

Castle Lodge Care Home Care Home Service

Kirkburn
Inverbervie
Montrose
DD10 0RS

Telephone: 01561 361206

Type of inspection:

Unannounced

Completed on:

1 October 2019

Service provided by:

Thomas Dailey trading as Kennedy Care
Group

Service provider number:

SP2003003646

Service no:

CS2007158513

About the service

Castle Lodge Nursing Home is registered to provide nursing care for up to 21 older people. The service is part of the Kennedy Care Group and has been registered with the Care Inspectorate on 1 April 2011.

The home is situated in the seaside town of Inverbervie, near to local amenities, and is convenient for local services and public transport. Accommodation is provided from a two-story building which holds a prominent position overlooking the seafront, offering spectacular views to the beach and out to the sea. The home is accessible via a passenger lift to all areas.

The aims and objectives for the service were:

- 'We aim to develop the highest quality of care for residents in the safest and most efficient way'.

What people told us

We received back six out of 24 Care Standards Questionnaires (CSQs) we sent to the service to randomly distribute to service users and their families and friends. We asked their views on 25 quality statements about the service's care, environment, staffing and management.

We also received six questionnaires from staff. We spoke with the management team and staff at the inspection.

Comments and feedback in these CSQs and in person:

From people in the service:

- "staff are marvellous"
- "I'm kept busy - always something to do"
- "staff are really nice"
- "very comfy here"
- "would be nice to have a garden"
- "I really enjoyed my long lie"
- "the meals are very good"
- "I enjoy all the activities".

From relatives:

- "care is excellent and I am kept informed of all issues with my mother who has dementia"
- "they are friendly staff and they treat my mother with dignity at all times - the atmosphere is always welcoming"
- "staff are conscientious, professional and friendly to the residents as well as the family and friends"
- "the staff are all very pleasant and friendly and hardworking doing a difficult job"

- "we feel a cordless phone would be much more convenient to enable calls to relatives rather than relatives having to take calls in someone's office
- "wasn't a good start but after a few days we were assured that our relative was being cared for well".

"The Castle Lodge staff (all employees) have given my late mother and father the greatest love, care and attention while they were residents. The staff have and still are the kindest people; we as a family are so grateful that they had a big part in varying for our parents - the staff went above and beyond for the care and support to them and us".

From staff:

- "it's a friendly staff team - we are all like family"
- "I wish they would fix things quicker"
- "training is really good"
- "we all pull together".

"I feel very well supported by my manager even though she is new in post I feel I can approach her for guidance advice and support - the staff at Castle Lodge all support each other and I feel we have a great team of staff".

"I feel extremely supported by my manager and operations manager all staff are looked after and supported - we are all treated equally and with respect any issues are dealt with timeously".

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 would expect that people were treated with dignity and respect and were reassured to observe sensitive interactions from all staff. People felt comfortable and valued as individuals. Staff knew people well and supported people in a warm and friendly manner. This approach was also extended to family, friends and visitors. We found a warm and homely atmosphere at the home, with staff working at a relaxed pace, which created a calm and friendly atmosphere.

We saw staff striving to support the promotion of meaningful days and interests, but there is a need to make further progress with this and embed practice. Care plans did not always have information about residents' interests and what was important to them to. Where interests were supported we saw that people enjoyed the experience, chat and social interactions. The service was making links with local schools and making community links with other organisations. This work is ongoing.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. We observed people who were in the lounge and dining room areas. We saw staff being very supportive, helpful and spending time chatting to people. Residents felt comfortable and we saw that where assistance was required, this was done quickly. We saw that staff were very familiar with how to recognise anxiety or distress and took appropriate action to support and comfort people.

It is important for residents to enjoy a healthy and balanced diet with access to plenty of drinks throughout the day. Intake of fluids was recognised by staff as important and we saw fluids being encouraged. Mealtimes were relaxed and the service was at a pace to suit each person. Assistance was available where this was required. We were told by people that the meals were very good and that there was also a choice.

We saw that there was good support from health care professionals, but we were not fully confident that senior / nursing staff always had a good overview, as we saw charts and monthly reviews which were not complete, and some recordings were limited in evaluation. This meant that evaluations were not accurate, and not all information was up to date. Although most staff knew people well, there was a potential risk that agency staff or unfamiliar staff would not have access to information - this could have a negative impact on an individual's outcomes by not knowing how to help and support people.

Medications were being managed better in line with good practice guidance. People were supported to remain well through the safe use of medications. However, there is a need to make sure that MAR (Medication Administration Record logs) are detailed when PRN (as required medication is given). The service should be mindful to remember and take photos to ensure that appropriate wounds care best practice was supported.

We were aware that the organisation was introducing a new care plan format, therefore, the plans would better support a person-centred individual approach. We saw that residents' reviews were carried out at the required six monthly intervals and there was evidence that relatives had participated in reviews, most minutes were signed. However, minutes would benefit from more evaluative and focused outcomes. We saw that there were missed opportunities to 'catch' successes and milestones. There is a continued need to further develop this area, introduce and embed the new system, promoting a person-centred approach.

The manager was keen to further develop meaningful days and encourage involvement and welcomed the introduction of the new person-centred care plan format.

Areas for improvement

1. There is a continuing need to ensure that practice is well led and directed and that the promotion of interests and activities is person-centred. Residents and/or their representatives should continue to be encouraged and enabled to play an active part in decisions about their care and support.

There is a continuing need for the monitoring and auditing of the provision of activities and interests and for the senior team to give guidance and support to promotion of supporting meaningful days.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22) and: 'People have time to support and care for me and to speak to me' (HSCS 3.16).

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 found that the service was performing at an adequate level in this area during this inspection. This meant that key areas of performance were required to improve.

We found that some support plans reflected the care and support that people required, however, we saw audit systems were not fully implemented by nursing staff. This meant that care plans were not always robust enough, or fully evaluated and that staff were not always fully apprised of a person's condition or what actions had been taken. There was a potential risk that staff would not have access to up to date information, which may have a negative impact on a person because information and assessments were not updated. We saw that 'resident of the day' had not been implemented as yet in the service, however, there was some confusion with nursing staff if this needed to be done or not.

Information was not always being recorded in the correct section in the care plan documentation which made it difficult to make evaluated assessments. Some staff were not fully apprised of residents' care plans. This resulted in confusion in the plan of care and the monitoring of fluids for someone.

People using services, and their relatives and carers were invited and attended six monthly reviews. We discussed with the service how reviews could be improved to ensure that care and support was outcomes focused and that the service was able to demonstrate that they were meeting people's assessed needs. The manager hoped that the introduction of the new care plan format would make care plan recording easier and more trackable. We also discussed with the manager and provider of the need to have a robust system in place to audit the 'comforts fund' for the home.

We found that the maintenance and repair requests were not fully acted upon. Systems in operation made it difficult to find out what action was taken when original maintenance requests were sent to the provider. This inaction or lack of tracking resulted in a delay in requests being actioned. We cross-referenced job sheets and maintenance requests and noted that there had been a delay in remedying this repair. The home did have access to another hoist, however, staff did say at the time it had been difficult. A replacement hoist arrived four weeks later.

A downstairs toilet had not been repaired nor working since February. The provider stated that miscommunication had created the delay. The toilet was replaced during the inspection. There had been issues with the call system and a repair although carried out for one room, left a bathroom area without a call system, wires were also left protruding from the socket. This was raised with the manager during the inspection and immediately repaired. The provider is presently reviewing the call system for the home.

A roof repair had been outstanding for many months; however we did note that there had been difficulties with contractors.

During the inspection the repairs and maintenance issues were carried out and work completed. However our discussion with the provider centred around the need to have a robust trackable system in place to ensure repairs or replacements were acted upon within a reasonable timescale.

We have made a requirement to ensure systems are improved and maintained to ensure environment and equipment is safe.

We noted that the provider had identified a number of maintenance issues within the home and had prioritised the work required. This has included a replacement kitchen, replacement dining room ceiling and the installation of new lighting system and fire safety work

The service now has a clearer reporting system in place to ensure the safety and comfort of residents, visitors and staff.

Requirements

1. In order to ensure that the concerns about the environment are responded to appropriately the provider must ensure a robust system is supported and enabled to ensure any maintenance issues are reported; and that the manager has a clear overview of issues and the provider ensures prompt action is taken to remedy repair or replace equipment.
2. The service/provider must have robust audit system in place to ensure appropriate maintenance schedules are in place for all equipment.
3. Maintenance checks must be thorough. All staff must ensure issues are reported and safety systems are fully implemented.

4. The manager/provider must ensure any significant issues and equipment breakdown is reported under notifications and actions followed up.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instruments 2011/210 10(2)(a)(b)(c)(d) a regulation regarding the fitness of premises and Health and Social Care Standard (HSCS) 5.17: 'My environment is secure and safe' and: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment. (HSCS 5.22)

Timescale: Service must be compliant by 20 October 2019 as discussed and agreed at the service feedback on 1 October 2019

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	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good

How 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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