

Pitlair House Nursing Home Care Home Service

Bow Of Fife
Cupar
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Telephone: 01337 831 159

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Unannounced

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Service provided by:
Pitlair Limited

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About the service

Pitlair House Nursing Home is situated in a rural location near the small hamlet of Bow of Fife.

The home sits in large, attractive gardens which contain a summer house and small marquee to provide outdoor seating for visiting and events. The home is registered to provide 24 hour nursing care for 40 people, with beds for 32 older people and a maximum of eight younger adults with physical health conditions.

Accommodation is provided in both the original country house and modern extension, with single bedrooms across two floors. The home benefits from a number of public spaces, large lounge and smaller seating areas which provide space for dining, relaxing and group events.

What people told us

We spoke with a number of people during our visit and they were able to give their thoughts and opinions about living in the home. Comments included:

'I get to speak to the chef once a month to tell them what I like'
'they're all nice'
'there's always an excuse for not getting to do what you want to do'.
'I've made friends and connections here'

Overall people appeared settled and well presented. We spoke to relatives via telephone after the inspection in order to gather views. Comments included:

'I've been impressed by some of the young girls'
'John has been a great addition' .
'all in all we're really quite happy'
'I'd like to see more of the manager out on the floor'
'he seems happy and settled'
'generally very good'
'I haven't any complaints'

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 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?**4 - Good**

The focus of this inspection was to evaluate the care and support which people have received during the COVID-19 pandemic. We wanted to explore whether people's rights have been respected and whether their physical, mental and emotional health has been promoted. We found that the service was performing at a good level in this area, with important strengths that have a positive impact on people.

People should be treated with dignity and respect. We saw that people were well known by staff working in the home, enabling warm relationships to develop. We saw staff taking time to understand those with communication difficulties and engage with people who were withdrawn. People were valued and acknowledged during these interactions. The overall environment was calm and people had a number of options of where to spend their time. Consideration could be given to the seating arrangements in the main lounge in order to promote conversations and interactions. Adjustments had been made to accommodate social distancing which could now be reconsidered.

The way people spend their day should promote feelings of wellbeing and purpose. The home benefits from two diversional therapists who had planned a range of meaningful group and individual activities throughout the week and weekend. These included a church service and the return of visiting entertainment. This area continues to be developed by the home with the inclusion of a 'therapet' and plans for a Christmas fayre. When we contacted relatives to gather their views they told us they were kept informed of their loved ones' wellbeing. They also told us any concerns were dealt with appropriately and promptly. This enhanced people's confidence in the service.

The home had a number of visiting options available for relatives both indoors and outdoors. Families were able to access people's bedrooms for private visits by arrangement and open visiting was available each afternoon.

Medication administration records identified medications were well managed and people were supported to receive their prescribed medications. This provided assurance that residents could get the treatment they needed. Qualified staff were available throughout the day. The home are currently transitioning to a new electronic system and this was reflected in the fact that some information was difficult to trace.

Plans for end-of-life care had been discussed with families and reflected people's wishes whenever possible. People could be re-assured that this information was easily accessible should their care needs change rapidly.

Mealtimes were calm and well organised and people told us that they enjoyed the food on offer. People were consulted individually about their food needs and preferences each month by the home's chef. This made people feel included and their opinions respected.

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

We considered the care and support during the Covid-19 pandemic and evaluated this as adequate with some strengths just outweighing weaknesses.

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

The home was generally clean with a fresh aroma; cleaning records were up to date and the home was using the recommended chemicals for cleaning which meant people could enjoy a pleasant environment. Waste was segregated correctly. We discussed the most appropriate style of bins for each area with the manager, as a variety of types were in use. The clinical waste external bins were not locked, which presents an infection control risk. A small number of pieces of care equipment were rusty and therefore not cleanable, which Staff had good access to PPE and appropriate Covid-19 related signage throughout the home, and used PPE correctly which reduced the risk of infection. Staff gave different answers when asked how many people were allowed in the break room at the one time; we discussed this with the manager and recommended that signage be put on the door to ensure physical distancing is adhered to in the break room.

The laundry had separate clean and dirty areas but clothing was carried from one clean area to another via a dirty area which increased the risk of contamination. There was adhesive tape around flaps in the top of the washing machine making it impossible to thoroughly clean this area, we discussed this with the laundry staff and advised this be removed. There were other areas in the home that were not cleanable, for instance there was unlaminated signage, a gap between the wall and the flooring in one toilet and wallpaper was peeling off the wall in another.

Several bottles of cleaning fluid were in various rooms instead of being locked away which may have been dangerous for people who did not have the ability to understand what these chemicals were.

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

Staffing levels were more than that recommended by the dependency tool, however the dependency tool only took account of people's physical needs so it was difficult to assess if the staffing levels were enough to produce good outcomes for people. People can expect their care and support to be consistent and stable because people work together well. There was a staff contingency plan in use detailing what to do during higher than usual staff absences. Staff told us that they work together with some staff staying late or coming in early to cover shifts when they are short staffed and we saw evidence of this in the duty rotas.

People should expect to be confident in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Training was provided by 3 different e-learning systems and the service was in the process of transferring data from one to another. There was no overview of completed training which made it difficult to see which staff needed to update their learning. Staff appraisals were regularly carried out and staff could choose to have more than the recommended number of supervision meetings. Some appraisals were overdue but the manager was aware of this and working to rectify it. There was evidence of observed practice which enabled senior staff to maintain good standards of practice over time.

Areas for improvement

1. To ensure that people are living in a safe environment all cleaning products should be stored in a secure location, out of reach and immediate access of people living in the home.

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

Requirements

Requirement 1

In order to ensure that care plans are updated and reviewed regularly (and at least once in every six month period) the provider must put in place a system of overview, audit and monitoring by 30.1.20.

This is to ensure that 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 will be met, as well as my wishes and choices' (HSCS 1.15) and

in order to comply with Regulation 210 5(1) (Requirements for Care Services) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 3 December 2019.

Action taken on previous requirement

We could see that six monthly reviews were being undertaken and that all residents were allocated a care team so that care reviews could be monitored and audited. Relatives are phoned once a month as part of resident of the day and a review of care is conducted at that time. Six monthly reviews are conducted face to face whenever possible. The home manager audits review paperwork and ensures that all six monthly reviews are completed.

Met - outwith timescales

Complaints

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 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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