

Castlegreen Care Home Service

160 Greendykes Road
Craigmillar
Edinburgh
EH16 4ES

Telephone: 0131 657 8320

Type of inspection:
Unannounced

Completed on:
12 November 2020

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

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".

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 from the Care Inspectorate and an advisor from NHS Lothian.

What people told us

We spent time with people in different units of the home.

Some of the residents and people we spoke to told us:

"I am happy here".

"Staff are kind and friendly".

"Staff are doing their best for us".

"I have had issues with items not being returned from the laundry".

We observed people receiving care appeared to be happy and relaxed in the setting and in their interactions with the staff team.

Family members and relatives, we spoke over the phone, were mainly positive about the engagement with the service over the period of the pandemic. We were told:

"The facetime calls make such a difference. They give my mum their phone and go away so we can chat. The carers have been fantastic, I can't fault them. The carers go above and beyond, they are fantastic".

"If there is ever a problem, she would say, I want to speak to my daughter and staff would get her on the phone to me and I would chat with her".

Some relatives felt communication was inconsistent and in particular, about visiting arrangements, had not always been managed well.

"I phoned one Sunday to organise a visit and was told visiting is off".

"When we call it would be nice to speak to someone straight away instead of getting through to a switchboard".

Relatives were complimentary about the care provided by the staff in the service over the period of the pandemic.

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?	3 - Adequate
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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?

3 - Adequate

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

We evaluated how well people's health and wellbeing was supported. We concluded that this was good with several important strengths.

We found that people who used the service were being well cared for in a homely environment. Residents looked relaxed around staff and staff knew residents well. Caring interactions were observed between staff and residents.

Aspects of the home's usual activity programme that could continue were taking place with the introduction of some new ways for supporting people through the pandemic, including more individual time when people are in their bedrooms. This gave people enjoyment and helped them keep occupied.

We could see that people had drinks in front of them on their bed tables whilst in the bedroom. Jugs of juice were also there to keep them replenished, the jugs were dated with the days date, this ensured they were fresh. The fridge had good supplies to fortify food if required.

People were supported to maintain contact with their family and friends using the telephone, electronic tablets, window visits. Indoor and garden visits had been carried out in the service in line with government guidance, but these had to be stopped due to an outbreak of COVID-19 in the service.

People could be confident that COVID-19 symptoms would be identified and appropriate escalation of any concerns to health professionals would be made, so that they received the right treatment at the right time. There were good links to external health professionals, which included a weekly GP visit.

People's personal plan was being continually evaluated to ensure that it was kept up to date. This meant staff had the guidance they needed to ensure that people were well cared for in a way that reflected their changing needs. We reminded the service to ensure that records of wound care needed to be separated to ensure correct treatment plan was followed.

There was COVID-19 well-being care plans in place to offer guidance to staff about people preferences and choices. Welfare checks were being carried at least every hour, these included checks of people's positioning, if they required a drink or snack. This ensured people's needs were being responded to.

Staff recorded the temperature of staff and visitors when entering the care home. They also did daily temperature checks for everyone who was living at the care home to monitor their health and wellbeing. This helps ensure that changes to people's health is attended to promptly.

Some staff were not aware of recent changes to the management and storage of end of life medication. The regional manager was aware of this and assured us that this area would be addressed.

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

We evaluated how well infection control practices support a safe environment for people experiencing care and for staff. We concluded that this was good.

People experiencing care benefited from staff who were knowledgeable and promoted good infection control and prevention practices.

Personal Protective Equipment (PPE) was readily available, and staff wore appropriate PPE to keep people safe. Handwashing facilities were available throughout the home as was hand sanitiser. The staff had a good knowledge of the PPE and were able to demonstrate this throughout the day whilst being observed donning and doffing PPE correctly.

People benefited from a range of ways to promote physical distancing, communal areas had been adapted to promote and ensured that the service was managing physical distancing effectively for both residents and staff.

Staff were aware of what cleaning products to use around the care home. The service had enough domestic staff working in the care home. Cleaning schedules were in place in each room to assist staff. Arrangements were in place to ensure that frequently touched surfaces like handrails, light switches were being cleaned regularly throughout the day. The general environment was clean, tidy and free from any offensive odours.

We saw there was a good laundry process on site, laundry staff we spoke with described washing contaminated and infected linen at the highest temperature.

The management of the outside clinical waste bins needed to improve to ensure they were always locked. The services management team acknowledged the concerns raised and agreed to address this immediately.

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

Our focus in this inspection was to establish if the staff had the right knowledge, skills and competence to support people in relation to COVID-19. We found some strengths that just outweighed weaknesses resulting in an evaluation of adequate in this area of inspection. These strengths had a positive impact on people's experience and outcomes.

Staff came across as motivated and having a clear focus on people's wishes and needs. People's abilities and strengths were also appreciated, and we saw examples where people's independence was being promoted. People had positive relationships with staff who knew them well and respected their wishes. Staff interactions with people were responsive when carrying out the care and support tasks to meet the individual needs of the people receiving care.

Overall, staff were using PPE appropriately. There were two staff members who were unable to wear masks for medical reasons. We discussed the need for the staff to be redeployed to roles where the wearing of masks is not essential.

We could see from training records and from our observations that staff practices were in line with good infection control guidance.

We saw staff were working hard to care for people. Staffing arrangements had not always been stable, so providing consistency and normality was not always being achieved to the people experiencing care. Efforts were being made to improve this by using regular agency staff.

Staff are taking part in the weekly staff testing programme.

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

Requirements

Requirement 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).

This requirement was made on 19 March 2019.

Action taken on previous requirement

Focused COVID-19 inspection. This was not assessed at this inspection.

Not assessed at this inspection

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 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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not assessed at this inspection.

Previous area for improvement 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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not assessed at this inspection.

Previous area for improvement 3

The provider should make proper provision for people's 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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not assessed at this inspection.

Previous area for improvement 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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not fully assessed at this inspection.

The service have made efforts to keep as much of the home's usual activity programme continued. They had introduced new ways for supporting people through the pandemic, including more individual time when people are in their bedrooms.

Previous area for improvement 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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not fully assessed at this inspection. We did however, observe the service had adapted the dining room areas to support physical distancing of the people receiving care.

Previous area for improvement 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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not assessed at this inspection.

Previous area for improvement 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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not assessed at this inspection.

Previous area for improvement 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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not assessed at this inspection.

Previous area for improvement 9

To effectively support individual's 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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not assessed at this inspection.

Previous area for improvement 10

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)

This area for improvement was made on 19 March 2019.

Action taken since then

Focused COVID-19 inspection. This was not fully assessed at this inspection.

We did note that people's personal plan were being continually evaluated to ensure that it was kept up to date. This meant staff had the guidance they needed to ensure that people were very well cared for in a way that reflected their changing needs. There was COVID-19 well-being care plans in place to offer guidance to staff about people's preferences and choices.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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