

Castlegreen Care Home Service

160 Greendykes Road
Craigmillar
Edinburgh
EH16 4ES

Telephone: 0131 657 8320

Type of inspection:

Unannounced

Completed on:

12 February 2019

Service provided by:

Tamaris (Scotland) Limited, a Member
of the Four Seasons Health Care Group

Service provider number:

SP2007009153

Service no:

CS2007161380

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

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

Castlegreen is a purpose-built care home registered to provide care and accommodation for 60 older people. The home had 58 residents at the time of our inspection.

The service is in the Craigmillar area of Edinburgh and there are shops and other local services nearby. A bus route to the centre of the city stops outside the home and there are other bus routes on the main road which are a short walk away.

The service is managed by Tamaris (Scotland) Ltd who are part of Four Seasons Health Care Ltd. Four Seasons Health Care Ltd are national providers of private health care.

The service has three floors and there are six units.

Basement floor - One unit providing care for people living with dementia.

Ground floor - One unit providing care for people living with dementia and two other units providing care for older people who may also be living with dementia.

Top floor - Two units providing care for older people.

Each unit has ten bedrooms. There are stairs and lifts to all floors. All of the bedrooms are single and have an en suite shower, toilet and wash hand basin. There are additional toilets and bathrooms and each unit has a dining room, a lounge and additional sitting areas.

The kitchen, laundry, staff facilities and training rooms are on the basement floor. The top floor has a large public room, designated smoking room and a hairdressing room.

The home's Ethos of Care is:

"We are committed to provide a good quality of care to each and every person receiving our services".

What people told us

We asked people using the service and their relatives to share their experience of Castlegreen Care Home. We spoke with a range of people face to face during the inspection visit. Before the inspection, we asked the provider to distribute questionnaires to people using the service, their relatives and staff. Twelve completed questionnaires were returned to the Care Inspectorate.

People we talked with during the inspection spoke positively about the staff and the care they gave. They described staff as kind, friendly and welcoming.

People living in Castlegreen told us that they were comfortable living in the home. People told us -

"I'm happy here, I have a big room and plenty of space"

"I like getting out into the garden"

Many people told us that there were not enough to keep them occupied during the day. People living in the home told us -

"I'm not interested in the activities, they are not my choice of things to do"

"I'm bored and get fed up"

"It's a long day, there's not enough to keep me going"

"There could be more to occupy my relative. More one to one activity would be good"

We asked people about the food served and the choices on the menu.
People told us-

"There were always menu choices and I can ask for alternatives if I don't like the choices.

"Some days the food is better than others"

"The food is ok, the soup is usually good"

Visiting family members were positive about the care their relatives received in Castlegreen Care Home. They spoke highly of the staff and how hard they worked. Family members told us -

"My relative is content in the home. She is looked after well by professional staff".

"The staff are exceptionally caring at all times. All the staff do their part in making the home a comfortable and pleasant place to be "

We were told that staff were good at keeping family members up to date with their relatives progress.

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

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

We saw that staff were kind and patient when supporting people. There were many warm and friendly relationships between staff and people living in the home.

Staff showed that they were familiar with individual's preferences and care needs. This helped them to take account of individual choices when supporting people with day-to-day care.

We saw that staff tended to focus on completing tasks rather than promoting a responsive person centred approach to the support of individuals. Many interactions were functional in nature. We saw that staff missed opportunities to engage with people in a social way rather than when only performing tasks.

There was a need to make staff aware that their actions could unintentionally affect the well-being of people living in the home in a negative way. This included the lack of discretion and confidentiality we saw at times when staff were in communal areas with groups of people. This did not promote dignity or show a respectful approach to people living in the home.

Supporting people to make simple choices such as, what was on the TV or what music was playing was not consistent.

There was a need to revisit training for staff regarding dementia care. This focuses on developing a person centred, responsive approach to care and support to help influence staff practice and improve outcomes for people living in the home

See area for improvement 1.

People using the service were not as actively involved with the development of the home as they should be. We noted that there was a lack of opportunities for people to formally and meaningfully express their views about living in Castlegreen. The provider should look at ways to involve people in its development, including those people living with dementia.

See area for improvement 2

To protect the rights of people living in the service and ensure their wishes regarding end of life care are respected the provider should ensure that all legal permissions and certificates for individuals are valid. We had difficulty verifying that these documents were up to date due to poor record keeping.

See area for improvement 3

To help to give purpose to individuals' day and support their well-being, people should have opportunities to take part in activity that is meaningful to them. We saw that activity staff spent time providing group activities for people to take part in. However, there were only small numbers of people taking part and the activity was not always meaningful to all who were in the group. We saw that there were long periods of time when people were alone in their bedroom or in communal sitting rooms without interaction or attention from staff. Many people living in the home commented that there was not enough to do to occupy them. We noted that there were fewer opportunities for meaningful activities available for people living with dementia and who may be quieter. There

was a need to improve the range and access to meaningful activity for everyone living in the home.

See area for improvement 4.

We spent time directly observing how the mealtimes were managed in the home. We saw that there was a task focused approach to mealtimes with little time taken to engage with people or to develop a sociable atmosphere. There was a need to ensure that mealtimes were unhurried to allow people to enjoy their meal.

See area for improvement 5.

The setting that people live in can impact on their well being. There was scope to improve the home to reflect a more dementia friendly setting. The management team should use the Kings Fund Tool to assess the setting and plan improvements.

See area for improvement 6.

The healthcare needs of people living in the home were well managed. Staff were knowledgeable about the range of health care professionals they could call on for advice and support when needed. There was evidence that visiting healthcare professional's advice and directions were being followed to support individual's health.

We noted that there was a continued need to ensure that staff were competent at completing nutritional risk assessment tools and respond correctly to the outcome. This would ensure that nutritional risks identified were managed appropriately to support people's health and well being.

See area for improvement 7.

We saw that medication was generally managed safely. However, there was a need to improve the management of medicine prescribed as needed'. This included developing information to guide staff. This would ensure consistent management of this medication and that it was being administered in the best interest of the individual.

See area of improvement 8.

The service should improve the management of continence aids within the home. This would help ensure that people receive the correct continence aid to support their assessed needs and their well being.

See area for improvement 9.

Areas for improvement

1. The provider should support staff to promote and develop a responsive person centred approach to care. The provider should ensure that all staff receive appropriate dementia awareness training .

The provider should undertake to formally evaluate the impact this training has on staff practice and if needed support staff to refresh their knowledge.

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

'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' (HSCS 3.14)

2. People using the service should be meaningfully involved in the development of the service. The provider should actively gather the views of people using the service to inform sustained improvement of outcomes for people.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7),

'I am actively encouraged to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8)

3. The provider should make proper provision for peoples health, welfare and safety and protect their legal rights. To do this the provider should ensure appropriate records are maintained to demonstrate that legal documents, assessments and agreements are valid.

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

'My human rights are central to the organisations that support and care for me.'
(HSCS 4.1) ,

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.'
(HSCS 3.2)

4. The provider should improve the range and availability of meaningful activities offered in the home considering peoples' abilities, preferences and choices.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

5. The provider should review and develop the management of mealtimes to ensure that people are supported to enjoy their meals in a relaxed atmosphere respecting their choices and preferences.

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

"I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible"(HSCS 1.35) ,

"If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected". (HSCS 1.34)

6. To develop a dementia friendly setting the provider should, in consultation with people who use the service, carry out the Kings Fund Assessment Tool 'Is your care home dementia friendly'. The outcome of the assessment should be used to inform a plan to develop the setting of the home.

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

"The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16)

7. The provider should ensure that staff involved in completing nutritional risk assessments, such as MUST, receive appropriate training. This is in order to ensure that they have the competency to accurately complete the tools and to respond appropriately to identified nutritional risks.

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

'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' (HSCS 3.14)

8. The provider should ensure that medication prescribed 'as needed' is managed taking the best interest of the individual into account. Guidance should be developed for staff to ensure there is a consistent approach to management of this type of medication for individuals.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24)

9. To effectively support individuals continence needs the provider should improve the management of continence aids for individuals. This includes the storage and distribution of continence aids.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24)

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

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

We sampled personal plans in all six units of the home. We saw minimal evidence of consultation with the individual or their representative in the development of personal plans.

The personal plans we looked at did not detail what was important to the person. There was not much information reflecting the choices and preferences of individuals. The plans did not fully illustrate the knowledge staff demonstrated about the people they were supporting.

The records of how people spent their day were functional and did not reflect a responsive, person centred approach to care and support. We had concerns that language used in care documents did not always promote respect or the dignity of the individual.

We saw that the service was protecting people by using recognised risk assessment tools to assess and monitor risk for individuals. The outcome of these assessments was being used to inform the planning of care and management of risk. This was with exception to the assessment and management of nutritional risk which was not consistent. This issue is detailed in Key Question 1 of this report.

The sections of the plans detailing the management of health issues demonstrated agreed approaches for the management of individual's healthcare needs. This included the management of stress and distress reactions. However, one plan lacked information about how to support the individuals stress and distress reactions. Other plans were written in a generic manner and only gave staff basic guidance regarding the management of stress and distress reactions. There was a need for the service to use recognised tools to help them assess and monitor individual's stress and distress reactions effectively and consistently.

See area of improvement 1.

It is important that people using the service have formal opportunity to discuss their care and support on a six monthly basis and to express their views. We had concerns that the systems in place did not provide a clear overview of the timing or planning of six monthly reviews.

Due to the poor record keeping we had difficulty verifying if everyone living in the service had the opportunity for this six monthly review meeting to express their views about their care and support.

See requirement 1.

We looked at minutes of review meetings that had been held. The records contained little information beyond the clinical care for the person. There was a lack of detail reflecting the preferences, choices or agreed approach to care and support for the person. The service should improve the skills and knowledge of staff supporting review meetings to ensure that they understand the importance of six monthly review meeting. The service was not taking the opportunity at these meetings to gather details about the individual's choices and preferences regarding their care and support. Outcomes of review meetings should reflect how effective the planned care has been in promoting positive choices, experiences and quality of life for each individual. This would help to plan future care taking the views and choices of individuals into account.

See area for improvement 1.

Requirements

1. The service provider must be able to show that formal reviews are undertaken for all service users on a six monthly basis by 31 May 2019.

In order to do this the service provider must:

- Implement and maintain systems to record that all service users have had access to six monthly reviews
- Implement systems to plan reviews to ensure that they take place on a six monthly basis for all service users.

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

'My human rights are central to the organisations that support and care for me.'
(HSCS 4.1) ,

'I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17)

and in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulation 5 (2)(b)(iii).

Areas for improvement

1. To ensure that personal plans set out how individuals needs are to be met, including their wishes and choices the provider should do the following -

- Make sure that personal plans are developed in consultation with the individual and their representative to reflect choices and preferences of the person.
- Develop personal plans to clearly reflect the agreed approach to all aspects of assessed need for individuals in order to guide staff to provide consistent care and support.
- Develop care plan evaluations and six monthly review minutes to reflect an outcome focussed approach, that is, reflect how effective the planned care had been in promoting positive choices, experiences and quality of life for each individual.
- Support staff to improve their practice and develop a clear understanding of how to write in a person-centred way.

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15),

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'.
(HSCS 3.13)

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

Requirements

Requirement 1

In order to ensure that people living within this care service are supported to have their nutritional needs met, the provider must take action to improve the mealtime experience. They must:

- Review the menu with input from service users and their representatives to ensure that it reflects nutritionally balanced, varied and appealing food choices for all service users, including those who need a textured diet.
- Review the needs of service users who have been assessed as requiring a textured diet and take action to ensure that all staff, including kitchen staff are skilled and competent to provide food in the most appealing and appropriate format for those people.
- Ensure that changes to the agreed planned menu are kept to a minimum and where this is unavoidable; provide all service users the opportunity to make a reviewed choice based on that change.
- Offer an alternative meal for people who do not wish to eat what is offered to them.
- Ensure adapted equipment is provided where required to maximise independence and nutritional intake.
- Ensure that all staff, including kitchen staff, are skilled and competent to provide fortified food when required.
- Review of skills and competencies of staff responsible for using the MUST tool, where further training in this is indicated it must be provided.
- Ensure staff are skilled and competent to accurately record nutritional intake of service users where this is an agreed part of the support plan.
- Ensure that where areas of improvement are identified in mealtime audits that action to address this is taken and improvement evident.

This is in order to comply with: SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users and regulation 5(1) - requirement for personal plans and regulation 15(b)(i) - requirement about training.

This requirement was made on 27 November 2017.

Action taken on previous requirement

We spoke to the management team, the catering team and the chef trainer. We looked at key documents relating to the management of nutrition and nutritional risk. We spent time observing how mealtimes were managed for people living in Castlegreen

There had been reviews of individuals dietary needs carried out. Accurate information was available to the catering team detailing the specific therapeutic diets for people living in the home. This information was reflected into individuals personal plan. We saw that staff serving meals were aware of the particular dietary needs of individual people. This meant that people received the therapeutic diet they had been assessed for. We saw that there was appropriate communication between the care team and the catering team regarding therapeutic diets needed. This ensured that the catering team had up to date and accurate information about the dietary needs of individual people.

The catering team had been supported by the providers Chef Trainer to ensure that they had the skills and the competencies to provide all therapeutic diets in the most appealing and appropriate format for individuals. There was appropriate equipment in the kitchen to prepare textured diets. We saw that food served was well presented and looked appealing.

There were alternative choices available for people who did not want what was on the menu. People we spoke with confirmed that they got alternative menu choices when they wanted.

Staff had had training regarding the use and completion of nutritional risk assessment and monitoring tools (MUST) . We saw that there were discrepancies with the completion of some of the assessments. This could potentially lead to inaccurate outcomes of assessments. There was a continued need to ensure that all staff were competent in accurately completing the assessment tool and acting on the results as needed to manage individuals nutritional risks.

This issue will be the subject of an area for development in this report and will be detailed in Key Question 1.

We spent time observing the management of mealtimes. We saw that there was a need to develop the skills of staff to ensure that mealtimes were a more sociable experience for people.

This issue will be the subject of an area for development in this report and will be detailed in Key Question 1.

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 should ensure that people are supported in ways that keep them safe by promptly recording key aspects of risk when new residents are admitted.

This takes account of National Care Standards, Care homes for older people – Standard 5: Management and staffing arrangements and Standard 6: Support arrangements.

This area for improvement was made on 27 November 2017.

Action taken since then

We looked at the personal plans for people who had recently come into the home. We saw that the key risk assessments and monitoring tools had been completed on admission. The manager of the home checked the progress of the documentation for new admissions.

This area for improvement has been implemented.

Previous area for improvement 2

It is recommended that the service reviews the provision of racking and storage in the sluice rooms to ensure items are correctly stored.

This takes account of National Care Standards, Care homes for older people – Standard 4: Your environment.

This area for improvement was made on 27 November 2017.

Action taken since then

We looked at the sluice areas and saw that racking and storage was in place to ensure items were correctly stored.

This area for improvement has been implemented.

Previous area for improvement 3

It is recommended that staff continue to monitor the temperature of medication storage areas and the management should take action to ensure that a suitable storage temperature is provided.

This takes account of National Care Standards, Care homes for older people – Standard 5: Management and staffing arrangements and Standard 15: Keeping well – medication.

This area for improvement was made on 27 November 2017.

Action taken since then

We looked at the facilities for storing medication. The temperature of the medication storage rooms were being monitored on a daily basis. We saw that steps had been taken to ensure that medication was stored at the correct temperature.

This area for improvement has been implemented.

Previous area for improvement 4

It is recommended that the service evidence that agency staff new to the service have completed an appropriate induction by completing a written induction checklist.

This takes account of National Care Standards, Care homes for older people – Standard 5: Management and staffing arrangements.

This area for improvement was made on 27 November 2017.

Action taken since then

We saw that there was an appropriate induction process in place for agency staff. There was evidence that this process was completed for the agency staff assigned to the home.

This area for improvement has been implemented.

Previous area for improvement 5

The service should review its systems to ensure that it has an overview of the professional registration status of its bank staff.

This is to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, or who are newly recruited and are capable of achieving such registration within six months of commencing in post, carry out work in the care service in a post for which such registration is required.

This takes account of National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements.

This area for improvement was made on 27 November 2017.

Action taken since then

There were systems in place and carried out to check the professional registration status of bank staff.

This area for improvement has been implemented.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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