

Castle Lodge Care Home Service

Castle Lodge Care Home
Kirkburn
Inverbervie
Montrose
DD10 0RS

Telephone: 01561 361206

Type of inspection:
Unannounced

Completed on:
8 April 2024

Service provided by:
Castle Lodge (Inverbervie) Limited

Service provider number:
SP2023000433

Service no:
CS2023000418

About the service

Castle Lodge is a care home for older people situated in a residential area of Inverbervie. The home holds a prominent position overlooking the seafront, offering spectacular views to the beach and out to the sea. It is close to local transport, shops, and community services. The service provides residential care for up to 21 people and there were 21 people living at the service at the time of this inspection.

Accommodation is arranged over two floors, in single bedrooms. There is a communal lounge, dining room, bathroom, and shower room for people to use.

About the inspection

This was an unannounced inspection which took place on 2 and 3 April 2024. 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 seven people using the service and five of their families;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- Staff were visible, welcoming and were working hard to support people.
- The service had good working relationships with the local health teams.
- Post fall analysis should be undertaken to identify potential causes and actions to be taken to reduce reoccurrence.
- The service would benefit from developing an improvement plan.
- Improvements are required to the home environment.

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?	4 - Good
How good is our staff team?	4 - Good
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?

4 - Good

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

The home had a relaxed, pleasant atmosphere and we saw kind and caring interactions between staff and the people they support. Staff clearly knew people well which ensured people's care was carried out in accordance with their preferences. Families told us that communication was good and that they felt well informed about any issues or changes in their relatives' needs or wellbeing.

People benefitted from regular access to health care professionals including district nurses, podiatry, and GPs. Staff were responsive to people's changing needs. They had good working relationships with health professionals and sought advice when required. This meant people's health benefitted from the right healthcare from the right person at the right time. One person told us that the staff "explain everything, so I don't need to worry about anything" and a relative told us that "the medical side" was "second to none".

A range of assessments 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 concern was identified early and was then, usually, easier to address.

People had risk assessments in place in relation to falls management. However, we found when people had experienced a fall their care had not been reviewed and updated. The manager should ensure that a post fall analysis is undertaken which identifies potential causes and action to be taken to reduce reoccurrence. **(See area for improvement 1).**

People's personal plans reflected people's specific health conditions and provided guidance and approaches staff could use to provide effective support to people. People's care was reviewed within the regulatory timescales. This helped people receive person centred and up to date support.

Where people had experienced wounds or pressure areas, staff had made appropriate referrals to external health professionals and sought appropriate equipment. However, we could not be assured that people were receiving position changes as often as they should. One visiting professional told us that they "feel there is room for improvement". This meant people's skin integrity was at risk of further breakdown. **(See area for improvement 2).**

The service had a medication policy in place and regular audits took place. This helped ensure people were supported to take the right medication at the right time. However, the labels on some prescribed creams were illegible. This meant staff did not have clear directions when supporting people with their medication. We brought this to the manager's attention, who took immediate action.

People's nutritional and hydration needs were being met. People enjoyed their meals in an unhurried relaxed atmosphere and could choose where they ate. Food was home cooked, well presented and looked nutritious. People told us that the food was good. We saw that people were regularly offered fluids throughout the day. There was a board in the kitchen which provided staff with a good overview of people's nutritional needs. One person told us that "staff know my fluid intake and diet well". This ensured people's food and diet was tailored to their needs.

We found the service were using a creative method to support people's nutritional needs. One person who did not receive their nutritional needs by mouth had access to an air drop system. This system turned liquid into bubble air, which allowed the person to experience taste.

The recordings of people's food and fluid intake were undertaken 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.

Areas for improvement

1. To ensure people's skin integrity is maintained, people should be supported to reposition at regular intervals.

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

2. To ensure people receive adequate support and assessment in respect of the prevention and management of falls, the provider should ensure should undertake a post falls analysis following each fall which looks at any follow up action to be taken for that person to reduce reoccurrence.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our leadership?

4 - Good

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

We found the management team responsive, and they effectively addressed some issues raised by us during the inspection.

Quality assurance processes were in place and had directed improvements. A range of audits were in place and completed regularly. However, these had not always generated an action plan to detail clear actions with timescales where deficits and/or areas for improvement had been identified. This meant there was no record of all the improvements being carried out. A more robust approach was needed to ensure people continued to receive good outcomes.

It was positive that accident and incident forms were completed when things went wrong. However, these had not been completed fully and there was a lack of analysis which could result in missed opportunities to

learn from them to prevent the reoccurrence of a person experiencing a similar accident. We found no evidence of poor outcomes for people as a result of this and saw that some actions had been taken, going forward there will be an expectation that incident and accident records are fully informed with all information. We found the right people had been informed about significant events which included families, other professionals, and the Care Inspectorate.

People's views about the service were considered during regular residents' meetings. As a result of these meetings, a busy board had been developed to provide people with different activity sheets that they could access throughout the day. A wishing tree was available at the main entrance to the home to allow people to write down their wishes. This meant that people were regularly consulted about their support and the service that they receive.

The manager was in the process of developing a service improvement plan for the service to drive improvement and change forward. We recommended that this should be regularly reviewed and updated following actions being identified within quality assurance processes and discussions with people who use the service and their relatives. We signposted the manager to the Care Inspectorate, Self-evaluation for improvement – your guide, November 2023, to assist them.

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

A falls safety cross was in place which allowed the service to collect data to raise awareness within the staff team and others regarding how many falls there had been in the home.

Where people needed support to manage their finances, there were robust policies and procedures in place to keep their monies safe.

The manager was observed to be accessible to people living in the service, staff, and visitors. Staff told us they felt able to raise any issues or concerns with management. This contributed to people feeling valued and listened to.

How good is our staff team?

4 – Good

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

Staff were welcoming, warm and were working hard to support people. People were being cared for by a regular, consistent staff team who appeared to work well together. There were staff vacancies which the service was actively recruiting to fill, as well as attempting to cover the hours with its own staff team. Where this was not possible, the service used agency staff. The manager requested the same agency staff to offer consistency to people living in the home.

A recognised dependency tool had been used to identify staffing levels to meet the needs of people living in the service. Staff were clearly busy, however, they were visible and attentive to people when they needed assistance. Buzzers were answered quickly, and people said that they got the care and support they needed. This reassured us that staff knew people well and people's needs were being met.

The Health and Care (Staffing) (Scotland) Act 2019 came into force on 1 April 2024. We signposted the

manager to the Care Inspectorate safe staffing improvement programme on our website to support them to deliver the new Act.

Staff told us they benefitted from an induction process that supported them in their new role. An induction pack was in place and new staff were given the opportunity to shadow existing staff. This meant staff had the necessary information to undertake their role.

Staff meetings had not taken place regularly or recently. This meant staff were not always provided with the opportunity to share any ideas or concerns that they had. We recommended that the manager developed a planner to address this.

People could be confident that staff had the right knowledge, competence, and development to care and support them. Staff training records showed staff had access to a variety of training to support them to carry out their role. This included subjects such as infection control practices and dementia care. Some staff were undertaking Scottish Vocational Qualifications (SVQ). Staff shared that they found training beneficial in helping them to improve their knowledge base and build on skills. This meant staff had the necessary skills, knowledge, and competence to support people.

Staff reported feeling supported in their role. Systems were in place to support staff development which included supervision sessions and observation of practice. The manager had a planner in place to assist them to undertake supervision sessions within their organisation's policy timescales. This helped ensure a competent and confident workforce. Staff we spoke to were happy working within the service.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service has been working through an environmental improvement plan as part of their conditions of registration.

People benefitted from warm, comfortable, and welcoming communal living areas with plenty of fresh air and natural light. Impressive sea views from large windows created a calming atmosphere within the home. People could choose to spend time in communal areas or their bedrooms and had the right to privacy when they wanted.

The environment was generally clean and tidy, with no evidence of intrusive noise or smells. We observed domestic staff working hard. Cleaning schedules were in place which meant that good standards of hygiene were kept. However, some fixtures were beginning to show signs of wear and tear which meant surfaces were not intact and would make effective cleaning difficult for example, a worktop in the main kitchen and a broken tile within a communal bathroom. A refurbishment plan was in place, however, this required to be reviewed and updated.

(See requirement 1).

People's rooms were personalised and homely which promoted each person's experience, dignity, and respect. We found some bedroom roofs had been damaged due to a leak following a recent storm. **(See requirement 1).**

People benefitted from premises that were regularly monitored. However, we found some works which had

been identified as requiring urgent attention had not been undertaken timeously which could put people at risk of harm. This was brought to the provider's attention, who was advised to take immediate action. **(See requirement 1).**

We noted that in the laundry, effective processes to manage used and infected linen and to limit the potential for cross-contamination were not in place. Clean clothes were uncovered which left them at potential risk of contamination from infections. **(See requirement 1).**

People with a sensory, dementia or other cognitive impairments were supported through the provision of signage throughout the home to aid orientation to their environment.

Staff had received training in infection prevention and control measures. We found that personal protective equipment (PPE) was readily available within the home. Staff were observed to be carrying out safe infection control practices throughout our inspection. This reduced the risk of infections and improved standards for people.

Requirements

1. By 1 July 2024, the provider must ensure people experience care in an environment that is safe, well maintained and minimises the risk of infection.

To achieve this, the provider must as a minimum:

- a. Develop a system to ensure laundry processes support adequate infection prevention and control guidance.
- b. Ensure all repairs and identified deficits are undertaken timeously.
- c. Carry out an environmental audit to ensure furnishings, decoration and fixtures are in a good state of repair.
- d. Following the environmental audit, develop an action plan that describes the action to be taken, who is responsible and timescales for works to be undertaken.
- e. Provide the Care Inspectorate with a copy of this action plan.

This is to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) 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 that:

'My environment is safe and secure' (HSCS 5.19).

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.

Everyone had an electronic personal plan in place which contained guidance around the care and support they required. Whilst on shift all staff had access to a handheld device which gave them access to people's personal plans. The handheld device enabled staff to read and document information relevant to people's

care and support needs. We found personal plans contained good detail around people's support needs and preferences and gave a good sense of the person. However, we found some information to be contradictory which could cause confusion. For example, one person who was nil by mouth, had their food preferences highlighted at the beginning of their plan which could be misleading to new staff.

(See area for improvement 1).

People and their family members participated in reviews of their care, which were carried out within regulatory timescales. One family member told us they are "very much included" in the plans for their family member's care. The service evaluated people's plans each month to ensure they remained accurate and reflected people's needs. This meant the care and support that people received was based on their current needs and circumstances.

There were gaps in some health charts. For example, some people's repositioning charts had not always been recorded consistently. This meant we could not be reassured that people were receiving responsive personalised support. **(See area for improvement 1).**

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home could be consulting with regarding the care of the person. The home had consent forms in place which were signed by the person, or their representative, should there be any restrictions of movement placed on them, such as bedrails or movement alerts in their rooms.

People had anticipatory and end of life care plans in place. The plans were detailed and reflected people's individual needs and wishes. This would ensure that people's specific wishes and preferences could be attended to at the end of their life.

Daily recordings of care and support were to be mostly task orientated and did not reflect people's views or feedback. **(See area for improvement 1).**

Areas for improvement

1. To ensure that people are supported well, the service should ensure that personal plans, health charts and daily notes are accurate, sufficiently detailed, and reflective of the care/support planned or provided.

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

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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