

Stormont Lodge Care Home Service

Kirk Wynd
Blairgowrie
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Type of inspection:
Unannounced

Completed on:
10 May 2024

Service provided by:
Balhousie Care Limited

Service provider number:
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Service no:
CS2010272077

About the service

Stormont Lodge is a care home located in the rural town of Blairgowrie, Perthshire.

The home is registered to provide care for up to 32 older people. Accommodation is located over three floors, with access to the second and third floors by stairs or a lift. All bedrooms have a telephone point, television and a 24-hour call alert system.

The staff team at Stormont Lodge state their prime focus is to create a caring environment based on respect and dignity, and to provide a holistic approach to the care of residents.

Stormont Lodge is owned by the Balhousie Care Group.

About the inspection

This was an unannounced inspection which took place on 6 and 7 May 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the 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 six members of their family
- spoke with six members of staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People told us that staff were kind and caring.
- Staff knew people well and we observed many patient and compassionate interactions between staff and people living at Stormont Lodge.
- People were supported to enjoy a range of activities and opportunities that were meaningful to them and that benefitted their mental and physical wellbeing.
- Family members spoke positively about the care their loved ones received.
- Personal planning and record keeping needed to be improved.
- Quality assurance processes and management oversight needed to improve.

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?	3 - Adequate

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 evaluated this key question as adequate. Although we identified strengths, these just outweighed weaknesses.

During our inspection we observed kind and respectful interactions between staff and people living at Stormont Lodge. Relatives we spoke with were positive about the care people received. Comments included "the staff are very kind", "I have no complaints" and "the staff are very attentive". Families told us that they were made to feel welcome when they visited and that staff were approachable. Residents told us "the staff are all kind and lovely", "they look after me well", "there are lots of things to do" and "the activities are very good". There were a range of activities on offer for people who were able, or who wished to participate and monthly residents' meetings where people were consulted about what activities they would like to do. As a result, monthly dance classes had commenced which residents looked forward to. There was also a focus on maintaining people's strength and mobility and people told us that they enjoyed the exercise classes. These activities helped support people's physical and emotional wellbeing.

There were protocols in place for managing and administering people's medication and we found that medication audits were ineffective in identifying discrepancies (see requirement 2). Staff had completed a range of mandatory training. We found that there was insufficient guidance to direct staff when supporting people who experienced stress and distress (see Area for Improvement 1).

People should expect to live in a home that is well maintained, clean and tidy. We were advised that daily walk rounds and environmental checks were carried out on a regular basis. Although the home was generally clean and tidy, we found some items of equipment that had not been cleaned to a satisfactory standard. We were concerned about the quality of these checks and the possible risk of infection. We have made a requirement in order to ensure safe standards of hygiene and cleanliness are adhered to and maintained (see Requirement 1). This is further addressed under Key Question 2.

Requirements

1. By 21 June 2024, the provider must ensure that people experience care in an environment that is safe and minimises the risk of infection. This must include:

- a) appropriate cleaning measures to control the spread of infection
- b) increased and adequate oversight of the cleanliness of all areas of the home.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) 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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

Areas for improvement

1. To improve outcomes for people, the provider should ensure:

- a) all care staff receive training in managing stress and distress
- b) care plans identify known and potential triggers, and the strategies to be used to effectively support the person.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: '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'.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses. Whilst strengths may still have a positive impact, the likelihood of achieving positive experiences and outcomes for people was significantly reduced because improvement was needed in key areas.

People should expect to benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes in place.

The provider had a range of audit tools available to help the manager evaluate the service. There had been management changes within the service with both the manager and depute recruited within the last 12 months. This had impacted the effectiveness of these systems and in some areas delayed service improvement. Staff were generally complimentary about the management team and told us that they were supportive and approachable.

Daily walk arounds were taking place and these were carried out by the manager, depute and senior care staff. We found some inconsistencies in what was being checked and recorded. Whilst it is good practice to enable and involve people in quality assurance, it is important that staff understand their role and responsibilities to ensure these observations are completed and recorded effectively.

There were daily flash meetings taking place with all departments represented. The information from these meetings was minuted and shared amongst the staff team. This helped support effective communication.

The provider had a comprehensive suite of quality assurance tools in place in relation to care planning, medication management and accident/incident analysis. However, these processes were not being used effectively. Medication management and infection prevention and control needed further scrutiny to ensure that people experienced safe care (see Key Question 1 for further details). A requirement is made (see Requirement 1).

We discussed the above with the management team who acknowledged that improvement was needed to quality assurance processes in order to achieve positive change.

Requirements

1. By 1 August 2024, the provider must ensure people are safe and receive care and support that meets their needs.

To do this, the provider must, at a minimum:

- a) make sure that systems of quality assurance and audits are consistently completed
- b) detail actions taken to address any identified improvement
- c) include an evaluation of progress made.

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) 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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems.' (HSCS 4.19).

How good is our staff team?

3 - Adequate

People should expect that the skill mix, numbers and deployment of staff meets the needs of people. Whilst strengths were having a positive impact, there were key areas that needed to improve. We evaluated this key question as adequate.

We were confident that safer recruitment practices were being followed. All recently appointed staff had completed the necessary recruitment checks prior to commencing employment within the service.

Staff were registered with the Scottish Social Services Council (SSSC) and registration compliance was regularly reviewed.

Some recently appointed staff told us they had been supported into their post through a programme of induction. This involved attending training and working alongside experienced staff to ensure they gained the required skills and knowledge to support people. Other staff members spoke of being encouraged to develop their skills and knowledge through additional training.

People received care from a consistent team of staff who they knew well and who they had built warm and caring relationships with. Staff were clear about their roles, appeared motivated and worked well together. People we spoke with told us "the staff are all lovely, they look after us well" and "they're very kind to me." We observed staff working together to plan and deliver the support that people required. This helped ensure people received the support that they required.

There was a high compliance rate for staff attending mandatory training. However, in other areas, for example stress and distress, staff had not received the training required to effectively manage people's support needs. Further consideration should be given to the needs of people living at Stormont Lodge and the knowledge and skills required by staff to provide safe and effective care.

Staff practice should be regularly observed to assess their learning and competence. Although a supervision planner had been introduced, we did not see a regular programme of staff observations. We recommended a similar programme for observations of staff practice that could be discussed through team discussions, reflective accounts or supervision.

The manager used an analysis tool to assess the dependency levels within the home and during the inspection there were sufficient staff on duty to meet people's needs. Staff we spoke with told us that this was not always the case and there were times when people's care was compromised due to an insufficient number of staff on duty. We discussed with the manager how dependency assessments could be developed further to consider people's changing needs, the skill mix of staff and the layout of the building. A more detailed assessment, that considers these issues, will help to ensure that staffing levels are right.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. There were some strengths, but these just outweighed weaknesses.

Since the last inspection the main lounge and other communal areas had been painted and decorated, and one of the upstairs rooms was in the process of being turned in to a family room. There was a designated hairdressing room and the hairdresser visited every fortnight. There was also new indoor and garden furniture and we were told that residents had been involved in choosing paint colours and furniture. Furniture and most items of equipment were in a good state of repair, mattresses we checked were new and unblemished and mattress covers were intact.

Although communal areas and people's bedrooms were generally clean, we were concerned at the lack of working bathing and showering facilities for people. At the time of our inspection there was only one operational shower in the whole building; there was therefore a risk of people being unable to maintain the standard of personal hygiene they chose. Several people preferred a bath to a shower. They had been unable to have a bath for some time and were having to go to a different floor to have a shower.

This was discussed with the management team who advised that a new bath had been ordered and would be fitted. As referenced under key question 1, we identified some areas of the home that were not as clean as we would expect. These included a dirty shower drain that had not been cleaned for some time, and stained bed linen. This is addressed under the requirement made in key question 1.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. Whilst strengths had a positive impact, key areas needed to improve.

Stormont Lodge uses a digital care planning system. Each person had a personal plan, these were recorded electronically and held key information for each individual about their health, care and support needs.

People had access to external professional supports such as the community nursing team, GP, optician etc. Key processes such as the monitoring of people's weight, falls and risk assessments were in place. This helped ensure people received regular routine health screening and had access to peripatetic professional support.

People's personal plans held important and relevant information regarding their care and support needs, but these varied in terms of the quantity and quality of information they contained. Some personal plans were well written and set out people's preferences for their support, including changes to their care and any actions to be taken. Others did not contain the most current and up to date information for that person and we noted significant gaps in the recording of some people's care. Monitoring and repositioning charts were not always being completed and it was unclear whether people received the support they required and the necessary levels of observation. The lack of documented evidence and inconsistencies in recording had the potential to negatively impact people's physical health and well being. (see Area for Improvement 1).

It is important that people, and their legal representatives have opportunities to discuss and agree how they would like to be supported at the end of their lives. Personal plans should document people's wishes, how and where they want their future care to be delivered and provide clear instructions for staff. Some personal plans required greater detail in relation to people's end of life care.

We discussed with the manager the need for improved and effective oversight to ensure that people's care is delivered in accordance with their needs and all corresponding documentation is completed accurately and timeously. See the requirement made under key question 2.

Areas for improvement

1. Further development and assessment of people's personal plans should be undertaken to ensure that the detail in these contributes to positive outcomes for each individual.

The provider should:

- a) ensure staff are aware of their responsibility to maintain accurate and update records
- b) ensure that people's planned support is fully implemented, this includes moving and positioning, nutrition and hydration

c) demonstrate that records are routinely monitored and audits are used effectively to identify how well people have been supported.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS); 1.15 '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' and

4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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

To support positive outcomes for people who use the service, the provider should ensure staff are using person-centred language throughout their daily recordings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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 area for improvement was made on 3 May 2023.

Action taken since then

Improvements were noted to the documentation contained within people's personal plans and the recording of daily notes. These demonstrated language that was person centred and promoted dignity and respect. 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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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