Pittendreich Care Home
Care Home Service

Pittendreich House
Melville Dykes
Lasswade
EH18 1AH

Telephone: 0131 660 4073

Type of inspection: Unannounced

Completed on: 11 April 2019

Service provided by: St Philips Care Limited
Service provider number: SP2003003516

Service no: CS2004062064
About the service

Pittendreich Care Home provides care and accommodation for up to a maximum of 27 older people, which could include two individuals under the age of 65. At the time of inspection there were no residents under the age of 65. The home is owned and managed by St Philips Care Limited. At the time of inspection the home was at full occupancy with 24 residents as extra bedrooms 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 we received one completed care questionnaire from a Pittendreich resident and three completed questionnaires from relatives. We sent out ten care service questionnaires to relatives and to residents. All four questionnaires strongly agreed that overall they were happy with the quality of care received. One relative said: ‘Very impressed with Pittendreich care home. The staff are fantastic, very caring and helpful. This new manager has made amazing changes and is very approachable’.

During the inspection we spoke with seven residents who were all very positive about the care they received. We also spoke to two relatives who were very content with the care received by their loved ones.

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? | 3 - Adequate |
| 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?

Overall, we evaluated the support for people’s wellbeing as adequate.

However, we saw that people experienced a good level of compassion, dignity and respect. People appeared well groomed and their bedrooms and personal items were well cared for. People had a good variety of clothes which were of a good quality.

There was a new system in place for identification of residents’ clothes. This was still being rolled out but we could see that it would allow clothes to be better organised and identified in a more discreet way. We did identify some improvements and the manager had started to put these right before the end of the inspection.

We could see that a key worker system had been introduced. It was good that each resident’s keyworker was displayed on residents doors. This tells us that this is important for the service that residents are enabled to be heard. Part of the keyworker’s new duties was to check the resident’s room, clothes and belongings weekly to ensure all was in order. We made some suggestions to this for residents who have many belongings.

We found that people could get more out of life. This aspect was evaluated as adequate and could be improved further. Though, we do acknowledge that the activities co-ordinator has only just started. Residents were delighted with the opportunity to get out and about. We noted that in only one week there had been two outings and we very much look forward to developments at our next inspection.

We found that there was a renewed enthusiasm for activities and outings as conveyed by the manager and the activity co-ordinator and we directly observed good outcomes for residents as a result. We have encouraged the service to consider the use of residents weekly personal allowances as part of activities and outings with regard to ‘getting the most out of life’.

We found that people’s health did benefit from their care and support and evaluated this as good. Medication was managed well and where there were small errors these had been picked up on the daily audit. We discussed with the service the need to review the way the index was being used for the recording of strong medications. Also, when medication has been discontinued to record this as so.

We could see that people’s skin was well managed though we did note that improvements could be made in the digital care planning in order to guide and prompt staff better. This would ensure that all creams are always applied as prescribed.

We could see that people’s nutrition was managed well with people on the whole maintaining or putting on weight. People said the food was delicious and asked for second helpings. We have suggested to the service they may want to review now their portion sizes and nutritional needs especially for people who have gone beyond their target weight.

Through our observations, the sample we took showed us that people were having daily assistance with oral hygiene. This give us confidence that people will experience good outcomes.
How good is our leadership? 4 - Good

We evaluated the leadership as good.

We found many audits and we saw that these were meaningful with actions and timescales. This gives us confidence that these are working documents that have created and continue to create real improvement as experienced by good outcomes for people.

As part of the daily environmental check the manager is checking a sample of rooms to ensure that people’s dignity and respect is maintained alongside their oral hygiene. These were all issues which we highlighted at the last inspection. It is reassuring to see this process in hand.

The manager had identified activities and outings as an area (among others) as requiring improvement and it was good to see the Care About Physical Activity (CAPA) resource being used plus trips out for lunch for residents and also visits to a dementia café.

We could see that the manager had followed through on purchasing extra linen and towels. The manager was well organised and all areas of service delivery were being overseen.

We could see that many meetings with residents and relatives, staff and reviews had been planned well into the year ahead. This gives us confidence that people are central to care delivery and that all key people’s views are sought and work overseen.

We discussed that the overview of maintenance of the service needs to be developed further. We found the water systems to be safe however historical records suggested some previous investigation or actions could have been required. Similarly, we have suggested that the manager together with maintenance personnel produce a list of equipment and a reminder of the servicing date for lifting equipment.

How good is our staff team? 4 - Good

We evaluated the staff team as good.

We found that the staff worked well together. This was commented on in the care service questionnaires, by day and night staff and by relatives. Staff seemed content and commented positively on the recent changes.

We could see that staff supervision was planned for regularly. Also that where time constraints were proving this difficult there was a move to consider other forms of supervision like group supervision. This gives us confidence that there is a commitment to staff support and supervision which will indirectly affect outcomes for people.

We saw that there was a training plan in place and where we could identify certain gaps the manager was able to indicate that this was already something she had previously identified and something she was taking steps to address.

In particular, we have discussed with the manager the status of the fire training for staff and highlighted the need for this to be prioritised for this service.
We found that not only was there a commitment to the core training but the manager had sought out extra training. In particular, five senior staff had attended training for people living with dementia who may experience stress or distress. We discussed with the manager about this being cascaded down to other staff.

We found that there was an audit of overall staff recruitment though we found there were areas for improvement. We discussed with the manager the need to be clear on when staff start their training and when staff start working with people. We reminded the service on what checks are required prior to staff starting work. We have confidence that the service will make the necessary improvements.

**How good is our setting?** 3 - Adequate

We have evaluated the setting as adequate.

We found that outcomes for people would improve if the setting could further promote people’s independence. We acknowledged that there may be some limitations due to the age and historic nature of the building though we have asked the service to review their development plan in this area. We discussed with the service that people currently cannot access the outdoors independently. This curtails people’s independence and makes demands on staff when people do want to go outside.

It would be good to see the service making the most of it’s extensive gardens. In addition to this, we found that some parts of the home could benefit from more signage. We discussed with the manager that a specific environmental assessment could be completed which promotes the rights, dignity and independence of people living with dementia. We found the setting to adequately promote people’s independence.

We found that people do benefit from high quality facilities and we evaluated this aspect as good. It was good to see the new vanity units installed. We look forward to seeing the remainder vanity units installed at the next inspection. We have asked the service to update us, as to timescales, in their development plan.

We could see that the dining room floor and the bathroom floor had been replaced as well as new furniture inside and out. This gives us confidence that people will experience good outcomes. The home was clean and free from malodours. It was evident that there was lots of materials on hand for staff to ensure areas were clean and sanitary.

**How well is our care and support planned?** 4 - Good

We evaluated how care is planned as good.

We could see that the digital care planning system continues to develop with good effect. The information was recorded at the time directly after provision of care giving a good idea of real outcomes for people. We discussed with the service that they may further need to consider the use of flags within the system which if used correctly ensures greater confidence about care outcomes but if used too much may overwhelm staff.

As discussed in Key Question 1, we found that there needed to be more detail on where creams are to be applied and the frequency of this application.

We saw that relatives had been asked to regular reviews and were also invited to view the digital records. This tells us that relatives are encouraged to be involved in their loved ones care. Also, we saw that social workers had been asked to reviews on a regular basis.
We discussed with the service that care planning could be improved further specifically for people living with dementia who experience stress and distress. Staff would benefit from specific guidance as to what to do exactly when they observe a specific behaviour.

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 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 sufficient in 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’).

This requirement was made on 25 September 2018.

Action taken on previous requirement
We could see that people had clothes to wear of adequate quality and repair, that there were sufficient towels, duvets, sheets and duvet covers in sufficient quality and quantity and that adequate systems were being developed to identify each resident’s garments individually and sensitively.

Met - outwith timescales

Requirement 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’).

This requirement was made on 25 September 2018.
Action taken on previous requirement
We could see from our sample that all people had received assistance with oral care and this gave us confidence that people would experience good outcomes.

Met - outwith timescales

Requirement 3

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).

This requirement was made on 25 September 2018.

Action taken on previous requirement
We could see that there was a thorough audit in place for checking that staff had been recruited safely. We discussed with the service the need to do all pre employment checks prior to the start of employment. Also, for the service to refresh their knowledge of their own induction policy with regard to orientation to the building for new staff.

Met - outwith timescales

Requirement 4

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’).

This requirement was made on 25 September 2018.

Action taken on previous requirement
We could see that staffing had increased and there was a new dependency tool in place. The communal areas were much better staffed and the atmosphere calmer. In addition to this we saw the meal service to be conducted promptly and people were assisted to their place of choice soon after finishing their meal.

Met - outwith timescales
Requirement 5

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 car 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).

This requirement was made on 25 September 2018.

Action taken on previous requirement
We could see that several new vanity units have been installed and the remainder are to be installed soon. There is a new dining room floor and bathroom floor as well as a new furniture inside and outside the premises.

Met - outwith timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

<table>
<thead>
<tr>
<th>How well do we support people’s wellbeing?</th>
<th>3 - Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 People experience compassion, dignity and respect</td>
<td>4 - Good</td>
</tr>
<tr>
<td>1.2 People get the most out of life</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>1.3 People’s health benefits from their care and support</td>
<td>4 - Good</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How good is our leadership?</th>
<th>4 - Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>Rating</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>2.2 Quality assurance and improvement is led well</td>
<td>4 - Good</td>
</tr>
<tr>
<td>How good is our staff team?</td>
<td>4 - Good</td>
</tr>
<tr>
<td>3.1 Staff have been recruited well</td>
<td>4 - Good</td>
</tr>
<tr>
<td>How good is our setting?</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>4.1 People experience high quality facilities</td>
<td>4 - Good</td>
</tr>
<tr>
<td>4.2 The setting promotes and enables people's independence</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>How well is our care and support planned?</td>
<td>4 - Good</td>
</tr>
<tr>
<td>5.1 Assessment and care planning reflects people's planning needs and wishes</td>
<td>4 - Good</td>
</tr>
</tbody>
</table>
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 foilseachadh seo ri fhaighinn ann an cruthannan is cânain eile ma nìtear iarritas.

انسحاب الوثيقة متوفرة بلغات ونمات أخرى عند الطلب

لا يمكن أن ينجب إلا تصنيف الرعاية التي تقدمها وخدمات الأشخاص الذين يتعرضون للإعاقة.

この文書は、他の言語で提供可能です。

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