

## Stormont Lodge Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
SP2010011109

**Service no:**  
CS2010272077

## About the service

Stormont Lodge is a care home owned by the Balhousie Care Group, and is located in the rural town of Blairgowrie, Perthshire. The service registered with the Care Inspectorate on 1 April 2011.

The home is registered to provide care for up to 32 older people. Accommodation is located over two floors, with access to the second floor by stairs or a lift. All bedrooms have a telephone point, television and a 24-hour call alert system.

The team at Stormont Lodge states their prime focus is to create a caring environment based on respect and dignity and to provide a holistic approach to the care of residents.

This inspection was carried out by inspectors from the Care Inspectorate.

## What people told us

In the course of our inspection we spoke to four relatives around the issues of staffing, support during the pandemic, infection control, care planning and activities.

Comments around these themes included:

'.....on some occasions staff have too much work to do....'

'They are '100% respectful'

'.....father has always been treated with kindness and respect.'

'.....have received frequent emails re covid protocols and have been kept up to date.'

'.....staff always use PPE (apron, mask, gloves) when caring for her (mother) and dispose of this (in bins) after they have provided care.... and wash their hands before and after care.'

'.....not involved in any assessment by Stormont.'

'.....not been invited to a review, and there has been no mention of holding one.'

'.....concerned regarding the level of staffing and how this means that activities and care, beyond immediate care needs, are not met.'

'.....coordinated activities are required and this will only be possible if staff numbers are increased.'

It was not always possible to talk with residents but one stated, 'it is good here, the staff are really kind and always chat. I like the food and really like my own room, which has my own things (from her home). I am happy watching the TV but at time feel a bit bored.'

## 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?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

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

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

## 3 - Adequate

We saw many interactions in the course of our inspection. These were occasionally when staff were not aware of our presence, and these were all respectful and friendly. Residents were clearly comfortable going to staff and received reassurance and comfort if they showed signs of distress. One relative we spoke to stated that they 'could not speak highly enough of the staff or the care that was provided'.

The atmosphere in the care home was calm and relaxed and many people were sitting in the lounges during the day. However, staff did not have very much time for spending with people in the lounges and were seen to be busy supporting people who required assistance with their care needs.

There was a choice at mealtimes and people enjoyed their meals. This was recognised as an important part of people's days. People were asked about their meal preferences, and this informed the menu planning. The dining experience was pleasant for people and this enhanced people's wellbeing.

Throughout the pandemic, people were supported to keep in touch with those who were important to them. Recently, visiting has been supported in line with the 'Open with Care' guidance and people were getting visits in the care home as well as being able to go out. This enabled people to stay connected. Relatives told us that they had been kept well informed about changes to visiting and the associated guidance. This was summed up by one relative who said they had received 'several emails keeping her up to date re COVID requirements. Staff and/or Management have answered any questions. Sometimes Stormont staff are too busy and do not always answer the phone promptly'.

During the day, whilst we found the atmosphere generally peaceful for people, we did think there were long periods of time when too little was going on. People were not being supported to engage in activities and interests that were enjoyable or purposeful for them. There were some enjoyable activities at the care home but for some time there had only been one part time activities co-ordinator and they were only able to do so much.

The service had been operating with lower than ideal staff levels. This meant the care staff had little time to provide activities and spend quality time with people. At present, only people's immediate care needs could be prioritised. This was supported by several comments made by relatives and one commented that, 'mum doesn't like television it's on for too long. She'd benefit from being more physically and mentally active.'

Overall, people had limited opportunities to engage in enjoyable or purposeful activities. Increasing staffing levels and ensuring staff have the right knowledge and approach for supporting peoples' day, including purposeful activities, is an important area to develop in this service. We saw that another activities co-ordinator is to be recruited but in addition to this we thought making sure there are enough care staff on each day was essential for this too. **(See Requirement 1)**

We saw within care plans that there were a wide range of health assessments. These were largely around physical well-being and included assessments for nutrition and fluid intake. The sample of care plans we looked at also contained DNACPR and 'end of life' plan. We thought this 'end of life' element of health support could be improved by being more specific about personal wishes and choices. **(See Area for Improvement 1)**

The care plans were very clinical in nature and this focus provided good health care supports within the home and from external health providers. We saw that these were reviewed, internally, each month and this was monitored automatically by the system. However, we could not see any consultation either with the individual or their relative. Several relatives stated that they had been involved with a pre-admission assessment but not since. Most were not aware of a care plan or how they would access this. This is essential to ensure that the care and support people are receiving is providing them with the outcomes they need and would choose.

We could see that external health professionals were contacted when necessary and that subsequent appointments were supported to ensure people experienced the most appropriate health care for them.

## Requirements

1. In order to improve people's physical and mental wellbeing, the service provider must, by 30 September 2021, review the way in which activities are organised and provide sufficient staff to support people to engage in them. There should be a focus on the quality and amount of physical and social activity made available for people, within and outside the home.

**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 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).**

## Areas for improvement

1. The service should improve the detail in the end of life care plans for 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 supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)**

## How good is our care and support during the COVID-19 pandemic?

### 3 - Adequate

We heard how the service had previously coped with a small outbreak within the staff team but this was handled and, ultimately, contained well. The appropriate guidance was followed and the correct people and agencies notified.

We spoke with laundry and domestic staff who were very knowledgeable about the procedures they needed to observe and the products they needed to use. However, we heard that they often chose to work over their hours, and to come in early, to get their tasks done. We suggested that when staffing resources are examined for care, and activities staff, consideration should also be given to domestic/laundry staff. We heard of care staff assisting with domestic/laundry duties which takes them away from their primary care duty.

We saw that the laundry was effective in separating dirty laundry from clean, and the system of moving uniforms to the main office area for collection appeared to be compliant. However, the laundry room which contained washing machines and driers was in urgent need of a refurbishment in relation to the layout and state of surfaces behind machines. Pipes were exposed and rusty, and fed into an open drain. Surfaces were rough and unfinished which made them difficult to clean effectively. As a source of potential infection, it was impossible to guarantee that clean laundry would not become a transmitter of infection. The manager assured us that this area was part of a refurbishment programme, and work was due to commence in October. To ensure this is addressed promptly we have made this a requirement. **(See Requirement 1)**

The building and it's thoroughfares were generally clean and free from clutter and furniture and fittings appeared to be of a good standard. We liked that photographs of occasions and activities were displayed in poly-pockets around the home. We would assume that they are protected so that they can be included within their regular cleaning regime in accordance with guidance, but they make a good talking point for staff/resident and are good for relatives to see when they visit indoors. Clinical waste bins and PPE stations were conveniently placed around the home and these were generally well stocked.

In the process of our inspection, we also checked a sample of mattresses which all but one appeared to be in good order. A tear along a corner seam and broken zip made one cover ineffective, but once brought to the manager's attention was rectified immediately. We saw a schedule of daily and weekly mattress checks which reassured us that these were checked regularly and replaced when necessary.

We saw staff being very supportive of residents over lunchtime, and this support also included ensuring that they had good hand hygiene prior to eating. These interactions have the potential to be condescending, but they were, instead, respectful, dignified and unobtrusive.

Staff were seen to wear masks when providing support. Staff undertook hand hygiene before and after providing care to people, before tasks such as serving meals and after touching frequently touched surfaces. This reduced the risk of infection spread.

Staff had received training specific to Covid-19 and infection prevention and control. Staff's practice in this area was recently checked through supervisions and some spot checks. People can be reassured that staff have suitable knowledge and practice.

People were usually being supported by staff members who knew them and would recognise changes in their health and wellbeing. Staff reported being supported by colleagues and management. The service was well led in response to Covid-19.

Regular testing of staff for Covid-19 was in place. Visitors to the home were also being tested in line with government guidelines.

We examined staff rotas and found that quite often the service had minimal staff levels and that this meant people's immediate care needs were met but not their wider wellbeing needs. Some people during the day said they were bored or spent time not engaged in anything they were enjoying. Ensuring sufficient staffing levels is a key focus. **(See Requirement 1 as noted under 'How well do we support people's well-being?')**

We saw from records and a planner that some effort had been made to recommence supervision for staff since May/June of this year. The service should ensure that this is continued on a regular basis to enable staff to reflect on practice as well as share concerns or ideas on improving service delivery. This has the added by-product of valuing staff and improving morale. Supervision should be part of a supportive cycle of supervision/appraisal and training provision.

## Requirements

1. In order to minimise the risks of infection within the laundry environment the service provider must carry out refurbishment work to improve and make safer the laundry environment. The service provider must by 30 September 2021 provide written assurances and associated plans that indicate the timescales for commencement and completion of urgent refurbishment work. This should also be accompanied with the relevant refurbishment notification which includes contingencies for the continued provision of effective laundry facilities during refurbishment.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My environment is secure and safe" (HSCS 5.17) and also 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)**

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

### Requirements

#### Requirement 1

The provider must ensure that the nutritional needs of people experiencing care are met in line with service policy, procedure and, best practice guidance (<https://hub.careinspectorate.com/media/1493/eating-and-drinking-well-in-care-good-practice-guidance-for-older-people.pdf>).

To achieve this the provider must:

- Undertake a nutritional risk assessment to inform the development of care plans
- Ensure people's support needs are clearly recorded in the care plan and include, where appropriate, reference to any adapted utensils required
- Review care plans in line with changes in people's needs

To be completed by: 18 December 2020

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

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

This requirement was made on 26 August 2020.

#### Action taken on previous requirement

We found that the service had put suitable measures in place to address this requirement. People's nutritional support needs had been assessed and were now being regularly monitored. Where people had special dietary needs then this was recognised and they received appropriate meals. We saw evidence that people had opportunities to contribute ideas for meals and that meals reflected their wishes and preferences. A balanced range of food was on offer to people to choose from.

Where there was additional advice or expertise required then external professionals were consulted. The service had responded positively to this requirement and it was met.

**Met - within timescales**

## Requirement 2

The provider must ensure that there is a proactive approach to managing the skin care needs and pressure injury prevention for people experiencing care. To achieve this the provider must:

- Ensure people are offered regular support with personal care to support a positive skin care regime.
- Ensure skin care assessments are undertaken and preventative measures put in place which mitigate against identified risks.
- Develop care plans and complete reviews in line with observed changes in people's presentation.
- Ensure staff adhere to the service policy and procedure on tissue viability to make sure people experiencing care have the appropriate support.
- Ensure practice takes into account guidance on best practice for tissue viability ([http://www.healthcareimprovementscotland.org/our\\_work/patient\\_safety/tissue\\_viability.asp](http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability.asp))

To be completed by: 18 December 2020

**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 is in order to comply with:**

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

**This requirement was made on 26 August 2020.**

### **Action taken on previous requirement**

We examined several people's care planning information. The service had made sure that support for people skin integrity had improved. Key areas of care that impacted on people's skin integrity were checked monthly. This helped to ensure that any changes for a person in their skin condition was identified and that any actions to improve a person skin integrity happened and were monitored for their effectiveness. Assessments of risk of pressure areas were undertaken for people and as a result any concerns emerging could be identified more quickly and responded to.

Where people had an injury to their skin this was cared for appropriately and closely monitored. This requirement was met.

**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

As part of the ongoing monitoring and evaluation of infection prevention and control within the service, a system to assess the competency of staff practice which complements online learning opportunities should be put in place. This should be recorded and used as part of the supervision and appraisal process.

**This is to ensure 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 organisational codes." (HSCS 3.14)**

**This area for improvement was made on 22 July 2020.**

#### Action taken since then

We saw that there were an increased level of formal supervisions with staff which enabled reflection and discussion around infection prevention and control within the service. This was enhanced with the direct observations of staff competency. However, it appears this was infrequent and not altogether formalised. Although we see progress towards this area for improvement we will continue to seek evidence to show that it is a long-standing improvement to practice.

#### Previous area for improvement 2

To ensure people experiencing care can feel confident in the support provided and to ensure adherence to service policy, the arrangements for summoning assistance should be clearly established and recorded.

**This is to ensure care and support is consistent with Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.**

**This area for improvement was made on 26 August 2020.**

#### Action taken since then

We will follow up this area for improvement at our next inspection.

#### Previous area for improvement 3

To ensure people experiencing care can feel confident in the support and assistance provided to meet continence and personal care needs, the provider should ensure:

- All staff are familiar with, and adhere to, the service policy on personal care and continence care.
- People are offered regular support with personal care in line with their preferences and in response to need.
- Assessments and care plans are developed with a proactive approach to the promotion of continence.
- Observed changes in people's needs are used to inform care plan reviews.

- Ensure staff are familiar with relevant guidance and best practice. (<https://hub.careinspectorate.com/media/1590/promoting-continence-for-people-living-with-dementia-and-long-term-conditions.pdf>)

**This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.**

**This area for improvement was made on 26 August 2020.**

#### Action taken since then

We will follow up this area for improvement at our next inspection.

#### Previous area for improvement 4

The provider should ensure that, in line with their policy, there are effective systems in place for the management and retention of people's medication records.

**This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.**

**This area for improvement was made on 26 August 2020.**

#### Action taken since then

We will follow up this area for improvement at our next inspection.

## 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 well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support 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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