to the inspection starting, we asked residents and relatives to complete care quality questionnaires. We did not receive any from residents though we did receive two from relatives.

All were positive. We have included the most relevant comments as follows: "Not the nicest of buildings but looking beyond that the staff are kind and caring and working long and difficult hours. Lesley the manager is always approachable and listens. I have no complaints".

Another relative said, "The only thing I would add is that I/we would like to see the dining area cleaned and swept up quickly after meal times. We visit during this week at round 2.20pm and leave at 3.30pm. Sometimes it still hasn't been cleaned and there are lots of food on the floor and seats etc. Other than this, I would gladly recommend this home to anyone. Dad has been there since 2014 and is well looked after".

During the inspection we sought the views of all of the 24 residents. When people are not as able to express themselves due to cognitive or communication impairments, we use a recognised observation tool. This captures the experiences of residents who cannot easily give their opinions.

Over an hour period we found that residents experienced minimal interactions with staff. These interactions were focussed on providing drinks, removing used mugs and bringing people through to the lounge after breakfast. At some points there were no staff present at all. We found that people lacked sufficient positive stimulation. We saw that residents were asleep, passive or withdrawn. High levels of this type of interaction leads to poorer levels of well being which was a concern.

Prior to inspection we received a confidential complaint. We looked at all aspects of this complaint via the inspection process. Where sufficient evidence was found regarding residents experiencing poor outcomes, we have highlighted how the service should improve.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We evaluated the service's support for people's wellbeing as weak.

We found that residents did not always experience compassion, dignity and respect. We saw some residents had underwear of an inadequate quality; underwear with holes, which was badly stained, poorly fitting and washed out, dirty slippers and trousers that were too short. Many items of clothing were not labelled. Labelling of clothes was not always done in a sensitive nor dignified way.

Residents have the right to move around as they wish. However, we saw that freedom of movement for residents was not always promoted as staff were so busy attending to residents' more obvious needs at the time like eating and drinking.

Residents who are not able to fully understand the risks of sitting in a wheelchair for extended periods of time need the service to be proactive and frequently give opportunities for moving to more suitable seating. However, there was no evidence that staff had offered to assist the resident to more suitable seating.

We would expect care and support to be delivered in a person centred way and have a positive effect on people's well being. However, we saw this was delivered around routines and tasks and was at a basic level. We saw that residents had minimal quality interactions with staff. These interactions covered the care basics but had little impact on residents' well being.

People living with dementia need an enriched social environment which compensates for impairments and gives opportunities for residents to find new skills and interests. However, we could not see that residents got the most out of life. We found that opportunities for meaningful activity was sparse and mostly included group activities. We queried if group activities met many residents' needs given the complex needs experienced by the residents.

We were concerned that some aspects to basic care were not met. We found that some residents had bedding that was not warm enough. The service acted on this immediately when we highlighted it.

Also, we were concerned that residents' oral care needs were not being met. We sampled to see if daily tooth brushing was happening. In every case we found no evidence that this was happening.

We also found that some residents had inadequate toiletries. The service agreed to act upon this immediately.

We would expect that residents' health benefits from their care and support. We did see that residents were not losing weight, though we did not have confidence that enough was being done to meet needs in this area.

Special plates to keep food warm were not always used and so people's food would have been cold. Breakfast cereals in bowls became soggy. One resident looked cold and did not have a drink over a considerable period, despite this being identified as a priority need.

We saw that residents who needed dedicated assistance for eating did not always get this. We saw residents sitting for a long time at breakfast and lunch.

We would expect that residents receive the right medication at the right time and staff have guidance on when to administer medication which is not routine. However, we found that a resident's pain medication was missed over a 24 hour period. Another resident was on an occasional sedative medication, yet there was no specific guidance to staff under which circumstances this should be administered.

We will look at this key question again closely at the next inspection.

Requirements

1. In order to ensure that residents' dignity and respect is maintained, the provider must review the laundry systems by 1 November 2018. They must:

- a) ensure that people have clothes to wear of adequate quality and repair
- b) ensure that towels, duvets, sheets and duvet covers are in sufficient quantity and quality
- c) ensure that adequate systems are in place to identify each resident's garments individually, sensitively and reliably.

This is in order to ensure that care and support is consistent with the Health and Social Care Principle 'Dignity and Respect - My privacy is respected', and in order to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

2. In order to ensure that residents' oral hygiene is maintained the provider must offer regular assistance to residents by 1 November 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states 'My care and support meets my needs and is right for me'. It is also necessary to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation's 2011(no.210 'Requirements for Care').

How good is our leadership?

2 - Weak

We evaluated the service's leadership as 'weak'.

We would expect that residents' experiences are continually evaluated so that, as far as possible, residents are provided with the right care and support. Audits were done regularly across all areas of service delivery. This included recruitment, environment, basic care and well being. However, we found that quality assurance processes were largely ineffective.

We saw that there were issues in the following areas:

- the environment
- with basic care
- with staff numbers
- with recruitment
- with the care planning systems
- with the level of meaningful interaction experienced by residents.

Despite this, we found that the results of audits suggested that all areas of service delivery were performing at a more than satisfactory level. However, this did not match the reality of our observations and findings on inspection.

We found that at times the manager was working as a carer and not a dedicated manager. There was a lack of management oversight of the care quality and residents' experiences and outcomes were substantially effected. Residents' welfare was compromised and critical needs at times were not met.

We will look closely at this key question again at the next inspection.

How good is our staff team?

2 - Weak

We evaluated the staff teams impact as 'weak'.

During previous inspections we recommended to the service that they improve the way they recruit staff to ensure the safest outcomes for residents. We were disappointed to find at this inspection examples of where best practice in this area was not followed.

We expect that all checks on staff applying for jobs are completed prior to them taking up post and that these are of a sufficient quality to be satisfied, as far as possible, that the person is suitable to work in care which is a regulated post. As part of the pre employment checks, we would also expect that the service checks the professional bodies register to ensure that staff have not been struck off and are therefore suitable to work in regulated care.

When there are weak reassurances about a person's suitability for the post, perhaps due to gaps in employment and/or difficulty in getting robust references and there has been a previous career in care, it is helpful to encourage the worker to submit their application to the appropriate professional body as soon as possible. The professional body may hold any additional information about the staff member's previous conduct. This will maximise better outcomes for residents.

We found that there was insufficient understanding as to why safer recruitment is important.

We expect that staffing levels are assessed monthly based on residents' needs. We found that the numbers of staff were minimal and sometimes insufficient. Our observations showed that at times there were not enough staff to provide residents with quality support to meet their well being needs. Sometimes there were no staff in the main lounges. Residents mostly had basic care needs met, but staff could not sit down to provide meaningful interaction.

Staff were kind, dedicated and hard working but there were not enough staff. One evening we observed that the manager stayed on past her regular hours to provide care and employed an extra carer to meet residents' needs. We were concerned that if staffing levels on this occasion had not been temporarily increased, then safety would have been a concern.

This is important as many of the residents needed staff to maintain their well being. Specifically, residents needed staff to maintain their identity, to maintain what and whom was important to them, to give residents a sense of purpose and worth and to help residents feel included and manage any anxieties that could occur due to the effects of illness.

We were concerned that the assessed daily number of hours of care for some residents was insufficient and was unlikely to fully meet needs.

Requirements

1. The service must ensure that at all times suitably qualified and competent persons are working in the care service as are appropriate for the health, welfare and safety of the service users.. The service must do this by 1 November 2018 and continue to do so going forward.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.24 which states "I am confident that people who support and care for me have been appropriately and safely recruited" . It is also necessary to comply with Regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland Regulations 2011 (Requirements for Care Service).

2. In order to ensure that residents experience good outcomes the provider must review staffing levels for care and non care staff by 1 November 2018: They must:

- a) ensure at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users
- b) provide an action plan by 1 November 2018
- c) review the dependency tool in use and include results in the above mentioned action plan by 1 November 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.15 'My needs are met by the right number of people', and in order to comply with Regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.210 'Requirements for Care').

How good is our setting?

2 - Weak

We evaluated the setting as 'weak'.

We expect that residents benefit from high quality facilities. However, this was not the case. We did not find the home to be clean and there was a lack of attention to homely touches, decoration and the quality. Some furniture was worn and odorous. The service began acting on this at the time.

The home acknowledged that deep cleaning was needed and when we returned for day four of the inspection cleaning was underway.

We found that some equipment was so dirty it should not have been in use, also that soap and hand sanitiser gel was not freely available. We saw old stains and spills on furniture, flooring and walls.

We found flooring so worn it could not be cleaned satisfactorily and other flooring and equipment in need of replacement. We saw unsatisfactory storage facilities for toiletries.

We saw that bedrooms, residents' personal items and clothing were not routinely checked to ensure they met an adequate standard. The staff were kindly in how they treated residents but had enough time only to provide the very basic of care. No time was available to ensure that people experienced sufficient dignity and respect in the environment around them.

Similarly, we could not confidently say that the setting promotes people's independence given that staff are so busy and providing basic care was difficult. We heard from residents that they would have liked to go outdoors on a particular day. This never occurred and would not have been possible given the staffing levels.

Due to the design of the building residents needed help from staff to access the outdoors. We could see that some residents did get help regularly to go outside to smoke. However, we also saw that there were large gaps in the length of time that staff had contact with some residents. This did not give us the confidence that residents' needs were met at all times.

Requirements

1. In order to ensure that residents experience a good outcomes the provider must ensure that residents enjoy high quality facilities by 1 June 2019. This includes:

- a) review and produce an action plan of refurbishment by 1 November 2018
- b) replacement of the dining room floor to include in the above mentioned action plan
- c) replacement of vanity units in all rooms where wooden vanities are present to be included in the above mentioned action plan
- d) replacement of the flooring in the basement bathroom to be included in the above mentioned action plan.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5 'I experience a high quality environment if the organisation provides the premises', and in order to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no.201 Requirements for Care).

How well is our care and support planned?

2 - Weak

We evaluated the services planning of care and support as 'weak'.

We were encouraged by the digital hand held care planning system and had expected it to give us confidence that outcomes for residents would be more than adequate. However, we found this not to be the case.

We were concerned that the care planning system did not meet people's health care needs. Despite the system highlighting to staff that a resident needed a lots of drinks, this did not happen. This did not give us confidence in the care planning system.

We were concerned about the system's reliability. We saw that information about residents' food intake did not match. Different parts of the system held different information. This was also differed to our observations. This did not give us confidence that residents will experience good outcomes, as the information was not reliable.

Often the duration of time allocated to care tasks was unrealistically low. We found that the recorded time when care tasks occurred was not correct. These were often recorded very late as staff did not have sufficient time to complete the records timeously. This meant the time when assistance was given to residents was not reliable, like when the resident chose to get out of bed in the morning.

We saw that many residents did not have their needs reviewed regularly. This included consents for the use of bed rails. This did not give us the confidence that assessment and care planning adequately reflected people's needs and wishes.

We will look at this again closely at the next inspection.

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

It is recommended that recruitment files evidence that appropriate safe recruitment practices have been completed and record any additional evidence gathered to support the application. This takes account of National Care Standards, Care Home for Older People, Standard 5 - Management and Staffing Arrangements and Scottish Social Services Council (SSSC) Code of Practice for Employers of social service workers.

This area for improvement was made on 18 September 2017.

Action taken since then

We were concerned that safer recruitment best practice was still not being followed and good outcomes for residents could not be assured. We have now made a requirement in this area.

Previous area for improvement 2

It is recommended that staff should receive training and support on providing person centred care and dealing with residents that become distressed. In actioning this, the service should inform us of how and within what timescale staff are to receive this training. This takes account of National Care Standards, Care Home for Older People, Standard 5, Management and Staffing.

This area for improvement was made on 18 September 2017.

Action taken since then

This recommendation has been met. We could see that staff had received this training. However, we did discuss with the service the staff's understanding and application of this training into practice. This was because we saw that there were times when residents were distressed yet this was not recorded on the care planning system.

This is something we will look at again at the next inspection.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.