

Castlegreen Care Home Service

160 Greendykes Road
Craigmillar
Edinburgh
EH16 4ES

Telephone: 01316 578 320

Type of inspection:
Unannounced

Completed on:
26 March 2021

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 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, a 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".

A focussed inspection to evaluate how well people were being supported during the COVID-19 pandemic took place on 2 March 2021. This inspection focussed on the requirements and area for improvement that were made at the previous inspection.

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

What people told us

At the time of the inspection there were 32 people experiencing care in Castlegreen care home. We spoke to five people, their comments included:

"The staff always tell me what they're up to and where they're going to be if I need them".

"They're looking after me OK".

"People are understanding of my needs".

"You can have a laugh with some of them".

"The food is OK, but there could be more".

"I'm well looked after".

"We enjoy each other's company in here".

Overall, people spoke very favourably about the care they experienced and their relationships with the staff team.

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

During this inspection we focussed on the progress that had been made in meeting the two requirements and one area for improvement of the previous inspection report. Details of progress in these areas are noted under the following two sections of this report:

- what the service has done to meet any requirements made at or since the last inspection

and;

- what the service has done to meet any areas for improvement we made at or since the last inspection.

We assessed that one requirement we made after the previous inspection was met.

We assessed that the other requirement was largely met, but that there were outstanding actions needed. We therefore made an additional area for improvement.

This inspection focussed on improvements required from the COVID-19 focussed inspection on 2 March. We did not assess the outstanding areas for improvement from previous inspections.

Areas for improvement

1. The provider should ensure that outdoor clinical waste bins are stored in a way that enhances public safety. Bins should be locked and stored in an area that cannot be accessed by the public. This would reduce the risk of infection and contamination from clinical waste disposed of by the service.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22)

See also COVID-19: Information and Guidance for Care Home Settings (Adults and Older People) Version 2.1. Publication date: 31 December 2020.

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

Requirement 2

By 22 March 2021 you must ensure that safe infection control practices are always followed. In particular, you must:

- a) Ensure that all PPE is stored in covered units and fully stocked.
- b) Ensure that PPE stations and clinical waste bins are available at appropriate locations.
- c) Ensure that staff practice in the use of PPE is consistently appropriate.
- d) Ensure that outside clinical waste bins are kept locked at all times.

This is in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 2 March 2021.

Action taken on previous requirement

When we visited on 24 March we found improvements in this area. All Personal Protective Equipment (PPE) was stored in covered units to ensure it remained dry, clean and free from contamination. Drawer units had been purchased to stock PPE in and PPE stations were fully stocked.

Wall mounted PPE stations and clinical waste bins were available at appropriate locations throughout the home. We suggested placing clinical waste bins in dining rooms as this would ensure that staff would not have to leave dining areas to dispose of clinical waste after cleaning up any bodily fluids.

Staff displayed good practice in their use of PPE. Staff were able to explain to us processes for donning (putting on) and doffing (taking off) PPE and its safe disposal. Staff wore the correct PPE applicable to the task they were carrying out and used alcohol based hand rub at appropriate intervals. This helped support a safer environment both for staff and for people experiencing care.

Outdoor clinical waste facilities had improved. Bins were accessible with a key which was kept inside the home. Checking that the bins are fully locked after use had been added to the daily staff allocation sheet. Maintenance records showed that the locking of bins is checked regularly and spot checks were also carried out by senior staff to ensure bins were locked.

Two outdoor clinical waste bins were found to be closed, but not locked. This was raised with the manager. Ways in which this could be improved were discussed. We explained this was a public safety concern due to the bins being in an area that could be accessed by the public. Although progress has been made with additional checks and procedures, we made a new area for improvement due to this concern.

Met - within timescales

Requirement 3

By 22 March 2021 the provider must ensure that all areas, care equipment, fixtures and furniture in the home are cleaned and maintained in a way that supports effective infection control. In order to achieve this the provider must:

- a) Undertake a review of cleaning processes.
- b) Undertake a review of quality assurance processes.
- c) Ensure staff are competent in the cleaning and decontamination of the environment and equipment in line with current guidance and carry out their duties accordingly.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22)

This requirement was made on 2 March 2021.

Action taken on previous requirement

The home had undertaken a review of cleaning processes. Checklists showed that different areas of the home were systematically cleaned three times daily. A separate checklist was in place for frequently touched points. These areas were cleaned five times each day and schedules were signed off by staff when completed. Charge nurses checked cleaning tasks were completed correctly and passed this information to management.

The manager had implemented a system of spot checking cleaning in the home twice weekly. Monthly infection prevention and control audits had also been implemented. The service had created an action plan to highlight follow on work required from their auditing processes and the manager encouraged involvement in this from staff, people experiencing care and their relatives.

Staff displayed confidence when carrying out cleaning duties and when decontaminating equipment. Staff spoke knowledgeably regarding cleaning materials used and their purpose and understood that chlorine based solutions were required to combat the spread of COVID-19. Staff felt confident the home had improved in this area. One staff member told us:

"It feels the home is getting back to where it should be".

The home was bright, fresh and welcoming throughout. All areas were clean and tidy with no clutter. There were clear efforts at maintaining social distancing in communal sitting and dining areas.

Met - within timescales

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 should ensure that the infection control champion role is fully embedded. This would help to support staff in their role and to ensure up-to-date practice guidance is shared with and understood by all staff. The champions could be involved in observation of staff practices to support them in their role.

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

This area for improvement was made on 2 March 2021.

Action taken since then

Plans were in place to train all registered nurses as infection control champions and to date eight had completed this comprehensive training. Once complete, the champions will go through this training with their individual teams.

There was a role descriptor for infection control champions which was defined in policy. The key aspects of the role are:-

- help develop high standards of infection prevention and control
- improving poor practice
- act as a point of contact
- cascade knowledge
- be a role model
- conduct/support audits
- maintain a safe environment.

Charts in each unit of the home showed who the infection control champions were so that staff knew who to go to for advice. A note at the entrance to the home showed which infection control champions were on duty and this was also highlighted in the staff rota.

The infection control champions supported staff with handwashing and the donning and doffing of PPE by providing training and observing practice.

It is too soon to confirm that the role is fully embedded in practice, but good progress has been made. The inclusion of this area on the service action plan provides assurance that this progress will continue.

Previous area for improvement 2

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

This area for improvement was not assessed at this inspection.

Previous area for improvement 3

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

This area for improvement was not assessed at this inspection.

Previous area for improvement 4

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

This area for improvement was not assessed at this inspection.

Previous area for improvement 5

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

This area for improvement was not assessed at this inspection.

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

This area for improvement 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

This area for improvement 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

This area for improvement 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

This area for improvement 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

This area for improvement was not assessed at this inspection.

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?	3 - Adequate
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	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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