

## Castle Gardens Care Home Care Home Service

Castle Avenue  
Invergordon  
IV18 0LW

Telephone: 01349 854 080

**Type of inspection:**  
Unannounced

**Completed on:**  
26 May 2021

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300648

## About the service

This service registered with the Care Inspectorate on 31 October 2011.

The provider is HC-One Ltd.

Castle Gardens Care Home is registered to provide a care service to a maximum of 38 older people, including people living with dementia, mental health problems, physical and sensory impairment. At the time of the inspection there were 23 people living in the service.

Castle Gardens Care Home is a purpose built home located in Invergordon. There are 37 single bedrooms, three of which could be used as double rooms, within the maximum number of registered places. Bedrooms have en-suite toilet and wash hand basin. One bedroom has shower facilities. There are a number of communal rooms, lounges, dining rooms, bathrooms, showers and toilet facilities situated throughout the home.

The provider's aims stated:

'We strive to provide all our residents with the highest standard of individualised care. We will do this within a warm, friendly, homely and supportive environment, where quality of life is paramount and where residents' rights, habits, values and cultural background are safeguarded and respected.'

'We value the life experiences and knowledge of every resident. We will spend time with every resident so that they can help us fully plan their care, which will include opportunities for fulfilment and responsible risk taking.'

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.

## What people told us

The timing of our visit meant we had limited opportunity to talk with people who live in the service. We spoke with seven relatives by telephone. Feedback about staff and the care and support people received was positive. Comments included:

"Staff are very keen to do their best for my relative."

"I can't fault these staff. I have no qualms with the care my relative is receiving from them."

"I can't complain. The staff are absolutely super."

Some relatives felt that the home's communication with them could be improved. One person explained, "The lack of clear and in time communication is a problem."

However, all relatives expressed confidence that concerns would be addressed. A relative confirmed, "Any concerns we had, have been miniscule, and we were able to phone or speak to someone about them and they are addressed."

## 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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**4 - Good**

We evaluated the service to be performing at a good level. There were a number of important strengths that clearly outweighed the areas for improvement.

Staff consistently treated people with compassion, dignity and respect. One person explained, "I just like that staff treat me as I would treat them." We saw meaningful conversations between people and staff and one relative commented, "Staff in the home are respectful and kind."

The home had a welcoming and relaxed atmosphere. People and their relatives told us that they were happy with the care and support received. A relative explained, "My family member transferred from another care home. This home has addressed their needs. They are making a good effort, and he is coming on in strides. He lost weight before, but has gained weight here. They have managed that well. We can see he is properly cared for and well fed."

Most people were delighted that the home had re-opened to indoor visiting, although not all relatives had been offered an opportunity to visit. For example, a family member confirmed, "Mum gets the indoor visit, so I only see my relative outside." We discussed the importance of ensuring indoor visiting was consistently supported in line with guidance.

We saw that people were encouraged and supported to remain active. People were seen to take the lift to move between living areas, and people were able to move freely between indoor and outdoor spaces.

Whilst the home had a detailed group activities program one family member told us, "My relative never listened to country and western music. It wasn't what they wanted or would have wanted. I think they have

just been pushed into liking it." We discussed the importance of developing one to one activities based on people's personal preferences. (see area for improvement 1).

The menu was varied and people were encouraged to choose what they wished to eat and drink. Food was freshly cooked onsite, and was well presented. People told us how much they enjoyed their meals.

Whilst the home had positive working relationships with external health practitioners which meant any changes in people's health and care needs were promptly attended to, inconsistent supply of products meant that people's health and care needs were not being met as intended. For example, one external health practitioner explained, "The home has not been able to use the wound care products I have asked for." This meant that people's wound care was potentially compromised, which could lead to further complications. We discussed the importance of the home undertaking a review of their order and supply systems to identify improvements that would support positive outcomes for people. (see area for improvement 2).

The home had a good medication management system with evidence of regular reviews to ensure people's medication needs were being met. However, medication supply was inconsistent. For example, one person's daily medication had not been administered for five days. This meant that people's medication needs were not being met which could lead to health complications. We discussed the importance of establishing a robust supply system that ensured medication was administered as intended to meet people's health and care needs. (see area for improvement 2).

## Areas for improvement

1. The provider should ensure that people are free to participate in one to one activities of their choosing, which reflect their personal choice, wishes and preferences.

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

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25) and "I can maintain and develop my interests, activities and what matters to me in the way that I like." HSCS 2.22)

2. The provider must ensure that where there is a delay in accessing health and care products essential to maintaining people's health and wellbeing, that this is discussed with them and a suitable alternative sourced to ensure people's health and care needs are consistently met.

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

"My care and support meets my needs and is right for me." (HSCS 1.19) and "If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative." (HSCS 4.22)

## How good is our staff team?

**4 - Good**

We evaluated the service to be performing at a good level. There were a number of important strengths that clearly outweighed the areas for improvement.

During the inspection there were enough staff to meet people's health and care needs. It was obvious that most staff knew the people they were caring for. We heard staff refer to people by their preferred names, and talk to them about things that were important to them. This contributed towards positive relationships with people and their relatives.

Staff numbers were regularly reviewed and had recently increased as the number of people living in the home had increased. Registered nurses were allocated on each shift to ensure that people's nursing care needs were met. People spoke positively about staff. One relative explained, "They are absolutely super. They know all the relatives by name, and before Covid-19 you could always get a natter with them. It will be nice to get back to that. It's a family atmosphere."

The staff team were well led and worked well together. Staff said the new manager was supportive and spoke of feeling valued in their work.

Staff practice was regularly monitored and the information gathered was used to inform training plans to provide them with the skills and knowledge to maintain people's health and wellbeing.

Records demonstrated that staff had attended regular training. Staff told us that they had the right training to enable them to meet people's health and care needs. This meant people could have confidence in staff to maintain their health and wellbeing.

Whilst some staff had participated in a supervision meeting, this was not the case for all staff. We discussed the importance of these meetings to provide staff with an opportunity to directly reflect on practice, discuss potential concerns and identify training opportunities that would enable them to meet people's changing health and care needs. (see area for improvement 3).

### Areas for improvement

1. The provider should implement a structured system of supervision and appraisal. These meetings should provide staff with an opportunity to directly reflect on practice, raise potential concerns, discuss changes in guidance and identify learning opportunities as relevant.

This is in order 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 and are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14).

### How well is our care and support planned?

**4 - Good**

We evaluated the service to be performing at a good level. There were a number of important strengths that clearly outweighed the areas for improvement.

People's plan of care had enough detail to direct staff to enable them to meet people's health and care needs. A relative told us, "I am very pleased with the care. When I visited a couple of times I saw my relative wince, as if in pain. They adjusted her medication and now it doesn't happen any more."

We found that people's plan of care was not consistently person-centred or outcome focussed. This meant

that care could be inconsistent and not respectful of people's individual needs and preferences. (see area for improvement 4).

Relatives told us that they were kept informed about changes in their family member's health and care needs, with one person explaining, "They call me if there is anything wrong."

However, there was no evidence that demonstrated people were meaningfully involved in regular reviews. One person confirmed, "We had a review six weeks ago with the acting manager - this was the second review in 3 years." This meant that they were potentially not fully aware of changes in their family member's health and care needs and therefore unable to contribute."

We found that some people's plan of care did not fully reflect their health and care needs. For example, one person had experienced stress and distress but there was no plan of care to direct staff to meet these needs and avoid any unnecessary future stress or distress. This meant there was a risk care could be inconsistent and not respectful of people's individual needs and preferences. (see area for improvement 4).

People had supporting legal documentation in place to ensure their rights were protected.

Most relatives felt they were kept informed about happenings within the home. One person explained, "I think the overall management is very good as are the staff. I like it that they keep me well informed." However, one relative commented, "I found out about the new manager from a friend at work. Why did I hear it on the grapevine, before I heard it from the home."

We were assured that the service was planning to hold regular meetings with those living in the home and their relatives and carers to ensure they were kept up to date on matters affecting the home.

## Areas for improvement

1. The provider must ensure that people receive care and support that meets their health, safety and wellbeing needs. In order to achieve this, the provider must ensure:

- a) that health and risk assessments inform care plans to ensure they fully reflect people's health and care needs;
- b) that people's personal choices, wishes and preferences inform person-centred and outcome focussed care plans;
- c) that people and their relatives are fully involved in the care planning process and
- d) that the care planning process is used to improve people's experiences and outcomes when there are changes to their health and wellbeing, they are unhappy, or at risk of harm.

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

"My care and support meets my needs and is right for me", (HSCS 1.19) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

**How good is our care and support during the COVID-19 pandemic?****4 - Good**

We evaluated the service to be performing at a good level. There were a number of important strengths that clearly outweighed the areas for improvement.

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

The home was clean, tidy and well maintained. The home had been decluttered to make it easier to clean, whilst still retaining a homely feel.

There were enough housekeeping hours to support frequent cleaning of commonly touched surfaces. Cleaning schedules were detailed and included regular deep cleaning to help maintain a safe environment by reducing the risk of cross infection.

There was a good supply of PPE which was readily available throughout the home. Staff were seen to wear, use and dispose of PPE in line with guidance. People and staff had ready access to hand sanitiser to support good hand washing. This meant that there was a reduced risk of spreading infection throughout the home.

The home had a well-equipped laundry and staff practice was in line with guidance. Soiled linen was double bagged as close to the source as possible before being transported to the laundry. This reduced the risk of potential cross infection.

Since our last visit, an alternative staff change room had been established. The change room provided enough space for staff to physically distance. PPE and a disposal bin were readily available. Staff changed out of their uniform before leaving for home. Staff uniforms were laundered onsite. This meant that staff and people were kept safe from the risk of infection and cross infection.

Staff testing for COVID-19 was happening in line with guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

## 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

To ensure that people who use the service get the most benefit out of their prescribed medication the manager should:

- Ensure that where people have been prescribed an as required pain relieving medication as part of an assessment and plan to support and manage stress and distress, the staff should ensure that they administer the medication as prescribed. This will provide important information for health professional evaluate and support positive outcomes for people during these difficult times;
- Ensure that detailed protocols are developed and reviewed for each 'as required' medication. This will support staff to make an informed decision as to when and in what circumstances 'as required' medication should be given.

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

"Any treatment or intervention I receive is safe and effective." (HSCS 1.24)

**This area for improvement was made on 13 February 2020.**

#### Action taken since then

'As required' protocols had been implemented and records demonstrated that medication was being administered as prescribed and intended. Staff were evaluating the effectiveness of 'as required' medication, and recording action taken as relevant.

This meant that people's health and care needs were being met.

This area for improvement has been met.

#### Previous area for improvement 2

When developing people's care plans staff should take the Health and Social Care Standards into consideration. Using these will help support the development of person centred, outcome focused care plans, which reflect people's preferences and wishes. It will also help ensure that people continue to receive a level of care that meets their needs and is right for them.

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

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "My care and support meets my needs and is right for me." (HSCS 1.19).



This area for improvement was made on 13 February 2020.

## Action taken since then

People's plans of care were not consistently person-centred or outcome focussed which meant they did not always reflect people's preferences and wishes.

This area for improvement has not been met and will be replaced with the revised area for improvement identified within this report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing levels are right and staff work well together	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's outcomes and wishes	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good

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