

## Pitkerro Care Centre Care Home Service

146 Pitkerro Road  
Dundee  
DD4 8ER

Telephone: 01382 214520

**Type of inspection:**

Unannounced

**Completed on:**

24 June 2020

**Service provided by:**

Pitkerro Opco Ltd

**Service provider number:**

SP2011011698

**Service no:**

CS2011301452

## About the service

Pitkerro Care Centre is situated in large grounds near to a residential area in Dundee. The home benefits from adequate car parking and secure garden areas accessible from the ground floor units of the home. Local amenities are available a short distance from the home and the home itself is easily accessible using public transport.

Accommodation is provided in four units set over two floors, with each unit having a sitting room and/or kitchen/diner. All rooms are single and have en-suite facilities.

The home provides both residential and nursing care for up to 70 older people with a range of care needs and is operated by Pitkerro Opco Ltd.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate and Health Improvement Scotland.

## What people told us

The views of people using the service were not formally gathered. We did speak with a few people who expressed satisfaction with the care they were receiving and that they were being kept busy with the activities on offer.

## 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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 2 - Weak

#### 7.1 - People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Our focus in this inspection area was to establish if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We also wanted to ensure that people experienced high quality care and support that was right for them.

People were being supported to stay both physically and mentally well during the current situation.

We could see from records that regular contact with family and friends through telephone calls and video chats were being carried out. As a result people could feel less isolated. People's temperatures were being monitored daily to support early detection of any infection.

People were supported where appropriate, to move freely throughout the open spaces within the home to help reduce any stress or distress. People were supported to have access to food and drink while in their own rooms and if they needed help, this was carried out in a dignified way with their personal preferences respected. People who required support received this and this was clearly documented.

The way people spend their day should promote feelings of purposefulness and wellbeing. We heard lots of good feedback around the range of activities for people to choose from. This included lots of in-house activities such as arts and crafts, sing a long time and movies. This enhanced people's feelings of wellbeing.

The service had made positive use of the electronic care planning system to help ensure that people's needs were documented and communicated to the staff team. We found that staff regularly referred to the prompts in the electronic devices that were linked to the care planning system. This meant that they knew when people had specific needs that they needed to respond to, particularly actions to help with pressure relief, to support them with eating and drinking, as well as other actions specific to their needs. Some people needed equipment to reduce the risk of them falling. This should be put in place with their agreement or the agreement of the relevant person. This had not been done and people could be at risk of this equipment being a restraint to freedom to stand up or walk around. (See requirement 1 below)

We were able to establish that the service continued to be responsive to people's healthcare needs during the pandemic. There was good evidence of input from external professionals to support people with non-COVID related issues. It was also clear that staff were considering possible COVID related symptoms that people presented with and were discussing these with the relevant people. We were able to confirm that testing was considered as part of this approach. This contributed positively to people getting the treatment and support they required. Examination of medication administration records identified medications were always available and people were supported to receive their prescribed medications. This again could provide assurance that people could get the treatment they needed.

Time spent with people living here confirmed that they felt safe and secure without being over protected. Distress was managed effectively, resulting in a relaxed atmosphere and without discriminating against someone with obvious cognitive impairment. A climate of inclusion was also evident at mealtimes and group activities. We looked at care plans for people around this and found that there was good information in place to guide staff on how best to care for them. We could see where the home was linking with the Care Home Liaison Mental Health Team for support to help address this.

We found that the service had been responsive to both local and national guidelines for restricting non-essential visitors to the home during the pandemic. In response to this the provider had developed guidance around supporting people during end-of-life care. The guidance included ensuring staff sought family input about how best to support their relative and people were supported to have visits from people important to them at the end of their lives.

## **7.2 - Infection control practices support a safe environment for both people experiencing care and staff**

The home was found to be clean and tidy in most areas. Occupied rooms were well maintained and furnished appropriately which helped to make rooms feel personalised and homely. Staff told us there was a good supply of PPE which helped them to minimise the spread of infection. Domestic cleaning had been increased to help maintain a clean and safe environment.

The laundry was found to be clean, tidy and well organised. Clean areas were separated from potentially contaminated areas. Laundry was washed at suitable temperatures to minimise the spread of infections such as COVID. The laundry was well lit and ventilated.

We found several general bins to contain PPE. The staff and manager were unaware of how PPE should be disposed of safely. There was a lack of clinical bins throughout the home. Larger clinical bins must be in place in bathrooms and individual assessments of residents' needs must be carried out to determine the size of clinical bin required in residents' rooms. Clinical bins must be clearly identifiable to ensure waste is disposed of effectively. External bin areas were found to be clean and organised. A chair adjacent to the bin areas must be uplifted to minimise the spread of infection. (See requirement 2 below)

Staff explained the isolation processes for people who have COVID-19, however we observed several residents were sitting close to each other. We understand the challenges associated with social distancing in care homes, particularly for residents who have dementia. Excess chairs should be removed from communal areas to improve social distancing measures. This was discussed with the manager at feedback.

Potentially contaminated laundry was passed down to the laundry via a chute. However, clean linen was also stored in this area. Clean linen must be removed from this area to minimise the spread of infection. This was discussed with the manager at feedback and immediate action reported to relocate excess clean linen as an interim measure. (See area for improvement 1 below)

Aerosol Generating Procedures O2 were in place in the home however, the residents' room door did not have a sign in place to highlight this. Rooms which have oxygen in progress must be identifiable, particularly during periods of potential infections such as COVID. This was discussed with the manager at feedback and the presence of signage confirmed during a follow up telephone call.

A few of the rooms smelled of urine. We were advised that some residents were doubly incontinent, which posed certain challenges associated with cleanliness. Carpets must be cleaned frequently or replaced with more suitable flooring. (See requirement 3 below)

## **7.3 - Staffing arrangements are responsive to the changing needs of people experiencing care**

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We spoke to staff during our visit and they told us that they had received training in infection control, COVID-19 and the safe and effective use of personal protective equipment (PPE). Because staff had accessed this training, they were able to describe the changes in

practice they have had to make during the pandemic and how they were supported to keep themselves and people who use the service, safe. Although staff told us they had been trained, we saw that PPE was not always disposed of appropriately. Requirement 2 recorded under 7.2 applies.

We saw that throughout the service there was PPE available that staff could access when they needed to and we saw staff were wearing appropriate PPE for the tasks they were undertaking. Staff told us they felt safe at work and they were able to explain when and what PPE they should be wearing.

Staff were working hard to manage physical distancing and on the whole people were supported to maintain a safe distance. Staff explained some of the people they supported were not able to fully understand how to socially distance despite the best efforts of the staff and could become distressed when staff kept a safe distance.

People were supported by staff who knew them and how they liked to be supported. This inspection was supported by a newly appointed manager who benefited from the support of an experienced staff team who had a real strength of knowledge around the people in their care.

Staff told us they had good support networks in place. These included access to advice and support from senior staff and strong peer support. Staff told us they felt well supported and that they looked out for each other. These arrangements have helped staff to cope and to work effectively during a very challenging time.

## Requirements

1. The provider by 09 July 2020 must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure that;

the use of sensor mats (a form of restraint) must be supported by evidence of discussion and agreement with the service user and/or their representative.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice'. (HSCS 2.6)

This is in order to comply with: Regulation 4(1)(a)- a requirement to make proper provision for the health and welfare of people. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210),

2. The provider must by 09 July 2020 make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure that:

- a) all Personal Protective Equipment including gloves, aprons and masks are disposed of safely; and
- b) ensure staff receive and implement safe practice in relation to the safe disposal of PPE and waste.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I use a service and organisation that are well led and managed'. (HSCS 4.23)

This is in order to comply with: Regulation 4(1)(d) A provider must where necessary, have appropriate procedures for the prevention and control of infection. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. The provider must by 09 July make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure carpets are cleaned frequently or replaced with more suitable flooring.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I use a service and organisation that are well led and managed'. (HSCS 4.23)

This is in order to comply with: Regulation 4(1)(d) A provider must where necessary, have appropriate procedures for the prevention and control of infection. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. People who use services can expect to be protected from avoidable harm from potentially contaminated laundry coming into contact with clean to minimise the spread of infection.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate



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