

## Pitkerro Care Centre Care Home Service

146 Pitkerro Road  
Dundee  
DD4 8ER

Telephone: 01382 214 520

**Type of inspection:**  
Unannounced

**Completed on:**  
15 February 2023

**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 a secure garden area accessible from the ground floor units of the home.

Accommodation is provided in four units set over two floors, with each unit having a sitting room, kitchenette, and dining areas. All rooms are single and have en-suite facilities.

Local amenities are available a short distance from the home, and the home itself is easily accessible using public transport.

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.

## About the inspection

This was an unannounced inspection which took place on 15 February 2023. The inspection was carried out by one inspector from the Care Inspectorate.

This inspection focussed on the improvements required from the inspections on 18 July 2022, 22 September 2022 and 11 November 2022. We have reported our findings under the section of this report titled 'What the service has done to meet any requirements made at or since the last inspection.'

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with six people using the service;
- Spoke with six staff and management;
- Observed practice and daily life;
- Reviewed documents.

## Key messages

- Four requirements made at the last inspection had been fully met.
- Good progress was being made to improve the home environment
- Staff were caring, kind and respectful to people they supported
- People benefitted from improvements to the level of activities being provided
- There was a commitment within the staff team to making further progress and improvements

## 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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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**

This inspection focussed on improvements required from the inspection on 11 November 2022.

We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

As significant improvements had been made since the last inspection, and the requirements for this key question had been met, we have re-evaluated the grade to adequate.

## How good is our leadership?

**3 - Adequate**

This inspection focussed on improvements required from the inspection on 11 November 2022.

We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

As significant improvements had been made since the last inspection, and the requirement for this key question had been met, we have re-evaluated the grade to adequate.

## How good is our staff team?

**3 - Adequate**

This inspection focussed on improvements required from the inspection on 11 November 2022.

We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

As significant improvements had been made since the last inspection, and the requirement for this key question had been met, we have re-evaluated the grade to adequate.

## How good is our setting?

**3 - Adequate**

This inspection focussed on improvements required from the inspection on 11 November 2022.

We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

Although the date for the requirement for this key question had not been reached (31 March 2023), there had been significant improvements made to the home setting since the last inspection. We have therefore, re-evaluated the grade to adequate.

The provider was committed to making further improvements to the environment within all units in the home.

### How well is our care and support planned?

**3 - Adequate**

This inspection focussed on improvements required from the inspection on 11 November 2022.

We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

As improvements had been made since the last inspection, we have re-evaluated the grade to adequate.

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

### Requirements

#### Requirement 1

By 10 February 2023, the provider must ensure that service users experience care in an environment that is safe, and minimises the risk of infection. In particular you must:

- a) Ensure that the internal premises, furnishings, and equipment are safe, clean, and fit for purpose.
- b) Ensure that all food that has passed its use by date is disposed of.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

This requirement was made on 11 November 2022.

#### Action taken on previous requirement

The home environment was clean, tidy and brighter due to new lighting which had been fitted throughout the units. Furnishings and equipment were clean, safe and fit for purpose.

Cleaning records were being completed and these were part of the regular audits within the quality assurance processes. This made sure that an accurate account of the level of cleanliness and hygiene within the home was being completed.

Food items which were stored in the kitchenette areas of each unit were all labelled when they had been opened and when they should be disposed of. All items were in date.

## Met - within timescales

### Requirement 2

By 10 February 2023, the provider must ensure people's independence is supported, and their emotional and social needs are met. To do this, the provider must, at a minimum:

- a) Record people's preferences and choices in relation to meaningful activities.
- b) Provide regular meaningful activities suitable for people's choices and preferences.
- c) Provide people with purpose, and support to achieve their potential.
- d) Appropriate activities should be available within and out with the home.

**This is in order to comply with Regulations 3 (Principles) and 4(1)(a) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).**

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

**This requirement was made on 11 November 2022.**

### Action taken on previous requirement

The activity co-ordinator role had been advertised and interviews carried out, but no suitable candidates were available. The vacancy was being progressed. Two other part-time co-ordinators were in post and additional support and guidance was being provided to support them in this role. The manager had a strong focus and oversight of the activities and a commitment to strengthen and develop these further.

Five acting seniors had started in post and part of their role now was to oversee and support the staff to provide regular activities in each unit.

Activity planners were in each unit highlighting what was being planned and when. The plan was flexible and linked to people's preferences. The plan was changed when people requested a different activity. People were involved in choosing what activities to purchase and plan. This made sure people's choices were used to decide on the activities being provided.

Photographs of people participating in activities provided a good account of how much people enjoyed the activities being provided. People were fully involved in preparing the activities and events. They had been involved in making decorations for Christmas, a Burns Supper and a Valentine's tea dance in the home.

An external activity company were providing regular activities within the home. They were providing an activity during the inspection. This was a very lively activity using music and chair based movements to engage people. There was lots of laughter and humour involved which people were enjoying.

Plans were being progressed to link further with community groups and activities to increase opportunities for people to get out and about in the community for things they enjoy.

Peoples' support plans provided a nice level of information on what the person enjoys doing and guidance for staff on linking appropriate activities to support the person. Social histories provided information for staff to enable them to further tailor activities to peoples' preferences and abilities.

### Met - within timescales

#### Requirement 3

By 10 February 2023, the provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes. To do this, the provider must, at a minimum:

- a) There is a quality assurance system in place to support a culture of continuous improvement.
- b) Effective action planning takes place within reasonable timescales which addresses identified areas for improvement.
- c) Ensure the quality assurance systems and processes in relation to infection prevention and control, and care practices are further enhanced.

**This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).**

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).**

**This requirement was made on 11 November 2022.**

#### Action taken on previous requirement

The manager met weekly with the external care consultant who was supporting the service. These meetings included reviews of the audits being carried out by the service. The care consultant shares this information with the managing director who uses this as part of his weekly meetings with the manager. This provides an additional level of assurance about the quality of service being provided, and is a further support for the manager.

A range of audits were being carried out, and records showed areas for improvement were being identified, progressed and completed.

The care consultant also carried out regular audits to confirm improvements are identified and progressed appropriately. This was a useful additional assurance of the quality of the service being provided.

Training opportunities had increased for staff, including awareness and understanding of providing care with dignity and respect. The importance of attending these had been reinforced strongly by the manager, and uptake on attending training had increased in the staff group.

Observations of staff practice was part of the quality assurance systems. This included overnight visits carried out by both the manager and deputy each month. This enabled them to review and confirm the standard of care and support provided throughout the home at different times.

### Met - within timescales

## Requirement 4

By 10 February 2023, the provider must ensure service users are cared for and treated with dignity and respect. To do this, the provider must, at a minimum:

- a) Ensure all staff receive appropriate training in values and principles of good care.
- b) Implement a system to review staff practice and take appropriate action when improvements are identified.
- c) Staff are aware of, and take account of their professional codes of practice.

This is in order to comply with Regulations 4(1)(a) and (b) (Welfare of Users) and 15(b) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement was made on 11 November 2022.

### Action taken on previous requirement

Staff had received additional training which included awareness and understanding of the principles of good care, and dignity and respect in care practice.

Staff practice was reviewed through the quality assurance systems which were carried out regularly. Any identified areas of practice which needed to improve were actioned promptly by the manager and deputy.

Staff were able to discuss how the training had influenced and improved their practice. They showed awareness and understanding of their codes of practice when supporting people living in the home.

Staff provided warm, friendly and encouraging care. Peoples' individual levels of independence were being supported.

At the lunch time meal, staff supported people at a pace which suited their abilities and were unhurried and caring. People were treated with respect. A person living in the home said at the lunchtime meal "are there no eggs for lunch?". Care staff informed kitchen staff and they cooked fried eggs as part of his lunch. This showed peoples preferences were respected and supported.

### Met - within timescales

## Requirement 5

By 31 March 2023, the provider must ensure the service is decorated and maintained to a standard appropriate for service users' level of independence, abilities, and support needs.

To do this, the provider must, at a minimum:

- a) Implement a system for reviewing the home environment to identify required improvements.
- b) Develop and implement an action plan detailing how the required improvements will be met, and timescales.
- c) Ensure all fixtures and furnishings are fit for their purpose.
- d) Any furniture or equipment not fit for purpose must be removed or replaced.



This is in order to comply with Regulations 10 (2)(b)(c)(d) (Fitness of premises) and 14(b)(c) (Facilities in care homes) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.23), and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

This requirement was made on 11 November 2022.

#### Action taken on previous requirement

This requirement was not assessed at this inspection. Date to be completed by had not been reached.

#### Not assessed at this inspection

## 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	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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