

Canmore Lodge Nursing Home Care Home Service

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Dunfermline
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Type of inspection:
Unannounced

Completed on:
6 January 2021

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142850

About the service

Canmore Lodge Nursing Home is a well-established care home that is owned and managed by Barchester Healthcare Ltd. It is a purpose-built care home, situated in a quiet area on the fringe of Dunfermline town. The contemporary property is a single storey and has been designed to provide disabled access. The home can accommodate 72 people. It provides care to people living with dementia in Memory Lane unit and frail older people with physical disabilities in Carnegie unit.

The building is set in a well-tended landscaped garden with adequate car parking at the front of the home. The home is close to local facilities and is on a bus route.

Barchester's values document states:

"We are proud of our culture at Barchester Healthcare. It is something we've built by sticking to our principles and listening to our employees. Our purpose is to provide a premium caring experience delivered by our great teams to those we care for.

Know and live our values.

Respect - Considerate to one another and the people we care for.

Integrity - Honest, fair and open in our actions.

Responsibility - Personally committed to providing excellent care and customer service.

Passion - About our company and in our approach to everything we do.

Empowerment - Valued, trusted and motivated to do the right thing".

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 two inspectors from the Care Inspectorate and an inspector from Healthcare Improvement Scotland.

What people told us

We spoke informally with some residents during our inspection. They told us they were very happy living at Canmore Lodge and expressed no concerns.

Some residents were unable to tell us verbally about their experience of living at Canmore Lodge. To help us understand their experiences, we spent some time observing how they interacted with each other and staff. We saw lots of positive, friendly, and respectful interactions, and people appeared to be happy and relaxed in their environment.

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?	4 - Good
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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?

4 - Good

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. We graded this section of the inspection as being 'very good'. This evaluation applies to performance that demonstrates major strengths and where there are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes.

People were being supported to stay both physically and mentally well during the current pandemic. People were supported to have regular contact with family and friends through telephone calls and virtual technology. The service had developed a visiting suite to enable visits to take place between people and authorised relatives in accordance with the most up-to-date guidance. Supporting visits and using technology helped people to be connected and contributed to people's feeling of wellbeing.

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. Staff were supporting people to take part in one-to-one activities as well as small group activities. Daily exercise groups, flower arranging and games of bingo were amongst some of the activities people said they really enjoyed. We were able to observe many interactions throughout our inspection and we saw that staff appeared respectful and enthusiastic in their role. We saw that people were comfortable with staff and enjoyed their company. This enhanced people's feelings of wellbeing.

Although the service had anticipatory care plans in place, these lacked details of individuals' personal preferences. It would be good practice for the service to develop end of life care plans for all people. These care plans provide an important opportunity for people to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell. The manager agreed to ensure these were completed for everyone. **(See Area for Improvement 1).**

Examination of medication administration records identified medications were always available and people were supported to receive their prescribed medications. We found that management had an overview of key areas including weights, falls and skin integrity which can alert staff to significant change in people's health and wellbeing. This provided assurance that people could get the treatment they needed.

We could see that the service continued to be responsive to people's healthcare needs during the pandemic. There was very good evidence of input from external professionals to support people with non-COVID-19 related issues. It was also clear that staff were considering possible COVID-19 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 helped people to get the treatment and support they required.

We were confident that people's needs were being attended to. People we spoke with confirmed they got plenty to eat and drink and were well cared for by the staff.

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. We heard how family members were supported to be with their relative during this period and the service understood the importance of this compassionate approach.

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

During an outbreak of COVID-19 the application of strict infection control procedures is paramount to make sure the risk to people safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of all people experiencing care and staff.

There had been a recent outbreak, including a number of staff testing positive. At the time of our inspection the 28 day restrictions period had just been completed. Visiting was in line with national and local guidelines for Tier 4.

We found the performance of the service in relation to infection control practices to support a safe and clean environment to be good.

We found the service had good supplies of personal protective equipment (PPE) and staff knew how to access it. The PPE was situated at the entrance the home and at many PPE stations. PPE includes the wearing of masks by staff and visitors in all parts of the home. We saw staff and visitors wearing masks appropriately, to reduce the risk of transmission of air borne infections.

We saw staff performing hand hygiene at the key points of providing care and when entering or exiting different areas of the home. Staff were seen to perform hand hygiene before and after providing care to individuals, before tasks such as serving meals and after touching frequently touched surfaces. However, we saw that while carrying out a single task for a number of people hand hygiene was not always performed between people for example when visiting multiple rooms to get menu selections or after assisting one person to the dining room before the next. **(Area for improvement 2).**

People should experience an environment which is well looked after with a clean, tidy and well maintained premises, furnishings and equipment. There was a good supply of cleaning equipment, products and solutions (including chlorine releasing agents) which were suitable for a range of cleaning purposes and used according to guidelines. We found level of cleanliness in the majority of the home to be good. The bedrooms, ensuite toilets and communal areas were found to be clean and tidy. However, we highlighted a number of small areas that required further cleaning, this was completed prior to the end of our inspection.

We saw the majority surfaces to be well maintained however, some of the handrails, doors, frames, and equipment surfaces and finishes were worn away preventing effective cleaning. We were told that the repair of these would be scheduled. **(Area for improvement 3).**

Equipment used to care for people was seen to be clean and free from dirt or contamination. However, a small number of items were seen to need repair or replacement, these could have been identified by staff or management. Management agreed to ensure these items were repaired or replaced as soon as possible.

In order to support the standards of cleanliness throughout the home additional cleaning duties are scheduled and completed by care staff.

We saw that laundry and waste including clinical waste was managed appropriately additional clinical waste collections had been arranged when necessary.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and there were two opportunities each week for staff to be tested. Staff were able to be tested during their days at work, resulting in a high rate of compliance.

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

We evaluated that the service was performing at a very good level in relation to how staff were responding to peoples' changing needs. This evaluation applies to performance that demonstrates major strengths and where there are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes.

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. Staff had completed infection control training which included a COVID-19 module. All staff had received training in donning, doffing and disposal of PPE in accordance with Health Protection Scotland guidance. Staff were observed putting what they had learned into practice and told us they were confident they were carrying out their roles safely to maximise the safety of all in the home. PPE was available in several locations throughout the home. Staff ensured essential visitors were complying with protocols, for example wearing masks, hand sanitising, safe distancing and temperature recording. Changes and updates in legislative/best practice guidance were discussed during daily handovers and hard copies placed in staff rooms for reference. A very high percentage of staff had also completed the organisation's regular mandatory training. This meant they were keeping their skills and knowledge up to date in all relevant aspects of care delivery.

Staff described how they would recognise the symptoms of COVID-19 in themselves and in an older person. They knew when it was safe to attend work and when to stay at home. Weekly staff testing was in place and management supported staff to follow national COVID-19 guidelines.

Many people chose to spend most of their time in their rooms. Those who had difficulty complying with safe distancing due to cognitive impairment or who chose to be in the communal areas were being supported to either move around the unit safely or physically distance from other residents in the lounge areas. We saw staff physically distancing from each other whilst moving around the home. The manager and staff were very aware of their responsibility to physically distance whilst supporting us in our inspection activity. The home had made a visiting suite indoors adjoining an external exit which comprised of a sealed transparent partition and sound system. This enabled people to visit their loved ones in a comfortable setting whilst keeping them safe.

Staff told us they felt confident supporting people in all areas of the home. They felt there were enough staff to meet individual people's needs. Even during the COVID-19 outbreak extra staff were on each shift to provide care and support to people considering their increased dependency. During the recent outbreak of COVID-19 the home had experienced a large depletion of staff due to self-isolation. The commitment from non-isolating staff and Barchester (supplying staff resources from throughout the organisation) ensured people's needs were still being met by staff who knew organisational policies and procedures and expected standards.

Staff told us management was very supportive and they worked in a very supportive team. During the recent outbreak of COVID-19 staff who had to isolate at home were contacted every day by management to enquire about their wellbeing and offer support. Staff told us this made them feel invaluable. They benefitted from knowing there was an external body to speak with to share concerns and alleviate their anxieties. They also had the opportunity to discuss operational issues and any concerns during regular supervision sessions.

Areas for improvement

1. The service needs to complete the end of life care plans for all people in the service, to ensure their needs and wishes are respected should they become unwell.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17)

2. In order to reduce the risk of cross contamination staff should ensure they follow best practice guidance and that hand hygiene is performed at every opportunity.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organizational codes'. (HSCS 3.14)

3. The provider should ensure that all maintenance issues including damaged surfaces are reported and repaired in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.21)

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 good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	5 - Very 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	5 - Very Good

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