

Carlingwark House Care Home Service

Carlingwark Street
CASTLE DOUGLAS
DG7 1TH

Telephone: 01556 505060

Type of inspection:
Unannounced

Completed on:
22 January 2024

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000288

About the service

Carlingwark House is registered to provide a care service to a maximum of 30 older people over the age of 65 years. The provider is Park Homes (UK) Limited.

The home is located in Castle Douglas. Local amenities are within walking distance of the home. A car park is available to visitors.

Accommodation is split into three small group living areas. Each unit includes a shared bathing/shower room. There are a number of sitting and dining areas throughout the home. All bedrooms have en-suite toilet and sink facilities.

The home covers two floors serviced by a passenger lift and a staircase. The upper floor is currently not in use and planned to be refurbished. The ground floor has access to an enclosed garden with seating.

At the time of the inspection 26 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 17 and 18 January 2024 between 09:30 and 18:30. The inspection was carried out by one inspector 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 who were able to give their opinion and five relatives.
- for people unable to express their views, we observed interactions with staff and how they spent their time.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with three visiting professionals.

Key messages

- Staff knew people well and treated them with kindness and respect.
- The provider should continue to develop opportunities for people to engage in meaningful connections.
- The provider should improve consultation methods in order to evaluate people's experiences and outcomes.
- Further improvement should be made to the environment to ensure a homely and dementia friendly setting.

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?	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 made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

People should expect to experience compassion, dignity and respect. We observed kind and pleasant interactions indicating there were good relationships between staff and people supported. Staff knew people well which helped ensure their care is carried out according to their preferences. One person told us "the staff are lovely, they know me well and are friendly". This helped provide assurance people were treated with compassion.

People told us they enjoyed the meals and snacks provided. Meals served within the home were of a good quality; well-presented and looked appetising. Special diets were catered for, and options were available. People could choose where they ate their meals and had access to drinks and snacks. It was good to see people enjoying the social aspect as well as the food.

Staff did not come together consistently as a group to receive a verbal handover at the start of each shift and relied on an electronic system to read information. We were not confident there was protected time for all staff to receive a detailed handover. This does not support good communication; therefore, we could not be assured staff were receiving key information in advance of supporting people. This meant people were at risk of not receiving the care they required. (See area for improvement 1)

People had some opportunities for activities and exercise but at times no activities were taking place. We saw that there had been entertainers visiting the service and people were able to enjoy seasonal celebrations. However, during the inspection we observed there were prolonged periods when people had nothing to do. We also noted that no structured activity plans were in place. The provider should ensure activity provision is improved and people's outcomes are recorded in relation to their chosen activities. This will enable people to have an active life and reduce the risk of isolation. (See area for improvement 2)

Having the right connections with people contribute to building positive relationships, which in turn harvest good conversations. The craft of good conversations is widely recognised to be at the heart of making people feel connected which impacts on positive wellbeing. The service should refer to 'Visiting, meaningful connection, Anne's Law' (Care Inspectorate). (See area for improvement 2)

Medication checks and processes were in place for people. Staff undertook weekly medication audits and management had oversight of these. We noted that body maps were in place to manage the application of topical preparations. However, opening dates were not being recorded, we spoke to the manager during the inspection regarding this. We will monitor this at our next inspection.

The home had links to health professionals, such as district nurses, an advanced nurse practitioner and GPs. This reassured us that the home was working with external health professionals to access specialist support.

Care and support provided to people was recorded using an electronic system for personal planning. We could see people were regularly receiving care to meet their needs. However, we identified some inconsistencies in the recording of positioning and daily fluid intake. The service should continue to review and have oversight of the electronic personal planning system to ensure records are accurate and recorded

in the correct place. This will reduce risk to people and supports positive outcomes. (See area for improvement 3)

Areas for improvement

1. To support people's health and wellbeing, the provider should review staff communication systems and processes to support effective communication in relation to changes or deterioration in people's conditions. The manager should have a clear oversight of staff handovers and evaluate the effectiveness of these.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.19)

2. To support people's wellbeing and social inclusion, the provider should ensure meaningful connections and person-centred support is reviewed to enable people to participate in a range of activities of their choosing, both indoors and outdoors. In doing this they should:

(a) develop activity plans with people which demonstrate that good conversations have been at the centre of taking account of people's preferences, abilities, life histories, aspirations, wishes and goals.

(b) consider any staff training needs.

(c) the review of care plans dedicated to meaningful connection must assess and evaluate the experiences and outcomes from the person's perspective.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)

3. To ensure people's health and care needs are correctly documented and met, the provider should: Improve recordings in all daily charts and health records. This should include but is not limited to daily repositioning and fluid intake.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I experience high quality care because people have the necessary information and resources' (HSCS 4.27).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The management team had oversight of what was happening within the home. We saw that regular audits occurred where issues were identified. This included a daily management report where actions taken were recorded. These covered a range of areas including wounds, falls, accidents and incidents, medication, and reviewing personal plans. This assured us that processes were in place to promote a culture of continuous improvement and good practice.

Team meetings were not consistently happening. Meetings should support staff to be knowledgeable about people's needs. This minimised opportunities for learning, for staff to become meaningfully involved in the

evaluation of the service and contribute to the service improvement plan. (See area for improvement 1)

People we spoke with told us the management team were approachable and effective in dealing with any issues. We saw complaints were now recorded and responded to more effectively and where improvements were needed, they were acted on. This reassured us there was a system of checking in place to sustain good practice and keep people safe.

There was a service improvement plan in place. However, the plan lacked evidence of obtaining people's views. The service should consider various methods to gather and increase feedback from people. Actions taken as a result of feedback should be recorded and shared. This would help ensure that people experiencing care and support and their relatives could influence the direction of the service. (See area for improvement 2)

The service improvement plan showed the results of quality assurance work, helped the manager have oversight of the home's performance. However, timescales for some areas for improvement had not been met. For example, an area of flooring and decoration were awaiting repair for several months. This does not ensure a proactive approach to quality assurance and may result in poor outcomes for people. (See area for improvement 3)

Areas for improvement

1. The provider should ensure staff have the opportunity to attend regular handovers and staff meetings. This should support staff, feel valued, listened to and their views and suggestions taken into account. Feedback from staff should be used to support continuous improvement and reflected in the service improvement plan.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that, 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

2. The provider should review methods and processes of feedback used to:

- a) ensure there are more opportunities for people to share their views and influence the direction of the service.
- b) share with people the actions taken as a result of their feedback.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

3. The provider should ensure that people experience a culture of continuous improvement. This should include:

- a) Ensure that there is an effective and responsive environmental audit in place.
- b) There must be sufficient information to show actions taken and progress made until fully resolved.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The staff team were valued by people experiencing care, this was representative of feedback from residents, relatives, and stakeholders. We observed kind and caring interactions between staff and people. Some comments we received included: "The staff are very friendly," and "the staff know my relatives needs well." This assured us that the staff team were caring and considerate in their practice.

People were recruited following best practice guidance and completed an induction and probation period when they commenced employment at the service. New staff told us they felt supported in their role. This ensured staff had the skills and knowledge to undertake their role safely which supports better outcomes for people.

Staff received supervision but not always in line with organisational policy. Supervision sessions should allow staff the opportunity to reflect on their practice and learning in order to consolidate knowledge. A trained and competent staff team will improve outcomes for people. (See area for improvement 1)

All staff were assigned online mandatory training and training records low compliance in some areas, such as moving and handling, safeguarding and fire safety. This meant we were not confident that staff had the right knowledge, competence, and skills to care for and support people. (See area for improvement 2)

Areas for improvement

1. The provider should ensure staff are supported through regular supervision, to identify areas where support is required to improve practice. This should ensure training is effective and benefits people supported.

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 organisational codes' (HSCS 3.14).

2. The provider should ensure staff are supported to complete mandatory training in line with best practice. This should include reflection to ensure learning is effective and influences better outcomes for people supported.

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 organisational codes' (HSCS 3.14).

How good is our setting?**3 - Adequate**

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The home was designed in a way which offered people small group living which supports good practice. Communal areas offered people the opportunity to meet others and provided additional space for people to spend time out of their own bedrooms.

There had been substantial investment in the improvement of the outdoor space and the enclosed garden. These improvements had made a difference in people's experiences. This supported people to get involved with gardening or other leisure pursuits and supported them in maintaining their mobility and independence.

Parts of the home did not present to be dementia friendly. For example, there was a lack of pictorial aids and some areas of lighting still needed replacing. This had a risk of impacting on people's independence and positive outcomes. The service had an environment plan in place where improvements had already been identified.

The environment was clean and tidy. However, some minor points were noted in terms of cleaning practice which was not in keeping with national cleaning specifications. For example, chairs within one of the seating areas were stained and windows needed cleaned, increasing the risk of infection. The service should refer to the National Infection Prevention and Control Manual and encourage more robust actions in terms of monitoring practices. (See area for improvement 1)

Some environmental improvements identified had not progressed as planned. We observed one area of flooring had been needing repaired for several months. This detracted from people continuing to experience a generally pleasant, cared for environment. This does not respect the dignity of people. (See area for improvement 3 under Key Question 2 - How good is our leadership?)

Areas for improvement

1. So people can be assured systems are in place to support safe infection prevention and control practice, the following actions should be taken:

- a) Ensure up to date guidance is known to those staff accountable for infection control and regular reference to National Infection Prevention and Control Manual is made so practice is in keeping.
- b) Ensure the standards of cleanliness is monitored, including soft furnishings.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "Any treatment or intervention that I experience is safe and effective." HSCS (1.24)

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.

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We could see personal plans being regularly reviewed and updated in response to people's changing needs. This gave us confidence that they accurately reflect individual needs.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the

involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

Risk assessments were kept up to date and showed actions to keep people safe. There was evidence of links and regular contact with GP's and external health professionals for advice and support. This ensures people receive timely and responsive care.

We found people had anticipatory care plans recorded. Discussions had taken place around what matters to people and their families. This ensures people's rights and wishes are considered when their health deteriorates.

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 provider should ensure that care plans are up to date, person centred, include life history, social interests and individual programme of activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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'. (HSCS 1.15)

This area for improvement was made on 26 January 2022.

Action taken since then

Care plans were now recorded using an electronic system. Personal plans showed what mattered to people and gave detailed information about how that person wanted to be supported. Information in plans included people's wishes and preferences.

Written information was clear and set out how people's needs were to be met. Plans we sampled were reviewed and updated regularly. Improvement can still be made to individual activity programmes.

This area for improvement had been met.

Previous area for improvement 2

The provider should ensure that activities are tailored to individuals social interests and each individual should have an individual activity programme in place which meets their interests. There should be clear evidence of what people thought of activities.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like'. (HSCS 2.22)

This is to ensure that the delivery of activities is consistent with the Occupational Therapy publication:- 'Living well through activity in care homes'.

This area for improvement was made on 26 January 2022.

Action taken since then

No activities were happening at the time of inspection. An activities co-ordinator had recently been recruited. We have reported on this further under Key Question 1 – How well do we support people's wellbeing?

This area for improvement has not been met and has been re-written.

Previous area for improvement 3

The provider should ensure that lighting meets current best practice and that appropriate signage is in place .

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this. (HSCS 5.11)

This is to ensure that lighting and signage is consistent with guidance from Stirling University Dementia Unit.

This area for improvement was made on 26 January 2022.

Action taken since then

New signage was in place to direct people around the home, some areas of lighting had been improved. The home had an improvement plan which indicated further areas for improvement to ensure the home is dementia friendly.

This area for improvement had not been fully met and has been re written.

Previous area for improvement 4

The provider should ensure that accident and incident records are legible and that any follow up action is carried out and recorded.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

This area for improvement was made on 26 January 2022.

Action taken since then

Accident and Incident records were available. These were now recorded electronically. We could see oversight of reports and where actions were recorded, this was carried out and recorded.

This area for improvement had been met.

Previous area for improvement 5

The provider should ensure that the garden area is safe and secure for people to access.

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

'My environment is secure and safe'. (HSCS 5.17) and

'If I live in a care home, I can use a private garden'. (HSCS 5.23)

This area for improvement was made on 26 January 2022.

Action taken since then

The home recently received funding to upgrade the garden area.

The enclosed garden area was safe, secure, and accessible to people. We have reported on this further under Key Question 4 – How good is our setting?

This area for improvement had been met.

Previous area for improvement 6

The provider should ensure that there are regular staff meetings and these are recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 26 January 2022.

Action taken since then

Staff meetings were taking place. However, these were not consistent. We have reported on this further under Key Question 2 – How good is our leadership?

This area for improvement has not been met and has been re-written.

Previous area for improvement 7

The provider should ensure that competency assessments are recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 26 January 2022.

Action taken since then

Competency assessments were in place and recorded within staff files. This helps inform learning and gives staff assurance and support to develop.

This area for improvement had 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

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
4.1 People experience high quality facilities	3 - Adequate

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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