

Northcote Lodge Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
14 March 2024

Service provided by:
Northcote Lodge Trust

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About the service

Northcote Lodge is located in the quiet residential area of Airyhall in Aberdeen. The service aims to provide a 'personalised' level of care and support to maintain independence and individuality. It is registered to provide a care service, up to a maximum of 60 older people.

The home is a modern two storey building, and is accessible for all people. There are distinct areas, each having their own lounge and dining area and the spacious rooms are all en-suite. The home has two enclosed garden areas for residents to enjoy safely, as they wish. There are two summerhouses, a putting green and various outdoor games available.

The home also has a chapel which people and their families can use and services are held regularly.

Northcote Lodge has a café located by the front reception area serving home bakes, soup, sandwiches and snacks. This provides a space for people to enjoy socialising with friends, family and visitors.

About the inspection

This was an unannounced inspection which took place on 11 and 12 March 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 sixteen people using the service and five of their families
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional

Key messages

- People benefitted from a stable staff team who knew them well.
- The service was well maintained with a high standard of housekeeping.
- Care plans were detailed and person centred.
- The manager was visible and accessible to residents, visitors and staff.
- Activities needed to be developed to be meaningful and personalised for all residents.

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 leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very 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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care and support that was person centred, with kind and caring interactions. There was a pleasant atmosphere in the home with appropriate, friendly banter between staff and residents. People told us 'Staff are friendly and engage well with mum' and 'On the whole, the carers get a 90% plus from me'. Staff had developed positive relationships and knew people well. Where people were experiencing stress and distress, staff used their skills and knowledge to assist them compassionately. This meant that people experienced nurturing care and support.

There was a range of activities for people to enjoy on a weekly basis if they wished. Some people were enjoying a seated exercise class together with lots of fun and laughter. People who were less able, had a list of activities they could do on a one-to-one basis in their room. We were told by some people that the planned activities were 'not of interest to them' and 'I'm too old to answer questions about the 70s and 80s'. Others told us 'One of the resident's sister plays the violin and I accompany her on the piano at concerts. We have played at two concerts in here. Everyone enjoyed it'. Some people would benefit from exploration of activities more suited to them. Most people were able to have personalised, meaningful activity in their lives to increase a sense of wellbeing and keep healthy.

People's care plans showed that they were able to access a range of services such as occupational therapy and district nurses, and had attended routine health screening appointments. This ensured people were appropriately accessing other professionals' support to optimise their health.

There was an organised system in place for administration of medications which was audited monthly by management. A protocol was in place for administration of homely remedies and where 'as required' (PRN) medication was prescribed, it was given appropriately. This meant people could be confident their medication was available and being administered safely. People would benefit from staff recording the outcome of administering their PRN medication to ensure this remained effective.

Personal plans were very detailed and contained information on how to care for people using a person-centred approach. It was good to see the 'getting to know me' life story document which had been completed with residents and their families. It was clear to see that staff knew people really well. This meant that staff could use this information to engage with people to support them to achieve their goals.

People were encouraged to enjoy meals in the dining areas together. There was a quiet, unhurried feel to the dining experience and people were enjoying their meals which looked appetising. One resident who required assistance did wait longer than anticipated for her soup, however, once prompted, staff responded quickly. People told us 'I don't like too many sweet things. I ask and get cheese with plain biscuits and grapes instead' and 'I don't like kippers, so I get a bacon roll'. Although visual choices were not offered, it was clear that people were listened to and were able to request alternative meal options. There were also a variety of drinks and snacks available for people to enjoy in the cafe area on ground floor. One resident told us 'They pour my sherry for me, that's important'.

The home was visibly clean and tidy with cleaning protocols in place. The housekeeping manager was very knowledgeable and worked hard, supporting staff to maintain the current high standard of cleanliness. People could be confident that they were being cared for in a clean and healthy environment.

People were connected to those that were important to them and we saw evidence of them being able to call families either by phone or video call. This meant staff enabled people to stay connected and in touch with loved ones.

How good is our leadership?

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.

Management had systems in place to assess the performance of the service which incorporated a wide range of audits. This provided good oversight, with feedback given to staff on any areas requiring improvement. There was a whole team approach to quality assurance and health and safety, with all staff members reporting concerns they might come across as they went about their duties. This meant that people could be reassured that the service benefitted from a culture of continuous improvement.

A robust system was in place to monitor people's finances. Regular, financial audits were being completed and people had access to their money when required. This promoted choice and gave people reassurance that their money was safe.

Management had a clear understanding of what was working well in the service and where improvements were needed. The needs and wishes of those experiencing care were central to service planning and development. Improvement and action plans were available for some parts of the service however they would benefit from a more formal, whole service improvement plan. This would keep everyone informed of what needs to improve in the service and aids accountability among those responsible for making the necessary improvements.

Regular care reviews were taking place and were attended by the people who received care and people who were important to them. There was evidence to support that staff were proactive in discussing changes to people's care provision and taking appropriate action as necessary. This meant people's views were taken into account to enhance their care experience.

Documentation of accidents, such as falls in the service was detailed. Management had a system in place whereby all accidents were followed up to ensure appropriate action had been taken and to minimise risk of future falls. The service should improve on the reporting of accidents to the Care Inspectorate to promote people's safety and wellbeing. We will follow this up at our next inspection.

We were told 'Management are very supportive and 'The manager has been really nice'. People said that they felt confident raising concerns and providing feedback, and where they had done so previously they had experienced a satisfactory conclusion. Most people told us that they would raise any concerns directly with the home manager. Residents told us that they felt safe in Northcote Lodge and 'I feel listened to if anything is wrong. This a good home'. People were reassured that any concerns were welcomed and responded to appropriately.

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.

Staff were positive, motivated and enthusiastic about their work. They were clear about their roles and what was expected of them and demonstrated a good knowledge of people's care and support needs. Staff were working well together as a team. People told us 'Staff are kind, very good' and 'I find them all very pleasant'. People had confidence in the team who supported them with their care.

Staff were receiving supervision on a regular basis and told us that this was seen as positive and supportive. There was a learning culture embedded in the service. Some staff told us about how they were encouraged to engage in a variety of training and that their suggestions for training were listened to. This helped to improve staff morale.

Management were carrying out staff observations to monitor any practice issues. Staff were practicing in a way which was consistent with Health and Social Care Standards. Feedback was given to staff in order for them to improve or to highlight good practice. This meant any areas for improvement were picked up quickly in order to deliver good quality care to people.

Management had good oversight of training and compliance was at an acceptable level. Staff training on Adult Support and Protection was taking place at the time of inspection. Most training was carried out face to face which staff felt was positive. Staff could translate the training into practice to enhance the care for people.

Meetings for staff, residents and relatives took place regularly with a focus on the people in the service. Daily flash meetings and senior care meetings focussed on the health and wellbeing of residents. This enabled staff present to discuss and assess the effectiveness of the care and support. This helped people receive the care and support that kept them healthy and well.

How good is our setting?

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 service was clean and fresh in all areas and free from intrusive odours and noise. Most of the home had benefitted from recent redecoration and the housekeeping department were working hard to maintain the existing high standard of cleanliness. This meant people could enjoy a calm, pleasant environment to spend their time.

People had large single rooms with spacious en-suite facilities. The rooms were decorated well and furnished with personal items from home such as ornaments, furniture and pictures. People told us 'We were able to customise her room with her pictures and flowers' and 'I have nice facilities here. The bathroom is large'. It was clear that people were encouraged to personalise their rooms to make them feel more comfortable and homely.

We saw that maintenance records were in place and up to date. The home had three maintenance persons who were knowledgeable in maintaining all aspects of the home to a high standard. All staff worked together as a team to report any faults or maintenance issues to keep the environment as safe as possible. People felt reassured that the maintenance of the service was upkept to maintain their safety.

There were seating and dining areas in all units of the home. There were also smaller quiet lounges to use as well as a saloon bar. Some people enjoyed their own company and preferred to sit in their room. Staff respected their choices and carried out regular checks for safety and to ensure that people's needs continued to be met. A large café on the ground floor provided a social space for people and their families to enjoy. All areas were bright and well-lit with comfortable seating. We observed people freely accessing these spaces. This meant that people could choose where to spend their day and have privacy when they wanted.

People had access to outside space in the large grounds surrounding the home. The gardens had a mixture of grassed areas, patio areas with seating and summer houses. We were told 'I go for a walk in the grounds every morning, get fresh air into my lungs' and 'We went out locally to a hotel and had afternoon tea'. This meant that people had access to not only the immediate outdoor spaces to get fresh air, but also access to the local community facilities, which contributed to their wellbeing.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans were consistent, comprehensive with lots of specific detail. We saw evidence of these being reviewed and monitored regularly. Care plans were informed by a range of assessment tools which helped maintain people's health and wellbeing. Appropriate support and advice was sought from other professionals when required. Plans were person centred and this meant that people had been involved in shaping their care.

Some people required assistance to maintain their daily fluid intake. The service should make improvements to check people have a target fluid intake and that this is recorded and monitored each day. This would ensure people's level of hydration was being met. **(See area for improvement 2)**

Detailed anticipatory care plans had been completed with people which helped staff to identify what actions should take place when they reached the end of their lives.

Do not attempt cardio pulmonary resuscitation (DNACPR) documentation and copies of legal powers were in place where appropriate. Staff would benefit from training on how best to support people who are unable to make decisions for themselves, to increase their understanding and inform their practice. This means that only people with formal or legal powers would be able to be involved in decision making on behalf of people without capacity. **(See area for improvement 1)**

There were a variety of risk assessments in people's files which were reviewed on a regular basis. People's level of risk was being monitored regularly to ensure the appropriate measures were in place. Management should review the level of risk with the use of lap straps on wheelchairs for residents. This is to ensure people's safety and wellbeing. This was discussed with the management team and we will follow this up at our next inspection.

Areas for improvement

1. To protect people's rights to consent and decision making, the provider should ensure that issues in relation to a person's capacity are clearly recorded and that staff understand the principles of the supporting legislation.

This should include but is not limited to training for staff in Adults with Incapacity (Scotland) Act 2000.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12)

2. In order for people to achieve optimum hydration to maintain their wellbeing, the provider should ensure that improvements are made to help people maintain adequate fluid intake. Fluid balance charts should contain a daily target intake and be checked regularly to ensure that this is achieved.

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 1.19)

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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