

# Canmore Lodge Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 June 2024

**Service provided by:**  
Barchester Healthcare Ltd

**Service provider number:**  
SP2003002454

**Service no:**  
CS2007142850

## About the service

Canmore Lodge Nursing Home is a well-established care home that is owned and managed by Barchester Healthcare Ltd. It is a purpose-built care home, situated in a quiet area on the fringe of Dunfermline town. The contemporary property is a single storey and has been designed to provide disabled access. The service can provide 24 hour care and support to 72 people; during the inspection, 68 people were living in the home.

The building is set in a well-tended landscaped garden with adequate car parking at the front of the home. The home is close to local facilities and is on a bus route.

## About the inspection

This was an unannounced inspection which took place between 20 and 26 June 2024. 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 six people using the service and seven of their relatives
- spoke with three visiting healthcare professionals
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- The service had a very effective management team
- People benefitted from a strong, core staff team who knew them well.
- People were included in decisions about service delivery.
- People were supported to spend their days in ways meaningful to them.
- The home had a very calm, relaxed and friendly atmosphere which people told us they really appreciated. and enjoyed.
- Visiting relatives we spoke with said staff were a very good support to them.
- Record keeping relating to a controlled drug needed to be improved.

**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?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 5 - Very Good

We were confident that people's health and wellbeing benefitted from their care and support.

Our observations concluded that people were supported and cared for in a very kind and compassionate way. This was reflected in what people told us. One visitor said "It's first class cleanliness and they're (staff) skilled at their jobs. They're all pleasant to talk to and I can't find any faults. They're attentive to her (person's loved one) and she gets everything she needs. They phone me if there is anything at all and reassure me. She gets plenty to eat and spends her day in the lounge; there are always staff in there. She doesn't like activities but there is always something happening. The staff support me, the management is very approachable. I can't think of anything that could make it better; top marks for everything, it's a godsend".

Personal plans were person-centred, reflecting people's needs, wishes and choices. This was a very good example of holistic care and support for the person. Plans provided the detailed information and guidance staff required to deliver safe, consistent and effective care and support. Personal plans were reviewed regularly so we were assured that people's current needs continued to be assessed and met.

Recording of the care and support provided for people, including nursing care, was robust. Regular health checks were carried out. This reduced the risks of harm and poor health outcomes such as malnutrition and pressure ulcers. Appropriate action was taken to address any concerns identified during health checks. This included making referrals to health professionals, including dietitians and speech and language therapists and we were satisfied that people had access to all relevant health professionals as required. In addition, services from professionals such as physiotherapists and music therapists were made available by the provider. This improved people's health and wellbeing. The GP that carries out weekly rounds at Canmore Lodge told us "The standard here is very high, it's great. The staff are really interested and enthusiastic. They have good ideas and are definitely on top of people's needs; they don't even have to look at their notes. Communication is great; just great, if there is a problem, they put it in the diary, if it's urgent they call the duty doctor. Nothing can be improved and that's why I bring my students here".

Risks to people such as falls and choking were assessed and mitigated. Risk assessments were reviewed on a regular basis to meet people's changing needs and person specific risk assessments were developed as required; for example, where people living with dementia may try to leave the care home.

The provider recognised the risk of people living with dementia experiencing stress and distress whilst being supported with personal care. People were supported to take positive, life enhancing risks to maintain their abilities to carry out their own personal care as much as possible. This supported people's emotional and psychological health and wellbeing and demonstrated very good practice. We spoke to few visitors whose loved one had resided at Canmore Lodge but had sadly passed away. They explained they kept visiting the home as they still felt part of the family and they found it to be a very good source of support and stability for them. One of them told us "The care was above and beyond; she lived to 97 due to the care she got here. We knew she was getting looked after. When she was at the end of her life, they gave me a spare room so I could stay with her, I wouldn't have anyone say a bad word about them. I love this place, she loved this place, from the cleaning to the laundry staff. Nothing could have improved, this was the pinnacle for mum, she just loved them. It's an 'above and beyond' care home. If it wasn't for this place, mum would have been away years ago".

We looked at the medication administration and recording systems and we were confident people were getting the right medication at the right time. People's prescriptions were reviewed regularly to ensure they met people's current needs. However, we found a discrepancy in the recording of a controlled drug. Although we were confident this would have been noticed during the weekly audit, it was clear the necessary checks had not been carried out by the relevant staff in accordance with national and organisational guidance. See area for improvement 1.

We spent time with people during lunch. Interactions between people using the service and staff were warm and relaxed. Staff knew people well, including their preferences and choices. We observed a person, who was living with dementia, who found it difficult to make a choice between main courses. The staff member concerned gave the person time to consider the choices and encouraged them to make their own decision. They provided caring and compassionate support. The mealtime experience was relaxed and unhurried. Staffing levels during mealtimes were prioritised to ensure people who required support with eating and drinking could enjoy their meals whilst hot. We noted support was discreet and considered people's dignity and sense of identity.

People were supported to spend their time in ways that were meaningful and purposeful for them. We identified this support as an area of strength and good practice. The provider recognised that supporting social engagement and interaction was integral to people maintaining their physical, emotional and psychological health and wellbeing.

Support was available seven days per week between 7.30am and 5pm. Person-centred support was provided for people as their needs changed. People could participate in group activities and/or be supported on a one-to-one basis. We thoroughly enjoyed attending the "knit and natter" group during the inspection. People had a range of skills and experience of knitting. Some people could no longer knit as they once had as a result of health concerns. However, the group was inclusive, and people enjoyed the atmosphere and the chat. Staff supported people individually when required and told us they had learned to knit themselves so they could help people with their knitting. The hairdressing salon increased people's self esteem and sense of identity and the Namaste room provided a quiet, relaxing space for people to spend time on their own or with friend and relatives.

Assessments of people's social and emotional needs and abilities were carried out to ensure support reflected people's interests and abilities. Regular reviews ensured support continued to meet people's changing needs. Records were kept of the support people received, as well as people's engagement and outcomes. Events and activities provided were evaluated by the team to assess their impact and outcomes.

People living in the home told us the care and support they received was "fabulous". One person told us "Staff can't do enough for us; they are all so kind". People said there were always plenty of staff around but also recognised when people needed time to themselves.

We had no concerns about the infection prevention and control (IPC) practices in the home. It was clean and clutter free throughout. We saw staff wearing protective clothing and handwashing when appropriate. People we spoke with told us the home is always spotless and smells fresh, including people's bedrooms and ensuite toilets.

## Areas for improvement

1. To support people's health and wellbeing, the service should ensure that medication is managed in line with the policy of the service, and the commissioning body if applicable. An accurate record of all controlled medication should always be kept.

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

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This included ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high-quality care. Service providers must also support staff's wellbeing to ensure people's care and support is not adversely affected.

The provider was developing systems and processes to implement the legislation and develop staff practice. We noted a commitment to ensuring people experienced optimum outcomes as a result of using the service. The provider was part of the Care Inspectorate's safe staffing implementation group, where a group of providers collaborated with the Care Inspectorate to plan how the legislation could be implemented in practice. The provider had developed safe staffing policies and guidance to support this process.

Staff turnover was very low in the care home. Staff we spoke with told us they were happy in their roles. Staff felt valued and supported. Staff were confident that any issues or concerns they raised would be addressed. Staff retention rates had a positive impact on people's outcomes and experiences as it provided consistency of care and support. Staff had access to regular supervision with their line manager and team meetings. Staff recognised these opportunities as a safe space to ask questions, seek guidance and address any practice issues or learning. Additional wellbeing resources, for instance, external counselling and support services were also provided for staff.

The provider used a tool to calculate the numbers of staff required to meet people's care and support needs safely and effectively. Initial assessments of people's care and support needs were carried out. This detailed information was analysed to determine the level of care and support people required. Assessments were carried out on a monthly basis to ensure staffing levels continued to reflect people's needs. The findings of assessments also informed the number of staff required in different areas of the home. We felt the addition of the support given by members of the meaningful engagement team would provide additional evidence of the impact of staffing levels and skills on people's outcomes and experiences.

We were confident that staff worked well together. Rotas were carefully planned to ensure the staff on shift had the range of skills and abilities to enable them to meet people's care and support needs safely and effectively. This included ensuring staff had undertaken appropriate training. Other factors taken into account were staff's experience, mix of established and new staff, staff's strengths, gender mix where appropriate, relationships between people using the service and staff, and staff's knowledge and understanding of people.

New staff were supported by a robust induction. Regular reviews were carried out during staffs' probationary period. This ensured staff were being supported to develop the necessary skills, knowledge and abilities. Staff were assessed as competent by their line manager/supervisor before being confirmed in post.

We noted staff's ability to transfer learning into practice was assessed by practice observations. This was currently in relation to moving and handling practice and infection prevention and control. The nursing clinical lead carried out observations of staff practice in supporting people living with dementia who experienced stress and distress. However, these observations were not recorded, so we could not assess the findings and how areas for improvement were addressed. The provider should continue to develop their systems and processes to ensure people's health, safety and wellbeing.

## 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 needs to complete the end of life care plans for all people in the service, to ensure their needs and wishes are respected should they become unwell.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This area for improvement was made on 6 January 2021.**

#### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because although some anticipatory care plans were in place, they lacked details of individuals' personal preferences. Also, not everyone had an anticipatory care plan. These care plans provide an important opportunity for people to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell.

During this inspection we saw everyone had an anticipatory care plan in place. They contained information such as who to contact when unexpected events occur. Although they lacked in details relating to individual preferences, the organisation had developed 'Supporting End of Life Care Care Plans'. These were put in place if somebody became very poorly and contained very good information to inform staff of people's preferences during their end of life care.

**This area for improvement was met.**

#### Previous area for improvement 2

In order to reduce the risk of cross contamination, staff should ensure they follow best practice guidance and that hand hygiene is performed at every opportunity.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 organizational codes' (HSCS 3.14).

**This area for improvement was made on 6 January 2021.**

### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because we saw that while carrying out a single task for a number of people, hand hygiene was not always performed between people; for example when visiting multiple rooms to get menu selections or after assisting one person to the dining room before the next.

The last inspection was carried out when Covid-19 restrictions were in place and extra vigilance was necessary. However, staff should always follow good hygiene practice to reduce the risk of the spread of any infection. During this inspection we had no concerns relating to IPC (Infection prevention and Control) and saw staff wearing appropriate PPE (Personal Protective Equipment) and handwashing when appropriate.

This area for improvement was met.

### Previous area for improvement 3

The provider should ensure that all maintenance issues including damaged surfaces are reported and repaired in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.21).

**This area for improvement was made on 6 January 2021.**

### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because we saw the majority of surfaces to be well maintained; however, some of the handrails, doors, frames and equipment surfaces and finishes were worn away preventing effective cleaning. We were told that the repair of these would be scheduled.

During this inspection we saw the repairs had been carried out and an ongoing maintenance plan was in place to repair wear and tear as it happened.

**This area for improvement was met.**

## 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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