

## Pitkerro Care Centre Care Home Service

146 Pitkerro Road  
Dundee  
DD4 8ER

Telephone: 01382 214 520

**Type of inspection:**  
Unannounced

**Completed on:**  
24 May 2021

**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 COVID-19 inspection and evaluated how the service has responded to the requirements and areas for improvement made at a complaint inspection during the COVID-19 pandemic. This inspection was carried out by three inspectors from the Care Inspectorate.

## What people told us

The relatives we spoke to gave us positive feedback and felt that they had been kept regularly updated by the service.

"I'm very happy with the service that I'm getting."

"Staff couldn't be nicer. So friendly, especially with my mother they are very caring."

"We keep in touch on social media so we can see what the residents are getting up to."

"Mum is always neat and tidy when we go in and seems very settled."

"Staff have been fantastic, I can't praise them enough. He is quite settled now. Since he has been there the difference in his overall personality and health has been incredible...he is now eating and he is really enjoying it. He has a great rapport with all the staff."

"Very happy with how they keep me informed with what happens...very happy with the way she's being looked after."

"I've been able to FaceTime with my mum and can also speak to her on the phone."

"I'm impressed with the procedure for visiting, they seem serious in their intent to keep COVID-19 out. They have a dedicated member of staff to take visitors in and out."

People living in the service told us:

"You've got a good bunch here."

"I'm diabetic and the food is good."

## 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 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 also considered the ways in which people have been supported to stay connected with their loved ones and to maintain relationships. We found that the service was performing at an adequate level.

We observed respectful interaction between people experiencing care and staff. We talked with some experienced staff and they knew people well. People received suitable support to maintain good physical health.

The service had an electronic care planning system and this helped to ensure that people's needs were documented and communicated to the staff team. Each care staff member carried a small electronic device from which they could check what someone's support and care was. The device prompted staff to attend to certain needs at specific times such as drinking and eating and more specific health needs a person may have. This meant people's physical health needs were being attended to when needed and people were assisted to stay well and keep safe.

The service had regular contact with health professionals and other key professionals. We could see that advice was gained when needed and regular communication and discussion took place. This included discussion on COVID-19 related health matters and for people's more general health needs. We saw health professionals visited the service on a regular basis as well to meet people's health needs.

People's medication information was well organised and staff recorded when medication was administered to a person. Areas of support such Anticipatory Care Plans reflected people's wishes and involved other relevant people such as family. People's care and support was regularly reviewed and this helped to make sure people's care was meeting their needs and wishes.

People were being supported to keep in touch with family or important friends. People were now having visitors in their care home and visiting was conducted in a safe manner. Contact with families had also been supported in a variety of other ways including by electronic tablets, iPad, email and phone. Families reported

that they felt they had been kept up to date about the relative. However, meaningful contact and visiting arrangements must be developed further and the service should ensure that they progress with implementing current 'Open with Care' guidance (see requirement 1).

We received positive reports about some of the activities people got involved in at Pitkerro. The service had a dedicated activities co-ordinator and it was good to see the variety of activities people had been doing. However, during our inspection, we found people often had little to do and that the care staff were not often engaging people in enjoyable or meaningful activities. People were sitting in communal areas with no staff presence and some people looked bored and others sometimes became agitated. With staff presence and the right support they could have been engaged in some activity or interest. People's wellbeing was not always being as well as supported as it could be. We have made a requirement for this area (see requirement 2).

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

In order to minimise the risks, it is important to make sure there is strict application of infection control procedures. During an outbreak of COVID-19 additional measures must be in place to help minimise the spread of infections. We found the performance of the service in relation to infection control practices to support a safe environment, particularly during COVID-19, was weak.

Personal Protective Equipment (PPE) supplies were good. PPE was stored in people's individual bedrooms, however was not always fully stocked. There were no PPE stations available in any communal areas. Nor were there accessible clinical waste bins for used PPE to be disposed of. Alcohol based hand rub (ABHR) was available at the entrance of each unit. In each unit ABHR was stored in the office of each unit and therefore not easily accessible for staff to perform hand hygiene. PPE should be stored appropriately and be easily accessible to staff to enable staff to perform care tasks safely and minimise the risk of infection. A requirement is made (see requirement 3).

The home environment was generally clean and well maintained. Housekeeping staff were working hard and the home environment was generally clean and well maintained. Some items of furniture required cleaning and this was immediately addressed. Enhanced cleaning schedules were in place. Laundry management required improvement to ensure infection control measures were applied consistently to reduce the risk of cross contamination. A requirement is made (see requirement 4).

The service had recently implemented quality assurance in relation to infection prevention and control, this requires further development to ensure that the tool is identifying aspects of the environment and areas of practice that need to be improved.

Without improvement as a matter of priority, the welfare or safety of people may be compromised. Weak performance requires action in the form of structured and planned improvement, by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

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

People who use care services should feel confident that staffing arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes for people. We found the service to be performing at an adequate level in this area.

The staffing arrangements were sufficient to meet the physical and health care needs of the people receiving care in the service. Further work is required to ensure best practice is fully embedded and maintained across the service.

Staff training in all aspects of infection prevention and control had been undertaken. The service has had a number of new staff join the team and we were not confident that they had been fully inducted in relation to IPC practice. This meant that there was the potential for staff to not be knowledgeable about minimising the risk of transmission of COVID-19 and putting themselves and other people at risk of infection. Further work is required to ensure best practice is fully embedded and maintained across the service. A requirement is made (see requirement 5).

There was some evidence to show that observations of handwashing had taken place and that staff knowledge had been tested, however, further development in this area would be beneficial. Full and up to date knowledge of the current infection prevention and control guidance is essential to reduce the risk for those living in the home.

## Requirements

1. In order for the provider to provide services in a manner which respects the privacy and dignity of the service user, the service should:

- introduce person centred support plans to guide and direct practice to ensure the service user has every opportunity to experience a meaningful visit with their relative; and
- the support plan should include guidance about the preferred and alternative visiting mediums offered by the service.

To be completed by: 14 June 2021

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

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention'. (HSCS 3.1); and

In order to comply with Regulation 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

2. In order to improve people's physical and mental wellbeing, the service provider must review the way in which activities are organised and provide sufficient staff to support people to engage in them. This should focus on the quality and amount of physical and social activity made available for people, within and outside the home.

To be completed by 14 June 2021.

This is in order to ensure that 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, both indoors and outdoors.' (HSCS 1.25); and

In order to comply with Regulation 15(a) – Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

3. The provider must at all times ensure infection control measures are in place. This means the service should ensure:

- all staff have undertaken Infection control/ hand hygiene training;
- a plan is put in place to ensure all PPE stations are checked/cleaned and replenished on a regular basis throughout the day; and
- there should be evidence of managerial oversight through audit to ensure all staff training is updated and refreshed as appropriate.

To be completed by: 14 June 2021

This is in order to ensure care and support is consistent with 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); and

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)

4. In order to ensure that linen is managed in a safe way and in order to prevent infection the provider must, by 14 June 2021:

- ensure that the processes and equipment used in the laundry are correct according to the National Infection Prevention and Control Manual (NIPCM); and
- ensure that all laundry items are appropriately segregated, stored, and laundered in accordance with current guidance.

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

'I experience high quality care and support based on relevant evidence, guidance, and best practice'. (HSCS 4.11); and

In order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) and (d) – Welfare of users and procedures for the prevention and control of infection. 4.

5. In order to ensure that new employees receive appropriate induction to their role, the provider must ensure the service introduces strategies to deliver an induction which is appropriate to the role of the employee.

This should include:

- mandatory training clearly documented;
- competency assessment of individual work practice; and
- ongoing evidence of managerial oversight.

To be completed by: 14 June 2021

This is in order to ensure care and support is consistent with 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); and

In order to comply with Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

### Areas for improvement

1. As an area of improvement the service should introduce regular managerial oversight of support plans to ensure information is recorded accurately, evaluated and is reflective of the current assessed need. This is with particular reference to contact details.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2.12)

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

### Requirements

#### Requirement 1

In order to ensure the provider consults with the appropriate representative of the service user

- The service should revisit main carer contact details to ensure these are updated to include formal proxy arrangements for example PoA or Guardianship.
- Where alternative strategies have been agreed and introduced to practice, these should be recorded for ease of all staff reference.

To be completed by: 19 March 2021

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

This is in order to comply with:

Regulation 5(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 29 January 2021.**

#### Action taken on previous requirement

It was reported that all contacts details have been updated with first person and alternative contact details, including Power of Attorney (PoA) status. The information is to be revisited at every review to confirm information held on file is correct.

The service uses an electronic record keeping system.

Six files sampled showed contact details had been added to records confirming PoA status. There was also some evidence to show information is included as part of the formal review.

Information was clear and accessible to all staff using the electronic records.

Whilst the requirement has been met outwith the timescales, there is a lack of managerial oversight.

**Met - outwith timescales**



## Requirement 2

In order for the provider to provide services in a manner which respects the privacy and dignity of the service user the service should:

- Introduce person centred support plans to guide and direct practice to ensure the service user has every opportunity to experience a meaningful visit with their relative.
- The support plan should include guidance about the preferred and alternative visiting mediums offered by the service.

To be completed by: 19 March 2021

This is to ensure care and support is consistent with Health and Social Care Standard 3.1: I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.

This is in order to comply with:

Regulation 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 29 January 2021.**

### Action taken on previous requirement

Files samples showed risk assessments are undertaken about the risk to this virus.

There was limited information about how the visit could be made more meaningful for the resident. The manager told us this was work in progress.

The manager described how essential visits are managed. It is important to remember who the visit is for and that it should be of benefit. Further work is needed to implement the latest 'Open with Care' guidance

**Not met**

## Requirement 3

In order for the provider to ensure that any complaint made under the complaint's procedure is fully investigated

- The service should ensure the provider's policy and procedure about complaints is available to all relatives and can be accessed with ease.
- The providers should ensure the complaints policy and procedure can be referenced by all staff with ease and is used to direct their practice.
- All staff should be able to demonstrate their understanding of the provider's complaint policy and application of the procedure.
- Managerial oversight of staff practice and performance should be demonstrated through audit process.
- All complaints should be investigated as directed by the provider's policy and used to inform quality assurance outcomes.

To be completed by: 19 March 2021

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern about my care and support.

This is in order to comply with:

Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 29 January 2021.**

### Action taken on previous requirement

The complaints procedure is on display for visitors to read on entering each unit. It was stated the any concerns shared with staff by visitors are related to the manager who will act on the concerns raised. Each unit has a complaint record. One unit file showed no concerns had been shared with staff.

Staff described the process of reporting concerns to the unit manager however were not aware they should record concerns.

We observed some good practice which had been driven by a complaint made to the service. It is suggested the manager could introduce/promote the 'you said we did concept' for visitors who have suggestions about how practice could be improved.

### Met - outwith timescales

## Requirement 4

In order for the provider to ensure that the person is fit to be so employed. The service must introduce strategies to confirm and evidence safe recruitment practice in place.

This should include evidence of

- Interview and outcome evaluation
- Outcome of all safety checks should be recorded to support the offer of employment.
- Records should demonstrate managerial oversight through audit.

To be completed by: 19 March 2021

This is to ensure care and support is consistent with Health and Social Care Standard 4.24: I am confident that people who support and care for me have been appropriately and safely recruited.

This is in order to comply with:

Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 29 January 2021.**

### Action taken on previous requirement

Seventeen new staff have been recruited since January 2021. Files have updated to include a record of the recruitment process which means there is ease for reference. We could see interviews and outcome. References were chased up to ensure these met with the best practice guidance.

Disclosures checks had been undertaken.

Induction was undertaken. Two staff were on shift who confirmed they had received an induction before commencing their duties, which included orientation to the place they would be working, moving and handling.

We were not confident that all new staff were fully aware of the PPE guidance to ensure they were safe and could protect residents. One example one stated they did not know where the nearest PPE station was as they were new.

## Met - outwith timescales

### Requirement 5

In order to ensure that new employees receive appropriate induction to their role the provider must ensure the service introduces strategies to deliver an induction which is appropriate to the role of the employee. This should include:

- mandatory training clearly documented.
- competency assessment of individual work practice.
- ongoing evidence of managerial oversight.

To be completed by: 03 April 2021

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with:

Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 29 January 2021.**

### Action taken on previous requirement

A new staff member was being inducted to the unit on the day we visited prior to commencing work the following week.

Seniors who are trainers are given dedicated days as part of their contract to deliver training to all staff for example moving and handling.

Mentors are assessed for competency and good practice before being asked to induct new staff into their role.

Although induction was in place and the service was progressing with this, the service has recruited a number of new staff and more time is needed to ensure that training and induction is consistently translated into practice.

## Not met

## Requirement 6

The provider must at all times ensure infection control measures are in place. This means the service should ensure:

- all staff have undertaken Infection control/ hand hygiene training.
- a plan is put in place to ensure all PPE stations are checked/cleaned and replenished on a regular basis throughout the day.
- there should be evidence of managerial oversight through audit to ensure all staff training is updated and refreshed as appropriate.

To be completed by: 03 April 2021

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

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 29 January 2021.**

### Action taken on previous requirement

Please see main report for details.

**Not met**

## 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

As an area of improvement the service should introduce regular managerial oversight of support plans to ensure information is recorded accurately, evaluated and is reflective of the current assessed need. This is with particular reference to contact details.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

**This area for improvement was made on 29 January 2021.**

### Action taken since then

We found that contact details were in the support plans we reviewed, however there were some discrepancies. Regular managerial oversight should be further developed to ensure information recorded is accurate, evaluated and reflective of current assessed need.

**Previous area for improvement 2**

As an area of improvement there should be managerial oversight of visiting arrangement to ensure they continue to be a meaningful experience. Support plans should be evaluated and updated accordingly to show the outcome of each visit and how it could be improved to ensure it is a meaningful experience.

This is to ensure care and support is consistent with Health and Social Care Standard 3.1: I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.

**This area for improvement was made on 29 January 2021.**

**Action taken since then**

The service has not progressed with this area for improvement and a requirement is made in relation to ensuring visiting is a meaningful experience.

**Previous area for improvement 3**

As an area of improvement the service should ensure inventories and taken on or as soon after the service users admission to the service. Aids and equipment used to support the persons independence should also be included. Inventories should be dated on completion and updated as necessary.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty

**This area for improvement was made on 29 January 2021.**

**Action taken since then**

Our review of care records found that inventories were in place.

**Previous area for improvement 4**

As an area of improvement the service should ensure health care appointments with external agencies are recorded and monitored. Reasons for rearranged or cancelled appointments should be recorded to ensure there is appropriate and consistent information for reference. Outcomes from all appointments should be recorded and support plans updated accordingly.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

**This area for improvement was made on 29 January 2021.**

**Action taken since then**

We found that support plans had good recording of this and outcomes were monitored.

## Previous area for improvement 5

In order to ensure areas designated for resident use as quiet spaces all staff should be reminded to use staff designated areas for rest/meal breaks. Trolleys with meal debris and dirty dishes and should be returned to the kitchen timeously . This is to reduce the risk of cross contamination for staff and residents.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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

**This area for improvement was made on 29 January 2021.**

### Action taken since then

We were satisfied that the service had improved practice in this area.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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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