

Pitcairn Lodge Nursing Home Care Home Service

Kirkston of Skene
Westhill
AB32 6XT

Telephone: 01224 742 888

Type of inspection:
Unannounced

Completed on:
28 November 2023

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378614

About the service

Pitcairn Lodge Nursing Home is a modern, purpose-built home set within landscaped grounds between the villages of Elrick and Kirkton of Skene to the west of Aberdeen. The service is registered to provide a care service to a maximum of 55 older people. The provider is Sanctuary Care Limited.

Accommodation is provided across two units. There are 48 bedrooms with en-suite facilities and seven rooms have hand wash facilities only. There are a variety of communal lounges and dining areas.

There were 55 people living in the home at the time of inspection.

About the inspection

This was an unannounced follow up inspection which took place in the service on 23 November 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with five people using the service and four of their family;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with one visiting professional.

Key messages

- People's health needs were well managed.
- Significant improvements had been made to quality assurance processes.
- Families reported being happy with the care and support their loved ones received.
- People were at the centre of their personal plan.

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?	4 - Good
How well is our care and support planned?	4 - Good

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 completed a follow up inspection to measure the action taken in response to two outstanding requirements to ensure that health needs including mental health needs of individual residents are adequately assessed and met.

Sufficient improvement had been made to meet this requirement. We changed the evaluation of quality indicator 1.3 People's health and wellbeing benefits from their care and support to good.

Please see the section of this report entitled "What the service has done to meet any requirements made at or since the last inspection" for further information.

How good is our leadership?

4 - Good

We completed a follow up inspection to measure the action taken in response to two outstanding areas for improvement to ensure people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

Sufficient improvement had been made to meet this requirement. We changed the evaluation of this Key Question to good.

Please see the section of this report entitled "What the service has done to meet any areas for improvement made at or since the last inspection" for further information.

How well is our care and support planned?

4 - Good

We completed a follow up inspection to measure the action taken in response to an outstanding requirement to ensure that personal plans and associated documentation identifies all risk, health, welfare, and safety needs in a coherent manner, including how needs are met.

Sufficient improvement had been made to meet this requirement. We changed the evaluation of this Key Question to good.

Please see the section of this report entitled "What the service has done to meet any requirements made at or since the last inspection" for further information.

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

Requirements

Requirement 1

By the 15 October 2023, the provider must demonstrate that the service has systems in place to ensure that the mental health needs of individual service users are adequately assessed and met.

In order to do this, the provider must:

- a) Ensure that staff have the necessary skills and experience to work in conjunction with external professionals when people who use the service require investigations or monitoring to be carried out.
- b) Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists.
- c) Ensure that planned support is fully implemented for people with specific mental health needs including support with symptoms of stress or distress.
- d) Ensure that managers and senior staff monitor and audit people's mental health needs, care and support robustly.

This is to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This is to ensure that 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 1.19).

This requirement was made on 19 May 2023.

Action taken on previous requirement

Staff were observed responding sensitively, providing support and reassurance on occasions when people were distressed.

Where people experienced stress or distress, there was clear guidance and direction for staff on how to support the person. This helped to reduce people's anxiety and de-escalated potentially difficult situations which meant people were being kept safe. One family member told us that they had seen a "huge improvement" in their loved one's care as they are more settled and content now.

Behaviour charts were being completed to inform assessment of stress and distress. This helped to understand why particular behaviours were taking place, which will inform further assessment of needs and support strategies for people.

Regular clinical meetings had been held to review people's health needs.

Staff had received training in stress and distress and dementia care which provided staff with the necessary skills and knowledge to support people. This is to be a focus topic for discussion at an upcoming staff meeting.

This requirement has been met.

Met – outwith timescales

Requirement 2

By the 15 October 2023, the provider must demonstrate that the service has systems in place to ensure that the health needs of people who live in the service are adequately assessed and met.

In order to do this, the provider must:

- a) Demonstrate that staff will contact relevant healthcare professionals promptly when people who use the service require treatment or their health condition is not improving.
- b) Ensure that staff have the necessary knowledge, skills and experience to assess when people who use the service require further assessment, investigation or treatment.
- c) Ensure that anticipatory care support is fully implemented in line with people's wishes and personal plan.
- d) Ensure that managers and responsible staff monitor and audit people's health needs robustly.

This is to comply with: Regulation 4(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) 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 requirement was made on 19 May 2023.

Action taken on previous requirement

People benefitted from regular access to health care professionals including specialist nurses, podiatry, and GPs. Referrals had been made to relevant healthcare professionals when people required treatment or their health condition was not improving.

People's personal plans reflected people's specific health conditions and provided guidance to staff to provide effective support to people. Families and people were involved in developing their personal plans which ensured support was being tailored to meet their needs and wishes.

Arrangements were in place for regular monitoring and evaluation of matters that can impact on a person's health or wellbeing. This included skin condition, weight, and mobility. This kind of monitoring assisted people to keep good health, as it meant any concerns were identified early and was then, usually, easier to address.

People's nutrition and hydration needs were being met. We found that mealtimes were positive, and that people enjoyed healthy meals and snacks which were well presented. This promoted good health and wellbeing for people. The recordings of people's food and fluid intake were undertaken timeously on an electronic system which alerted staff and management if someone was not consuming their recommended daily intake. This meant any concerns were identified quickly and addressed.

People had risk assessments in place in relation to falls management and skin care and these were reviewed

on a regular basis. We found when people had experienced a fall, people's care was reviewed and updated to meet any changes in their care and support.

Staff regularly reviewed people's health needs through clinical meetings. This meant that people received care and support based on their current circumstances.

Systems were in place to support staff development which included undertaking staff competencies and the introduction of observed practice. A training matrix was in place which showed a high uptake of relevant training. This helped to ensure people were being supported by a competent and confident workforce.

Anticipatory care plans were detailed and reflected people's individual needs and wishes. This helps to enable staff to respect people's wishes and promote a dignified death.

The service was well led, with the manager having a good overview of people's health needs. The manager was focused on supporting the team to deliver good care to people.

This requirement has been met.

Met - outwith timescales

Requirement 3

By 15 October 2023, the provider must ensure that personal plans and associated documentation identifies all risk, health, welfare, and safety needs in a coherent manner, including how needs are met.

In order to do this, the provider must:

- a) Demonstrate that written information about accidents or incidents involving residents is accurate and up to date.
- b) Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- c) Provide training so that staff are aware of their responsibility in maintaining accurate records of accidents and incidents.
- d) Demonstrate that staff follow policy and best practice about record-keeping and documentation.
- e) Demonstrate that accidents and incidents are adequately investigated in line with policy and best practice.
- f) Demonstrate that managers have adequate oversight of all accidents and incidents.
- g) Demonstrate that managers are adequately involved in the auditing and monitoring of records.

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 is to ensure that care and support is consistent with Health and Social Care (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty. (HSCS 3.18)

This requirement was made on 19 May 2023.

Action taken on previous requirement

Records of incidents and accidents are kept on an electronic system which provided the management oversight and prompts them when information is outstanding. These records showed us that staff had taken the right actions to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

A new electronic personal plan system had been introduced which provided staff with essential information to provide person centred support to people. People's personal plans were well written with good information to lead and guide staff on how best to support the person.

This requirement has been met.

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

The service should demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

In order to do this, the service must.

- a) Review the complaints procedure regularly to ensure it remains current and appropriate for Pitcairn Lodge.
- b) Ensure that residents and their representatives are provided with a copy of the complaint's procedure.
- c) Develop staff awareness on how to recognise, investigate and respond to complaints.
- d) Ensure that complaints are robustly investigated. Written responses should clearly detail the findings of the investigation, action taken, and lessons learned to improve outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'. (HSCS 4.21)

This area for improvement was made on 19 May 2023.

Action taken since then

We observed copies of how to make a compliment or complaint leaflets in easy read format to be accessible at the entrance to the home.

Relatives and staff told us they felt able to raise any issues or concern with the manager and had confidence that this would be acted on. One family member told us that they "feel listened to" and another said you

always get "very good responses" from the manager, and that the "communication is very good". This contributed to people feeling valued.

The service maintained a log of all complaints received and when informal concerns had been raised. This included a record of what actions had been taken. We saw evidence of a written response being provided to a complainant.

This area for improvement has been met.

Previous area for improvement 2

To improve outcomes for people, improvements should be made to the quality assurance processes to ensure that audits are carried out fully and used to inform service improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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 17 July 2023.

Action taken since then

People's views about the service were considered during regular resident and relatives' meetings. One person told us that "I am asked what I think" and a family member told us that there had been "lots of involvement" which included planning of their loved one's care and activities. People were also involved in the recruitment of staff to the home. This meant people were regularly consulted about their support and the service that they received.

Quality assurance processes were undertaken through an electronic system and were effective. A full and comprehensive system of audits were in place and regularly completed. Each audit generated an action plan for the home, of which senior management had an overview. This meant we could be confident that improvements were driven forward.

Daily flash meetings took place which were attended by the representative from each staff group. This meant that the manager had a clear oversight of the daily plans and needs of the home.

This area for improvement has been met.

Previous area for improvement 3

To ensure people have access to outside spaces which are free from hazards the provider should undertake a risk assessment of the decking and resolve any concerns around environmental hazards in this area.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment". (HSCS 5.24).

This area for improvement was made on 17 July 2023.

Action taken since then

Improvements had been made to the outside decking area, which had been sanded and painted which reduced people's risk of slips and falls. A risk assessment of this area had been completed and a further plan of improvement is in place.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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