

Parkdale Care Home Service

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Type of inspection:
Unannounced

Completed on:
31 July 2024

Service provided by:
Perth & Kinross Council

Service provider number:
SP2003003370

Service no:
CS2003009740

About the service

Parkdale is a purpose built care home for older people situated in a residential area of Auchterarder, close to local transport links, shops and community services. The service provides residential and respite care for up to 40 people.

The service provides accommodation over one floor split into four units, during the inspection only three of the units were in use. Accommodation is in single rooms each with en-suite toilet and wash hand basin. There are sitting rooms and dining areas in each unit and a large communal function room for larger gatherings. There are also accessible, well-tended gardens.

About the inspection

This was an unannounced inspection which took place between 29 July 2024 and 31 July 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 seven people using the service and five of their family.
- Spoke with six staff and management.
- Received feedback from 12 people, four staff and four external professionals via electronic questionnaires sent to the service prior to inspection.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- People were treated with dignity and compassion by a staff team that knew their support needs well.
- Quality assurance and oversight activities were leading to improvements.
- Staff had time to spend with people although at certain times of the day, such as mealtimes, could be working under more pressure.
- The home was very clean and well maintained.
- More could be done to use the environment to promote mobility and physical exercise.
- Care and support was directed by consistent care documentation that was regularly reviewed and updated.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	4 - 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.

Staff were kind and caring and knew people's care and support needs well. They treated people with dignity and respect.

People's independence was promoted in all aspects of care, and their health needs were routinely assessed and reviewed. This included risks related to falls and developing pressure wounds. Any need for action was identified. Support was available from a range of external health professionals - e.g. GPs, community mental health team, district nurses, social work, and allied healthcare professionals. This helped improve health and wellbeing outcomes for people.

Because staff understood people's care and support needs, stress and distress reactions were well managed. Reassurance and diversion strategies were used to good effect, which resulted in reduced need for medication. Staff knowledge could, however, be supported by improved written instructions about managing people's stress and distress. The service agreed with this observation and planned to further develop protocols to include information about stress and distress trigger factors and approaches to be adopted by staff.

Individual nutritional needs were routinely reviewed. We heard positive comments about the quality of the food and noted that people had been involved in reviewing menus. People particularly appreciated the efforts made in providing buffets for events held in the home. This helped ensure that meals were enjoyable and appropriate to people's needs.

A full-time activities coordinator was employed to cover weekdays and weekends. In-house activities, such as music events, bingo teas, and coffee mornings were organised, with friends and families and the local community invited. Regular outings also took place, using the care home's minibus and pool car. We heard about unit outings to a local distillery, safari park, and Cupar Deer Centre. Community engagement included weekly nursery school visits during term time and several people enjoyed a monthly trip to nearby Comrie Church for a sing-along with other care homes and community groups.

Although there were many positive experiences around activities, more could be done to promote mobility and physical exercise in and around the home. We discussed this with the leadership team, who stated they would consider matters, such as promoting walking routes, step counts, and developing points of interest to attract people's attention. Care staff could also become more involved in activities and encouraging regular exercise.

Appropriate legal documentation was in place to support people whose ability to make decisions was impaired. This helped ensure that people's rights and preferences were known and respected, and that their daily lives could be guided by what was important to them. We saw that restrictions imposed by sensor mats were risk assessed and reviewed to ensure that their use was necessary.

A requirement relating to training and audits around medication management had been made at the last inspection. We found that this requirement had been met. For details, please see the section of this report entitled: **'What the service has done to meet any requirements we made at or since the last inspection.'**

How good is our leadership?

4 - Good

We evaluated this key question as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement.

The leadership team had good oversight of key aspects of the service, such as staff training, medication management and the environment. Some new systems had been put in place to make oversight more accessible and effective, as such, there could be regular evaluation of people's experiences.

Oversight was generally effective and being used to identify areas for improvement or development. Action plans were created in response to audit findings, and a service improvement plan was in place to ensure these were followed up and completed. There were some areas that would benefit from more robust and consistent oversight, such as care planning; however, the service had identified this as an area to improve on and this was reflected in the service development plan. Observations of staff practice were undertaken on an ad hoc basis or in response to an incident only, which was not in line with the service's own policy. The leadership team were aware of this and had implemented new documentation so that staff practice would be monitored more routinely to assess learning and competence and ensure people were receiving the right care for them.

The service development plan was comprehensive with some aspirations for the service reflected. It was reviewed and updated regularly by the leadership team, but it was difficult to ascertain involvement from other stakeholders. Feedback from people should be used as a driver for improvement to ensure people receive a service that continues to meet their needs and wishes. Feedback from people and families was actively encouraged in a variety of ways and we discussed ways this could be reflected within service developments to make it a more inclusive process going forward.

Opportunities for all staff to give feedback were provided in a variety of ways including an open-door policy to the leadership team. Staff we spoke to were very positive about the approachability of the leadership team and the support they received. Leadership was promoted across the staff team with champion roles and career development opportunities. This meant that all staff could be involved in and understand the benefits and purpose of quality assurance activities.

Accidents and incidents were managed well in the service. Managers monitored and analysed falls to identify any trends and actions that could be taken to reduce further instances. A new system was in place to monitor and analyse medication errors too. This meant that the service strove to learn from adverse events in order to improve people's experiences.

There had been no complaints to the service since the last inspection, but people were informed how to make a complaint if they needed to. People were also supported to understand the standards they should expect from their care and support. The health and social care standards were used to direct discussions and feedback at residents' meetings ensuring people were informed about their rights.

Throughout the inspection the service was responsive to our feedback and discussions, taking steps to rectify any immediate issues that were raised, such as with care plan documentation. This showed a positive capacity to improve and we look forward to seeing further improvements and developments going forward.

A requirement under this key question had been made at the previous inspection. We found that this had been met. For details, please see the section of the report entitled '**What the service has done to meet any requirements made at or since the last inspection.**'

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.

There was a dependency tool in place to determine the number of staff needed to meet people's needs. However, the service had recognised the limitations of this tool and used professional judgement, and a sound knowledge of people's needs in conjunction to determine staffing numbers and deployment.

The rota reflected the staffing in the service. Families told us there were always staff available and appreciated the familiar staff. We observed staff visible in the service supporting people and engaging with them. In the main, staff were relaxed and had time to spend with people although at times of high need, such as mealtimes or medication administration, they could be working under more pressure. We concluded that staffing numbers were sufficient to allow for compassionate care and meaningful interactions with people, but further consideration should be given to staffing at specific times of the day.

Staff were clear on their roles and responsibilities and worked well together as a team. Staff were flexible and responsive to the needs of the people using the service. They spoke openly about feeling supported in their role. Supervision sessions were provided and planned to allow staff to have time to reflect on their practice and development as well as to discuss and resolve any issues. Good staff team-working contributed to the relaxed atmosphere in the home, which in turn enhanced the positive experiences of people living there.

Staff were given time for learning and non-direct care duties such as updating care plans. These duties were clearly documented on allocation sheets for all staff to access. Additional staff members were put on duty to support with planned hospital appointments and trips out to ensure there was adequate staffing to meet people's needs.

The service also recognised that non direct care staff play an important role in the team and in creating a positive atmosphere within the home. There was effective communication between staff in all teams ensuring everyone was kept up to date with the daily activities in the service and with people's needs.

How good is our setting?

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 was very clean and well decorated. People had a lot of space to move around and socialise. There were pleasant gardens and sheltered courtyards, and a sensory garden had been developed to meet the needs of people living with dementia.

All bedrooms had en-suite toilets with assisted bathing and shower facilities available in each unit. Rooms could be personalised using people's own furniture and possessions if desired. This made bedrooms feel more personal and homely.

Meals were prepared in a central kitchen and served to people in each unit's dining room. People could choose to have their meals in their own rooms if they wished. There was a large central dining and events area, which was used regularly for music, bingo teas, coffee mornings, and personal celebration parties. People appreciated the opportunity to socialise with each other, and with friends and family.

Effective processes were in place to manage maintenance and repairs, and regular environmental audits took place. Two part-time maintenance staff were employed to good effect. They worked as a team with care and domestic staff in ensuring that the building and equipment were maintained to a high standard. There were no concerns around infection prevention and control.

We discussed the possibility of involving clients and their visitors in carrying out quality assurance checks of communal areas. This would provide some independent oversight of environmental standards. The service agreed to consider this.

Plans were in place to convert two rooms to support end-of-life care, with two adjacent rooms to accommodate family and loved ones. This was seen as a positive step towards improving the availability of good quality end-of-life care in the local area.

As stated under key question 1 '**How well do we support people's wellbeing?**', more could be done to use the environment to promote mobility and physical exercise in and around the home. The leadership team stated that they would consider actions to make improvements around this matter.

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 regularly reviewed and updated, and six-monthly reviews took place as required by legislation. Consistent information was found across care documents, such as care plans, daily notes and medicine administration records. Positive views about care and support, and care planning and review processes were expressed by external healthcare professionals.

Where people lacked capacity to make decisions, appropriate legal frameworks were in place to support them. The delivery of care reflected people's needs and wishes, and people and their representatives were involved in care reviews. However, more could be done to demonstrate their involvement in planning care. This would help ensure that people were recognised as experts in their personal care and support needs.

Whilst care plans clearly identified care and support needs, they could have been more aspirational. The service recognised that people should be able to live a full life, however, their hopes and dreams could be brought into sharper focus. The service agreed to consider how they could develop ways to record and act on people's aspirations.

End-of-life care plans lacked detail and could be developed to better reflect people's wishes throughout their lifespan. There was a tendency to highlight clinical care needs with little information about social aspects, such as family contact and preferences about where care should be provided. The service acknowledged the issues identified and would take improvements forward alongside their plans to develop end-of-life care provision. This included implementation of the Namaste care model related to caring for people in the later stages of dementia. Progress will be reviewed at the next inspection.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 April 2024, the provider must have procedures for the safe management of medicines in place. These procedures must be followed by staff to ensure that people receive medicines safely, and in accordance with prescription and storage instructions.

This must include but is not limited to:

- a) Ensuring all staff receive adequate training in medication management and recording.
- b) Ensuring ongoing monitoring processes are in place to ensure continued staff competence.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 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 requirement was made on 12 February 2024.

Action taken on previous requirement

Medication training had improved and was subject to regular oversight. Actions were taken when training needs were identified to ensure that staff maintained their competencies and knowledge – for example, removing staff from medication administration until training had been completed and/or updated.

The service was identifying medication errors and taking action to address issues, including training, supervision, and appropriate further action (if necessary). Appropriate notifications had been made to the Care Inspectorate regarding medication errors.

Met - within timescales

Requirement 2

By 30 April 2024, the provider must ensure people experience care that is safe, effective, and routinely monitored and improved.

This must include but is not limited to:

- a) Assessment of the service's performance through effective audits.
- b) Where audits identify issues, actions needed should be clearly detailed along with outcomes achieved from any actions.

c) Development of a useable service improvement plan that is informed by audit actions and stakeholder involvement.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 use a service which is well led and managed' (HSCS 4.23).

This requirement was made on 12 February 2024.

Action taken on previous requirement

Increased audit activity meant that more areas of the service were subject to oversight. Improvements to systems had resulted in useable action plans being created as a result of audit findings.

There were some areas of the service that would benefit from further oversight, such as care planning, but these had been identified by the service and added to the overall service development plan.

The service development plan was largely a management tool but was regularly reviewed and updated to drive improvements forward. It was unclear how feedback from people was used to inform service developments or how these were shared with people. The service recognised this and were planning to take this forward.

We evaluated that enough progress had been made towards this requirement and it has been met.

Met - within timescales

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?	4 - Good
4.1 People experience high quality facilities	4 - 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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