

Cairnie Lodge Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
HC-One Limited

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CS2011300646

About the service

Cairnie Lodge care home provides long term, and respite care for up to 60 older people, including those with dementia and learning and physical disabilities. It is situated on the outskirts of Arbroath about half a mile from the town centre.

The home is a modern, two storey building in landscaped grounds with enclosed garden areas, freely accessible to each of the ground floor units. It has a passenger lift and access for people with disabilities. The building is divided into four distinct areas, with each floor having a larger unit with 24 bedrooms and a six bedded unit in a newer extension. A total of 12 rooms have en-suite facilities and the remainder have en-suite toilets and hand basins. The home also has dining rooms, sitting rooms, and communal bathrooms and toilets.

About the inspection

This was an unannounced inspection which took place on 13 and 14 August 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 18 people using the service and three of their families
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People had opportunities to join in a range of activities that were meaningful to them.
- Staff were working well as a team and knew people well.
- Management needed to improve quality assurance processes in order to identify issues to drive improvements.
- Some areas of the home were in need of repair and therefore were not able to be cleaned to an acceptable standard.
- Care plans were detailed and reflected the level of care and support people needed.
- As part of this inspection, we assessed the service's self evaluation of key areas. We found that the service had begun to use self evaluation, however, further work is required to develop this approach to support improvement.

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?	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?

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 nice, friendly atmosphere. Staff, although busy, had a good knowledge about the people they were supporting, and how to meet their needs. We observed kind, caring and humorous interactions with people. We were told, 'The lassies are fine though' and 'First class care and staff are lovely'. This demonstrated that good relationships with people had been formed.

People had access to fresh fluids, which were replenished regularly. Where required, fluid intake was monitored, to ensure people were receiving sufficient hydration to support good health.

People's nutritional needs were being met. Modified diets were catered for, and staff were supporting people at an appropriate pace for the person during mealtimes. People's likes and dislikes were known, so that appropriate choices were made available for them. People were encouraged to have their meals in the dining room, together. We were told, 'The foods pretty good', and 'The foods ok but the other week my stovies were cold'. Staff recognised that some people were self conscious eating their meals in front of others, due to their difficulties. Therefore, a smaller, more private, dining area to have their meals had been identified. This alleviated anxieties around mealtimes and meant people were having more positive mealtime experiences.

A range of activities had been planned, and people told us how they liked to spend their time. We were told, 'I like my word searches, the staff bring them to me', 'My family is bringing in tattie seeds for me to plant' and 'We had a pyjama party yesterday, which was good'. There were photographs of people enjoying various activities displayed around the home, which helped to prompt conversation and discussion. For example, people were enjoying music events, visits from animals from 'Eden's Garden', baking and arts and crafts. As a result, people were able to choose how to spend their time and were encouraged to join in and keep active.

The home had introduced a sundown relaxation group in the evenings. People were supported in a quiet environment with hot drinks, relaxing music and warm blankets. This meant that people experienced a calming environment to spend time, before bed.

Some people had enjoyed trips out of the home. We were told, 'There was a trip to Dobbie's which was enjoyable' and ' We went to Brechin last week in the minibus'. However, it was disappointing that the expanse of garden areas surrounding the home were not being used more regularly. There was little evidence of people accessing these spaces. This meant there were missed opportunities for people to be outside in the fresh air, which would have greatly benefitted people's mental and physical wellbeing.

People's personal plans showed that they were able to access a range of services such as speech and language therapy, physiotherapy, and psychiatry. This ensured people were appropriately accessing other professionals' support to optimise their health.

The home had an organised, electronic system in place for administration of medications. People who were able to, could manage their own medication, which supported independence and responsibility. However, there were some areas for improvement noted, which internal quality assurance processes had not identified. This meant people were at risk of not having their medications administered as prescribed.

Observations of staff practice had been carried out around hand hygiene, and donning and doffing of personal protective equipment (PPE). It was therefore disappointing that staff were found to be wearing nail products and jewellery. Whilst this was addressed with staff during the inspection, it was not good enough that the expected standards for hygiene in the home had relaxed. As a result, this presented a risk to people living and working in the service. **See area for improvement 1.**

A number of areas of concern were identified in one unit of the home. The environment was in a poor state of repair in several areas and was not clean enough. For example, in the main bathroom, the bath seat was broken which posed a hazard to people. The toilet seat was on the floor and the general cleanliness was not of an acceptable standard. Some of the communal toilets had areas of flooring and general repairs required to the fabric of the room. Some bedrooms had not been deep cleaned and behind beds and furniture was dirty, as were the floors. Skirting boards were chipped with peeling paint as were some areas on walls. This meant that staff were unable to clean these areas effectively. Due to the condition and fabric in some areas of the building not being upgraded, this impacted on people being treated with dignity and respect. **See requirement 1 under key question 4.**

Areas for improvement

1. In order to ensure people's safety and protection from the risk of infection, the provider should ensure all staff are familiar with the current National Infection Prevention Control (NIPC) guidance. This includes but is not limited to, hand hygiene and donning and doffing of personal protective equipment. Management oversight should be robust in order to maintain standards that reflect best practice.

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).

How good is our leadership?

3 - Adequate

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

A range of processes were in place that helped to evaluate the quality of the service. Audits and regular checks helped to identify where improvements were required, and what actions were needed. Some action plans were in place and actions signed off to confirm they had been completed. It was, however, a concern that not all of the areas for improvement identified at this inspection, had been noted. For example, infection prevention and control (IPC) standards, maintenance repairs and catering audit deficits. As a result, people were not benefiting from an environment of continuous improvement. **See area for improvement 1.**

Daily walk rounds were being carried out by management, and included observations of staff practice, including the need for staff being bare below the elbow whilst on duty. However, nail products were still being worn, along with some jewellery items. This meant that staff were not adhering to the current guidance, which placed people at risk.

A comprehensive, service improvement plan was in place. Input from people living in the service, relatives and staff, highlighting areas of improvement, would have been beneficial and strengthened this further. This meant there would be an inclusive approach to setting clear objectives and action plans, in order to improve the service. As a result, people would be involved in achieving better outcomes. We discussed this with management and agreed that an existing area for improvement would be reinstated, to allow for this process to be embedded into practice. We will follow this up at our next inspection.

A clear and organised system for managing people's finances was in place. Regular reconciliations were completed, and people had access to their money at all times. This meant people were reassured that their money was safe.

Although there was evidence of staff supervision being carried out, staff had not felt that these meetings were meaningful. Management would benefit from developing the process of staff supervision, which would support staff's development and wellbeing needs. This would contribute to staff morale and create a skilled workforce in order to deliver good quality care to people.

Areas for improvement

1. In order for quality assurance systems to identify, influence and drive improvements, the provider should ensure that a robust auditing process is undertaken regularly to monitor all key aspects of the service. This will improve positive outcomes for people.

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

3 - Adequate

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

Staff were clearly working hard to support people with their care. We were told, 'Staff work well as a team' and 'Staff are good, we all work well together'. The service on the whole, had a regular staff team, which meant that people were supported to meet their needs using a consistent approach.

Staff told us that they had very little time to spend with people out with basic care tasks. Due to staff numbers, they told us that some people could be assisted to the dining tables up to an hour before the meal was served. It was unclear how staff had been consulted for their feedback about staffing. Staff did say that they had expressed their views to the management team but this had not led to any action or outcome. This was not good practice and could potentially lead to poor outcomes for people. We discussed this with management and they told us that they would review this. We will follow this up at our next inspection. **See area for improvement 1.**

The manager used a dependency assessment tool to inform staffing. Although there was enough staff allocated in each unit to meet people's needs according to the dependency tool, this was not wholly reflected in practice. Staff appeared busy and had limited time to spend socially with residents or to participate in activities with them. Staff told us, 'They need to take into account the staffing upstairs', 'There's a lot of people that need two staff and it would be better with one more staff member' and 'We've not got time in between, to do activities'. This meant people were not being fully supported to achieve positive outcomes.

Management told us that there was poor attendance at staff meetings. Consideration of alternative ways of engaging with people to gather feedback would be beneficial. This would give staff opportunities to voice their opinions and be involved in development of the service. As a result, this would increase staff morale and promote a whole team approach to development.

Staff benefited from a variety of training via eLearning and face to face sessions. Staff told us they had enjoyed recent training on how to support people with learning difficulties, dementia and stress and distress. People were reassured that they were being supported by staff who were understanding, knowledgeable and competent.

Safer recruitment had been followed reflecting the principles of "Safer Recruitment, through Better Recruitment", and regular checks were carried out to ensure that staff were maintaining their registration with Scottish Social Services Council. People could be confident that new staff had been recruited safely and that recruitment processes were robust.

Areas for improvement

1. To ensure that people are safe and their needs are met, the provider should ensure that the number of and delegation of staff is sufficient to support the safe care and support requirements of residents. This includes, but is not limited to mealtimes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15).

How good is our setting?

3 - Adequate

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

There were a range of communal areas for people to enjoy, such as dining rooms and smaller, quiet lounges. Most of the communal areas offered people bright, pleasant spaces to spend time. It was positive to hear how staff had considered how these areas could be used to benefit people and help to support relationships between residents.

Some areas of the home were not clean enough on day one of the inspection. Some bedrooms and en-suites had unpleasant odours and required a deep clean. Some bedroom floors were dirty and it was evident that cleaning behind beds and furniture in some rooms had not been done. This meant people were at risk of infection due to the poor standard of cleanliness. Some toilets required deep cleaning and had areas which required maintenance and repair. The main bathroom on ground floor had a broken bath chair, which posed a risk of harm for people. The toilet in the bathroom didn't have a seat and the sink had no plug. We discussed this with the manager and regional manager who took prompt action to arrange a deep clean and report repairs. However, the standard of cleanliness and repair was not acceptable and posed a risk to people and therefore, we have made a requirement. **See requirement 1.**

People had access to outside space in the grounds surrounding the home. There was a mixture of grassed areas and an enclosed courtyard with seating that residents and families could enjoy. However, there were missed opportunities for people to enjoy these areas. For example, the summerhouse was currently being used as storage and therefore was not being used. Some of the seating in the garden areas was worn and uncomfortable and did not encourage people to sit outside. We discussed this with the management who advised that they would review the garden areas to be more suitable for people. We will follow this up at our next inspection.

Requirements

1. By 15 February 2025, the provider must provide the Care Inspectorate with an environmental improvement plan, laying out in detail all internal works required. You must include expected commencement and completion dates of planned work. Furthermore, the provider must provide the Care Inspectorate with, at a minimum, three monthly progress reports of environmental improvement work.

This is to comply with Regulation 10(2)(a) and (b) (Fitness of premises) 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 secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment' (HSCS 5.22).

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 informative and reflected people's needs and wishes. Care plans were informed by a range of assessment tools. Appropriate advice was sought from other professionals and there were numerous visits and advice given to support people. This contributed positively, to maintain people's wellbeing.

Legal powers were documented in people's care plans, and copies of legal documents were evident, such as guardianship, and power of attorney. Where appropriate, adults with incapacity (AWI) certificates were in place. This meant that staff were aware of who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

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 and least restrictive measures were in place.

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

Where people suffered from stress and distress, care plans detailed approaches that worked to support and help de-escalate when necessary. As a result, people were supported sensitively using techniques that worked to alleviate any discomfort.

Six-monthly reviews were being carried out involving relevant people. However, it was not clear why the resident was not present at times, to give their views. We discussed this with management and we will follow this up at our next inspection.

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 people's health and wellbeing after unwitnessed falls, or falls that have resulted in a head injury, the provider should ensure the consistent use of tools to observe people. This should include, but is not limited to, assessing people using the Glasgow Coma Scale and associated recordings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am assessed by a qualified person, who involves other people and professionals as required. (HSCS 1.13).

This area for improvement was made on 15 February 2024.

Action taken since then

A clear procedure was in place for documentation of all falls, including unwitnessed events.

Unwitnessed falls records had been reviewed and appropriate measures put in place to reduce risks to people.

Evidence of neurological observations being carried out consistently alongside other observations, with unwitnessed falls documentation as sampled at time of inspection.

New staff induction with clinical lead, incorporates the need for all staff compliance with neurological observations following unwitnessed falls.

This area for improvement has been met.

Previous area for improvement 2

To support people's wellbeing, the provider should ensure that systems and processes underpin continuous improvement. To do this, the provider should use feedback from people's experiences, and other data gathered, to inform the service improvement plan. The service improvement plan should be specific, measurable, achievable, realistic and timely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19); and 'I can be meaningfully involved in how the organisations that support and care for me work and develop'. (HSCS 4.6).

This area for improvement was made on 15 February 2023.

Action taken since then

A service improvement plan was in place with several key areas identified. This, however, did not reflect the input/feedback from people living in the service, relatives or staff.

We were unable to triangulate evidence to support feedback being used to inform the service improvement plan.

Meeting minutes viewed did not evidence any feedback from people.

We spoke to people and they told us they were not consulted regarding the development of the service.

This area for improvement has not been met. We discussed this with the provider. We will therefore reinstate this area for improvement.

Previous area for improvement 3

In order for people to benefit from care and support that meets their needs, the provider should source and complete specific specialist face to face training for staff supporting people with learning disabilities and complex dementia as soon as possible. This is in order to support people who have complex needs within the service.

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 15 February 2023.

Action taken since then

Suitable learning disability training had been sourced externally.

Staff attended training on learning disabilities over a two-day face to face course.

Staff spoken to advised this training had been beneficial and helped their understanding of the difficulties being experienced by residents. This enabled them to develop new approaches to support people.

Dementia training was delivered to staff by the company trainer.

Promoting excellence resource used as a learning framework for all staff for supporting people with dementia.

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?	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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