

## Carrickstone House Care Home Service

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Cumbernauld  
Glasgow  
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Telephone: 01236 453 480

**Type of inspection:**  
Unannounced

**Completed on:**  
13 December 2021

**Service provided by:**  
Four Seasons Health Care (Scotland)  
Limited, a member of the Four  
Seasons Health Care Group

**Service provider number:**  
SP2007009144

**Service no:**  
CS2003010568

## About the service

Carrickstone House is a care home for older people situated in a residential area of Cumbernauld, close to public transport. The service provides nursing and residential care for up to 80 people, across four purpose-built 20 bedded units. Each unit has a sitting room and dining area and with single bedrooms having en-suite toilet and washing facilities. There is access to outdoor garden areas.

One of the units is funded by NHS Lanarkshire for people who need specific care and it is well supported by NHS healthcare professionals. The service is provided by Four Seasons Health Care (Scotland) Limited, a member of the Four Seasons Health Care Group. The care home has been registered with the Care Inspectorate since 1 April 2011.

At the time of the inspection, there were 73 residents living in Carrickstone.

This inspection was carried out by 3 inspectors from the Care Inspectorate.

## What people told us

We spoke to 10 residents and 8 relatives during our inspection visit. All who could express an opinion, said that they were happy with the service. Comments included:

"Food is good and get choices, plenty of it".

"Happy with my room, girl keeps it nice and clean".

"Staff are nice, get along fine with them".

"Fantastic staff, couldn't be better, they look after him well, very good with him".

"Staff are nice, cheery".

"Very happy -staff show great fondness and great respect. Well looked after".

"Was heart-breaking doing window visits. Used to call and speak to X on telephone. Staff are so supportive - before lockdown had meetings with SW who supported X but the staff always supported me at the meetings. Happy with home".

"As a family we are more than happy with the overall level of care provided. We feel X is in a safe environment and that the staff are responsive to X's needs".

"Appears well looked after and always treated with kindness, dignity and respect".

"The last 18 months as you can imagine has been very difficult.... During this time we received regular updates..... Staff are approachable and courteous".

## 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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### 1.1 People experience compassion, dignity and respect:

Residents were treated with compassion, dignity and respect and staff engaged with people during the inspection in a warm and caring way. Residents and relatives spoke highly of the staff. Residents were clean and tidy and relatives we spoke with told us that this was always the case.

### 1.2 People get the most out of life:

The way people spend their day should promote feelings of purposefulness and wellbeing. People were not consistently supported to take part in meaningful activities including, those within the wider community. Some people we spoke with told us that they/their relative mostly spent their time watching television and rarely went out. Activities coordinators would also benefit from receiving training in the provision of activities.

(See area for improvement 1)

Residents had been supported to keep in touch with people important to them throughout the pandemic. The service had kept family and friends informed about important information about their loved one and the service.

However, visiting had not always been taking place in line with Scottish Government Open with Care guidance and COVID-19 guidance. This could result in people being restricted in visiting their loved ones.

(See area for improvement 2)

### 1.3 People's health benefits from their care and support:

Residents' clinical health needs were generally met well. Where it was required, the service made sure there were investigations, reviews and relevant changes made. There was also input where needed from healthcare professionals and residents had been supported to attend any health appointments.

Medication administration records were not always completed well. We found a number of areas relating to poor recording of medication administration namely:

- Missing signatures.
- Stock gaps.
- Lack of recorded outcomes of administering "as required" medications.

(See requirement 1)

Electronic care planning had recently been introduced, which aimed to improve consistency in recording. Some of the plans contained accurate and current information and had been reviewed regularly. Care plans were not always outcome focussed and lacked information about how to support people experiencing stress and distressed reactions. This could result in people not being supported in the most person-centred way to meet their needs. Care plan audits had not been effective in identifying the issues we had found.

(See area for improvement 3)

Residents were not always supported to make informed choices during mealtimes. Drinks, condiments and clothes protectors were not always offered to people before or during their meal. People were not always

supported to carry out hand hygiene before eating and food was not always covered when being transported.

(See area for improvement 4)

Records showed some people were not support to bathe in keeping with their personal preferences.

(See area for improvement 5)

## Requirements

1. By 13 March 2022, the provider must ensure that medication is administered as prescribed and that clear Medication Administration Records are used which reflect accurate recording of medication administration. Records should also be improved upon to make sure they more accurately reflect the reason and outcome of administering 'as required' medications. Additionally, medication audits should be effective and identify any shortfalls and subsequent actions taken to address areas for development and improve residents' outcomes.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states 'My care and support meets my needs and is right for me'.

This is in order to comply with the Health and Social Care Standards Standard 1.19 which states 'My care and support meets my needs and is right for me'.

SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users.

## Areas for improvement

1. Opportunities should be improved for residents to have access to a range of meaningful activities that they can be involved in.

This is to ensure care and support is consistent with Health and Social Care Standards, 1.19 which states that 'My care and support meets my needs and is right for me'.

This is a repeat area for improvement.

2. Visiting should be promoted fully in line with the Scottish Government "Open with Care" guidance and COVID-19 guidance, to avoid restrictions of people visiting their loved ones. In doing so, all staff, residents and relatives should be made fully aware of the flexibility of the visiting arrangements.

This ensures care and support is consistent with the Health and Social Care Standards, 2.18 which states: 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing'.

3. To ensure people receive accurate and person-centred care, information recorded within care plans should be outcome focused and be consistently and accurately completed. In particular, stress and distress care plans should be comprehensively developed to ensure they reflect both proactive and reactive strategies to support people's individual needs and wishes. Additionally, care plan audits should be effective and identify any shortfalls and subsequent actions taken to address areas for development and improve residents' outcomes.

This ensures care and support is consistent with the Health and Social Care Standard 1.15 which states: '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'.

4. To promote the health and wellbeing of people, the dining experience should be improved upon. People should be offered drinks and condiments along with their meals and be offered clothes protectors. Hand hygiene should be supported prior to and after eating and food should be covered when being transported. Residents should be advised accurately as to what the meal choices are in order to make an informed choice.

This ensures care and support is consistent with the Health and Social Care Standard 3.14 which states: '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' and 1.19 which states 'My care and support meets my needs and is right for me'.

5. People should be supported to bathe in keeping with their personal preference. Where this is not possible, there should be a clear record of the reason why and how this has been communicated.

This ensures care and support is consistent with the Health and Social Care Standard 1.19 which states 'My care and support meets my needs and is right for me'.

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

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

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

People living in the home must be protected from harm and risk of infection. We identified some mattresses that needed to be cleaned/replaced. The service mattress audit had also identified mattresses which were to be replaced. These mattresses were replaced before the end of the inspection.

Personal Protective Equipment (PPE) stations were placed within units to take account of risk as well as distance travelled. However, PPE stations were not always easily accessible for people and/or well signposted.

This is a repeat area for improvement.  
(See area for improvement 1)

We also discussed how the service should review the clinical bin locations.

Recording tools for domestic tasks were not always completed in full. The regular programme of environmental spot checks had not been fully implemented.

This is a repeat area for improvement.  
(See area for improvement 2)

We found there were no frequent formal observations undertaken to ensure staff practices complied with best infection control practice. We saw some staff infection prevention and control practices which could be improved upon.  
(See area for improvement 3)

Some of the lighting within corridor and communal toilet areas was noted to be dull. We requested that as part of the service development plan they review the lighting and the provider agreed to do this.

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

People should experience care from a competent and skilled workforce. A staff training programme was in place however, we found that there were gaps in some of the training which should have been completed. (See requirement 1)

We also found that not all staff had completed annual fire drills. Scottish Fire and Rescue Service have been advised of this under our Memorandum of Understanding.

Although the service was finding staffing challenging at times, we acknowledged that they had tried hard to maintain staffing levels and continued to actively recruit in order to address vacancies.

There was a lack of communication systems for staff to ensure all teams were kept up to date with any important information. Staff supervision and appraisal sessions to help staff reflect and discuss their practice were not happening regularly. (See area for improvement 4)

The management team had identified several areas where they intended to make improvements and appeared committed to completing these.

## Requirements

1. By 13 March 2022, you must ensure that people experience care from a competent and skilled workforce. By doing so, you must demonstrate that all members of staff employed in the provision of care have received relevant training and that the training received, is implemented in practice. Training received must include, but need not be limited to, the following subjects:

- Dementia / stress and distress
- Manual Handling
- Fall prevention and awareness

Additionally, all staff must take part in fire drills minimally yearly, in order to demonstrate their knowledge of emergency procedures to be used in the event of a fire.

This is in order to comply with the Health and Social Care Standards Standard 3.14 which states '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'  
Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210)

## Areas for improvement

1. The locations and access to PPE stations should be improved to ensure staff have easy access to items required for different tasks. Additional signage should be put on display in some areas of the home for the use of both staff and in the future, visitors.

This is to ensure care and support is consistent with the Health and Social Care Standard 4.27 which states: 'I experience high quality care and support because people have the necessary information and resources'.

2. The management should implement improved recording tools for the domestic tasks being completed by the different roles within the home. A regular programme of spot checks and audits should be implemented. Action plans should be put in place and completed where required improvements are identified.

This is to ensure care and support is consistent with the Health and Social Care Standard 4.19 which states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

3. A regular programme of spot checks/audits on staff practices should be implemented to ensure staff practices comply with best infection control practice.

This is to ensure care and support is consistent with the Health and Social Care Standard 4.19 which states: which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

4. The service should establish an effective supervision programme in keeping with the provider's schedule.

This ensures care and support is consistent with the Health and Social Care Standards, 3.14 which states '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'.

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

### Requirements

#### Requirement 1

The provider must ensure their complaints policy is adhered to. This includes, accurate records of all complaints, correspondence, outcomes and actions for improvement. This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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 3 December 2019.**

#### Action taken on previous requirement

We saw examples of outcomes of complaints with relative investigation records and outcome letters.

**Met - outwith 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

Monitoring charts should continue to be improved upon in relation to oral hygiene, pressure relief and food and fluid intake. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.9).

**This area for improvement was made on 31 July 2020.**

#### Action taken since then

Daily records were completed well and the recording system had warnings to alert staff of concerns regarding actions required if not done.



**Previous area for improvement 2**

Opportunities should be improved for residents to have access to a range of meaningful activities that they can be involved in. This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 31 July 2020.**

**Action taken since then**

People were not supported consistently in taking part in meaningful activities including, those within the wider community.

This area for improvement has not been met.  
(See area for improvement 1, Key Question 1)

**Previous area for improvement 3**

The locations and access to PPE stations should be improved to ensure staff have easy access to items required for different tasks. Additional signage should be put on display in some areas of the home for the use of both staff and in the future, visitors. This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 31 July 2020.**

**Action taken since then**

Not all PPE stations were easily accessible for people and/or well signposted.

This area for improvement has not been met.  
(See area for improvement 1, Key Question 7.2)

**Previous area for improvement 4**

The management should implement improved recording tools for the domestic tasks being completed by the different roles within the home. A regular programme of spot checks and audits should be implemented. Action plans should be put in place and completed where required improvements are identified. This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 31 July 2020.**

**Action taken since then**

Recording tools for domestic tasks were not always completed in full. The regular programme of spot checks had not been fully implemented.

(See area for improvement 2, Key Question 7.2)

## 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?	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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