

Castlehill Care Home Care Home Service

Caulfield Road North
Cradlehall
Inverness
IV2 5GH

Telephone: 01463 247 050

Type of inspection:
Unannounced

Completed on:
20 September 2021

Service provided by:
Simply Inverness Ltd

Service provider number:
SP2019013321

Service no:
CS2019375425

About the service

Castlehill Care Home was registered with the Care Inspectorate on 20 December 2019.

Castlehill provides a care service for up to 88 older people. There were 63 people living in the service at the time of the inspection.

Castlehill is situated on the south east outskirts of Inverness. The home is built on three floors and all bedrooms have full en suite facilities. There are rooms on the upper floors with access to a private balcony. Some rooms on the ground floor have access to a private patio in the enclosed courtyard. Each floor has lounge, dining and kitchen facilities. There are spacious elevators for people to access the garden areas and local community facilities.

The service states that a central part of their ethos is to, 'provide residents with the opportunity to live an active and fulfilled life' and to 'enable residents to keep on doing the things they loved.'

The service is provided by Simply Inverness.

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.

What people told us

We spoke informally with people living in the service. People said they liked living at Castlehill. Other observations of their experiences are included throughout our report.

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
--	--------------

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

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

There were a number of important strengths in this area. People's experience was of a good standard. Throughout our inspection, we saw positive interactions between people and staff.

Staff knew people who lived in the care home well and treated them with compassion and dignity. People told us that the staff were caring, and they regularly came into their bedrooms to ask if there was anything they needed. We heard and saw patient, meaningful interactions and conversations. These observations provided assurance that people were experiencing responsive and sensitive care and support.

The service had started to re-connect people with their community again, following the Scottish Government Guidance to open to visitors safely. However, people were socially distancing in their rooms due to an outbreak of covid-19. Latest visiting arrangements had been clearly communicated to families.

Staff understood that keeping people safe during COVID-19 meant a reduction in social contact with friends and family. People were encouraged to maintain contact with those who were important to them in various ways, for example, FaceTime, I-Pads and telephone. This is vital to promote people's health and wellbeing.

There was good communication between the service and families about information on the impact of COVID-19. Families whose loved ones were affected by the outbreak were being contacted daily about their progress.

Staff encouraged and assisted people to eat and drink with care. We saw staff providing gentle encouragement for people on the ground floor during breakfast. People were taking their meals in their rooms. Although they appeared to enjoy their mealtime, a tray table would make it easier to eat comfortably. Attention was given to people's likes and dislikes for drinks and portion size.

To enable people to maintain their interests and activities, the activities coordinator was providing daily support to people in their rooms. Activities were informed by individual's interests and what mattered to them. One person told us that, 'the activities coordinator keeps me in touch with the outside world'.

Care plans provided guidance to staff about how to care for and support people, including their emotional wellbeing. People's skin care, moving and handling needs and how to promote their independence were documented. The care plans were regularly reviewed.

People's end of life care needs had been discussed where appropriate and documented in care plans. These described people's wishes and choices at end of life or in the event of an emergency or unexpected event, including what role family members would have at this time.

Access to external healthcare professionals such as the general practitioner, memory nurse and occupational therapist was good, and their advice was acted upon. Details of their input were documented in care plans.

The service had an electronic medication management system in place. Medications to manage symptoms and for relief and comfort were readily available.

People's planned care reviews were being led by NHS Highland. Families were able to contribute to these reviews, which were almost complete.

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

We found the service to be performing at an adequate level in infection control practices. They demonstrated some strengths, which just outweighed the weaknesses.

The environment was tidy with a few exceptions. We would recommend the manager undertakes a daily walk round of the care home to monitor this. However, the communal areas, including bathrooms were clean and fresh.

To prevent cross infection between people and different areas of the environment, frequently touched surfaces were also cleaned regularly. However, housekeeping staff were working under considerable pressure. To sustain a high standard of cleanliness and reduce the risk of the spread of infection, we recommend increasing the number of domestic staff.

(See area for improvement 1).

Housekeeping staff were familiar with processes for decontamination and had completed training on cleaning products specific to the Covid-19 pandemic. However, rooms where people were isolating were not cleaned last to protect others from the potential spread of infection. The service addressed this straight away. **(See area for improvement 2).**

There was a good supply of cleaning equipment, products, and solutions which were suitable for a range of cleaning purposes and used according to guidelines.

Care equipment, such as hoists were clean. However, the service had not established a reliable system to evidence that equipment was safe and clean for staff to use.

(See area for improvement 2).

Completion of some interior fittings was still outstanding. The first floor store room had no shelving in place and items were stored on the floor. Shelving would allow cleaning of the floor and safe storage of supplies.

(See area for improvement 2).

The laundry area was a reasonable size, well ventilated and allowed separation of dirty and clean items.

Personal protective equipment (PPE) supplies and hand cleaning products were available for staff throughout the building, and we observed staff using these appropriately during the inspection.

We saw that clinical waste was managed in line with current guidelines with some exceptions. To ensure staff can dispose of their used PPE correctly, there should be a good supply of appropriately sized clinical waste disposal points. Bins were too small. The service had ordered and were installing additional and replacement bins at the time of the inspection.

(See area for improvement 2).

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

Staffing arrangements were performing to a good level. This means there were a number of important strengths which had a significant positive impact on people's experiences and outcomes.

We observed caring relationships between people living in the service and the staff team. One person told us, 'Whenever I ask for help, I get it and they are kind, I like things done a certain way and they respect that'.

People experienced good continuity of care because they knew the staff well and benefited from a team that worked well together. Staff sensitively supported people who were living with dementia to keep safe and social distance.

We found that staffing levels allowed for the delivery of well-paced care, with the exception of housekeeping staff. **(See section 7.2 above and area for improvement 1).**

The service had recently been affected by staff shortages due to Covid-19 related staff absence. They had responded to feedback from NHS Highland and deployed additional staff to support the home. In addition, recruitment was ongoing to fill vacancies across all departments. It is vital that the service makes sure that the right number of staff with the right skills are working at all times to meet people's care and support needs, including when there is an unplanned event, for example an outbreak of infection. **(See area for improvement 3).**

Staff confirmed that they had received training related to Covid-19 and were able to access updated guidance. They also had access to online training on hand hygiene, how to use PPE and infection prevention and control. This meant the staff group were confident and competent when supporting people during the pandemic.

Staff felt well supported by management and felt able to ask for additional support if this was required. All staff were participating daily in covid-19 testing.

Areas for improvement

1. To sustain a high standard of cleanliness and reduce the risk of the spread of infection, the service should;

-Increase the number of domestic staff available to sustain and strengthen the domestic staff team.

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

2. To protect people from the spread of infection and prevent the risk of cross infection between different areas of the environment, the service should;

-Ensure that rooms where people are isolating are cleaned last to protect others from the potential spread of infection;

-Ensure there is a reliable system to provide assurance that all resident care equipment is clean and intact, this may be in the form of 'I am clean tape', cleaning schedules, audits or assurance checklist.

-Ensure that there are enough and appropriately sized clinical waste disposal points throughout the building for staff to dispose of their used PPE; and

-Provide the storerooms with shelving for the safe and clean storage of supplies.

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

3. The service should ensure there are sufficient staff consistently rostered to keep people safe and respond to and fully meet their health and care needs, the provider should;

- Ensure that all times, during the day and at night or during an unplanned event, that there are sufficient care staff on each shift; and

- Ensure that staffing levels are regularly evaluated to demonstrate that it can be always be responsive to people's needs.

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

My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

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 protect people from the spread of infection and prevent the risk of cross infection between different areas of the environment the service should:

- Provide visible hand washing technique and 'key moments' posters in reception areas and above hand washing sinks. A prompt at flash meetings would be an effective reminder for staff of the importance of hand washing.
- Ensure all staff consistently wear PPE correctly when entering/leaving people's rooms or moving between areas of the home.
- Provide ready access to PPE disposal points outside the rooms where people are isolating and throughout the care home.
- Ensure the number of domestic staff employed is consistent and sufficient to meet the enhanced cleaning requirements during the pandemic.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.3)

This area for improvement was made on 5 November 2020.

Action taken since then

This area for improvement has been partially met. See section 7.2 and areas for improvement 1 and 2 above.

Previous area for improvement 2

-To ensure effective cleaning and reduce the risk of cross infection between different areas of the environment the service should:

- Provide the domestic storerooms with shelving for the safe and clean storage of equipment.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.3)

This area for improvement was made on 5 November 2020.

Action taken since then

This area for improvement has been met. The domestic storerooms had been installed with shelving for the safe and clean storage of equipment.

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	4 - Good
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	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.