

## Cornwall Park Care Home Service

Auchendoon Road  
Newton Stewart  
DG8 6HD

Telephone: 01671 404600

**Type of inspection:**

Unannounced

**Completed on:**

1 May 2019

**Service provided by:**

Community Integrated Care

**Service provider number:**

SP2003002599

**Service no:**

CS2003010794

## About the service

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

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

Cornwall Park is registered to provide care for up to 29 older people, most of whom have dementia. The home is split into three small group living areas; Cairnsmore, Blairmount and Lamachan. People with higher dependency needs are cared for mostly in Blairmount and Lamachan units which are on the ground floor.

The accommodation is over two floors. The upper floor can be accessed by lift or stairs. All bedrooms are single rooms with en-suite toilet and sink facilities. There are a number of sitting and dining areas throughout the home.

There is a large front garden with seating areas. The enclosed courtyard garden in the centre of the home has high planters for people supported at the service to use.

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

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

## What people told us

Prior to the inspection we issued questionnaires to help gauge the view of people using the service and their relatives.

We received three completed questionnaires from people using the service. Two "strongly agreed" and one "agreed" overall they were happy with the care and support provided.

We received seven completed questionnaires from relatives of people using the service. All seven "strongly agreed" overall they were satisfied with the care and support provided to their relative.

The questionnaires also contained some very positive comments:

"The genuine love, care and devotion the staff team have afforded my relative has completely transformed his life...my relative has been treated by all as one of their own family."

"I have peace of mind with the excellent care my relative receives at Cornwall Park."

"The level of respect given to me and my relative is both genuine and professional."

"Very happy with the care my relative receives, she is very settled and content, the activities they provide in terms of religious services, entertainment all add to the everyday interests on offer."

During the inspection we spoke with five people using the service and three visiting relatives. Everyone told us they had found the right place, were treated well and felt at home in Cornwall Park.

The only negative comment made was regarding the limited car parking available. This problem was known to management and they are exploring to see if solutions can be found.

## 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?	5 - Very Good
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?	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?

**5 - Very Good**

People should expect to experience compassion, dignity and respect for their rights. People we spoke with told us confidently and without hesitation they were treated well at Cornwall Park. Our own observations of staff interactions with people they support verified this. We saw examples of kind gestures, personal contacts, appropriate use of touch and smiling. This all indicated very positive outcomes for people. We also saw evidence of people's view about their experience of care being sought and responded to. This helps people to feel valued and ensures their care is carried out as they would wish.

We evaluated how people get the most out of life and concluded there was lots of effort made to support this. There was a buzz of activity around the home with things happening on a daily basis. Staff were trying hard to be inventive and follow people's individual goals and interests. People chose how to spend their time and were encouraged to stay active. There were strong connections with the local community and this was seen through the use of volunteers within the home, art projects and links with local schools. This helps people to feel connected and maintain contact with the local community. Although staff were trying hard to get people out for trips and use local shops, this still needed a stronger focus. This would build on the very positive experience of living at Cornwall Park further. See area for improvement 1.

We saw progress in how "dementia friendly" the environment at Cornwall Park is being adapted. For example by the improvements to lighting and use of colour and contrasts. This should be further developed to help people move around more easily. See area for improvement 2.

People should expect their health to benefit from the care and support provided. We saw staff used a comprehensive holistic health assessment and were aware of people's medical history, including long term medical conditions. There were plans in place to monitor these and support to attend appointments or referrals to health professionals for support within the home. There were robust medication management systems in place. This meant people could be confident their health was monitored and they would get the right health care from the right person at the right time. Staff told us the continuity of care had improved now they were allocated to specific units within the home. This meant they could pick up on changes in health of people they support and communication within the staff team was better. This meant people experienced attentive care and staff reacted quickly to changes.

People told us they thought the meals and snacks were very good. We observed relaxed and unhurried mealtimes. The small group living areas were well set up so people could have drinks and snacks whenever they liked. This meant people's nutritional and hydration needs and preferences could be easily met.

The staff team were working well together and this could be built on further to ensure stronger use of best practice. The use of the train the trainers programme was planned and this could help to ensure greater clarity in staff roles/responsibilities. For example in taking forward best practice in key areas such as dementia care, infection control or skin care.

## Areas for improvement

1. The service provider should focus further on the following areas to help people get the most out of life:

- ensure people who want to can get out to use local shops, using trained volunteers if this is appropriate,
- get fresh air by being able to get out in the garden areas more easily, and
- spend their money (if they lack capacity, in their best interests).

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

1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

2. The service provider should ensure further adaption takes place to the environment to help people get around and use the facilities more easily. This should include:

- further use of colour and contrast to highlight areas such as doors to go out to the patio and disguise areas which may cause distress such as blind ends to passageways.
- further increase lighting in areas which still have shadows.
- provide a wet floor shower to the upstairs bathroom to provide a choice of facilities in this area.
- consider ways of increasing interest in the garden such as bird feeders and growing vegetables.

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

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

## 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?

**4 - Good**

People should expect their care plans to reflect their needs and wishes. We found the care plans we sampled to be detailed, up to date and flow well. This made them easy to use and follow for staff which helps to support individual care preferences.

There were minor issues noted in how goals/aspirations were identified and this could be more detailed and followed up more closely on reviews to ensure people achieve the outcomes they are looking for. There were also some issues noted with how aspects of people's health were recorded. See area for improvement 1.

Overall, outcomes for people living at Cornwall Park were positive and people benefited from a stable staff team who knew them well.

### Areas for improvement

1. The service provider should improve use of best practice to inform care plans so they more fully support people's health and well-being needs and wishes. With particular regards to:

- Multi-factorial falls risk assessment, Waterlowe risk assessment for pressure ulcers lead directly onto relevant falls prevention or pressure ulcer/skin care plans, including help to reposition/move.
- Continence promotion care plans are used to ensure people's support needs for bowel, bladder or catheter care are well documented,
- recurring health issues or symptoms also have clear support plans of how to monitor e.g. for chest infections, pain, anxiety.
- Stress/distress support plans develop and replace "behaviour support" plans so this better meets with best practice in these areas.

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.

## 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 records which show:

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

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

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

**This area for improvement was made on 21 May 2018.**

#### Action taken since then

Some improvements were seen in the personal plans sampled. Especially to the layout and flow of the plans. There was lots of good detail to help inform and guide care.

Some areas still needed to develop further. For example the Waterlowe pressure sore and multifactorial risk assessments still did not link fully enough to support plans to guide care. The outcomes of these assessments could also feature on the active care records which had been introduced and were proving successful within the care service.

Although staff knew what the financial arrangements were for people to access their money, for some people a more detailed plan linked to their goals/aspirations and reviewed at 6 monthly reviews would be good practice. This is to ensure people get to spend their money in their best interest.

See section 5.1 How well is our care and support planned? An updated area for improvement has been made.

We saw progress in how long term medical conditions were recorded and monitored. Anticipatory care plans were in place and had been agreed with G.P's. This meant people could be sure their wishes would be respected if their health deteriorated or they were at end of life.

Area for improvement is met.

## Previous area for improvement 2

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

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

1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

**This area for improvement was made on 21 May 2018.**

### Action taken since then

There was lots going on within the service and most people had routines which included meaningful activity. However, there could be greater focus on movement, everyday activities such as washing up/ making a cup of tea. Staff were still "doing for" rather than "doing with" people they support. Support to go out to local shops also needed to develop as there was a lack of staff time to allow this to happen regularly. This has been commented on in Section 1 - How well do we support people's wellbeing? An updated area for improvement has been made.

Area for improvement is met.

## Previous area for improvement 3

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

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

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

**This area for improvement was made on 21 May 2018.**

### Action taken since then

A new recording system had been introduced with records kept in people's rooms so they could be signed by the carer who had administered the creams. This was being monitored to ensure good record keeping.

Area for improvement is met.

## Previous area for improvement 4

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

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

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

**This area for improvement was made on 21 May 2018.**

### Action taken since then

We observed fluids were freely available and encouraged by staff. Those people who needed extra support due to infection or frailty were put onto fluid charts and these were monitored by senior staff.

Area for improvement is met.

## Previous area for improvement 5

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

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

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

**This area for improvement was made on 21 May 2018.**

### Action taken since then

There was work in progress to improve the quality of the outdoor paths and spaces. The internal courtyard had good access but the doors were often locked. This still needs some work to use colour to highlight doors and ensure staff leave them unlocked when they are in the vicinity and able to supervise the area safely. This has been commented on in section 1 - How well do we support people's wellbeing? An updated area for improvement has been made.

Area for improvement is met.

## Previous area for improvement 6

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

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

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

**This area for improvement was made on 21 May 2018.**

### Action taken since then

All bathrooms were more homely and downstairs units had access to a wet floor shower and improved type of shower chair. This helps with accessibility and choice of facilities. Further development should take place by adding wet floor shower facilities to the large upstairs bathroom. A further increase in the range of shower chairs could also be beneficial to help ensure these facilities are accessible for all. This has been commented on in section 1 - How well do we support people's wellbeing? An updated area for improvement has been made.

Area for improvement is met.

## Previous area for improvement 7

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

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

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



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

**This area for improvement was made on 21 May 2018.**

## Action taken since then

The light levels were better, some areas still had shadows. The manager was aware and will continue to improve lighting levels.

Buzzer noise had been reduced and this was meant there was a more relaxed atmosphere.

Colour and contrast had been used in relation to doors and it was planned to extend this to all areas of the home.

Area for improvement is met.

## Previous area for improvement 8

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

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

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

**This area for improvement was made on 21 May 2018.**

## Action taken since then

Although no significant change had yet taken place, plans were in progress to define roles and responsibilities better for key staff. This involved "train the trainers" programme which meant staff were allocated key subjects which they would take forward as best practice leads within the service. Staff were encouraged to sign up to become dementia ambassadors. Outcomes in these subjects were observed to be good for people supported by the service.

This area for improvement is met.

## Previous area for improvement 9

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

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

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

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

**This area for improvement was made on 21 May 2018.**

## Action taken since then

A new quality assurance system was about to be introduced by the service provider. This is intended to inform the service improvement plan more comprehensively than the current use. The manager was able to improve the service over the last year using her own methods of tracking audits and prioritising improvements based on her own knowledge of the service. This proved successful in driving the service forward.

This area for improvement is met.

## Previous area for improvement 10

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

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

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

**This area for improvement was made on 21 May 2018.**

## Action taken since then

Staff were undergoing training in keeping with their role and responsibilities. Although the service had not yet engaged with the SSSC resource "Step into Leadership", this was still a possibility and is encouraged.

Area for improvement is met.

## 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	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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