

Pittendreich Care Home Care Home Service

Pittendreich House
Melville Dykes
Lasswade
EH18 1AH

Telephone: 01316 604 073

Type of inspection:
Unannounced

Completed on:
31 October 2024

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2004062064

About the service

Pittendreich Care Home provides care and accommodation for up to a maximum of 27 older people. The home is owned and managed by St Philips Care Limited.

The home is situated in the countryside close to the village of Lasswade. There are large grounds and gardens which can be viewed from many of the rooms. The home has three floors with a lift and stairs giving access to each floor. Fourteen of the bedrooms have ensuite toilet facilities. There are two sitting rooms and a dining room.

At the time of inspection 22 people resided in the home.

About the inspection

This was an unannounced inspection of the service which took place on 22, 23 and 24 October 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 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire
- we talked with members of staff and the management team
- observed staff practice and daily life
- reviewed a range of documents.

Key messages

- Staff knew people well and had built positive relationships with the people they supported
- People were being encouraged to enjoy opportunities to engage in a range of activities which were meaningful to them.
- Skin and wound care was being monitored however, evidencing and recording of this needed to be improved upon.
- There were a range of audit tools used to inform the manager and senior management about how well the service was performing.
- Staff recruitment was not in line with 'safer recruitment through better recruitment' guidance.
- Several areas of the home needed repaired and/or refurbished.
- Care and support plans were personalised and gave good guidance to ensure people were well supported and safe.

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?	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?

3 - Adequate

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

Staff knew people well and had built positive relationships with the people they supported. We saw kind, warm interactions between the staff and people living in the home. People told us 'There is some very nice staff, they take care of me well, they are friendly and chatty', 'Staff are good here, they're all very kind. We have quite a lot of laughter'.

People were being encouraged to enjoy opportunities to engage in a range of activities which were meaningful to them. Many of these activities encouraged people to move and change positions, for example, seated exercise groups. Some people enjoyed quizzes, participated in gardening and musical events. People were able to choose how to spend their day, and this meant they were listened to, and treated respectfully. Staff should continue to provide opportunities for people who remained in their rooms to participate in and enjoy activities. We had made a previous area for improvement in relation to meaningful engagement, this area for improvement has now been met.

For those who chose to have their meals in the dining room mealtimes were calm and relaxed; tables were set nicely, and people were being offered choices. People told us they enjoyed the food. This added to a pleasant mealtime experience. However, this was not the case for those who chose to have their meals in the lounge. We observed people waiting long periods of time to be supported, tables were out of reach resulting in people having to eat from their laps. We discussed with the manager introducing a mealtime audit within the lounge area to ensure good oversight and management of people's food and nutrition needs, staff practice and the experience for people overall.

Support plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. The management team had developed clinical overviews to support communication between staff in relation to people's health needs.

Skin and wound care was being monitored through clinical overviews however, evidencing and recording of checks and treatment plans needed to be improved upon. There must be a system in place that is able to demonstrate that the skin care needs of those residing in the home are regularly assessed and adequately met. (See area for improvement 1).

We saw appropriate referrals had been made to other health professionals if required and their advice and guidance was reflected in relevant support plans. The management team were continually reviewing information within care plans, for those that had been reviewed these appeared to be personalised and regularly updated as people's health needs and preferences changed. We had made a previous area for improvement in relation to evaluation of care outcomes, this area for improvement has now been met.

Medication administration is provided via an electronic system. Management monitored and audited medication to ensure any medication errors had been acted upon as well as stock control and storage of the medication. All medication was administered by senior staff who received regular training to ensure safe practice which benefitted people's health, and this was followed up by observations of practice carried out by the manager to ensure that staff were competent and skilled.

People could be confident that the staff who supported them to take their medication safely had the correct knowledge and training. We had made a previous area for improvement in relation to 'as required medication, this area for improvement has now been met.

We were satisfied systems were in place to safeguard people's finances. This ensures if people need help managing their money and personal affairs, they are assisted to have as much control as possible and people's interests are safeguarded.

Areas for improvement

1. To minimise the risk of any development of pressure ulcers the provider must ensure systems in place demonstrate that the skin care needs of the service users are regularly assessed and adequately met.

This provider should:

- Ensure that the assessment and monitoring of skin problems and wounds is appropriate and up to date.
- Be able to demonstrate that adequate care planning and interventions are in place to care and support those service users at risk of developing pressure ulcers.
- Ensure that appropriate equipment to minimise the risk of service users developing pressure ulcers is always available and used appropriately.
- Review, revise and improve wound care documentation to ensure that a clear complete and accurate record of care is kept.
- Ensure there is specific reference to the following in the care plans of those service users at risk of developing pressure ulcers:
 - Accurate recording of the details of care interventions.
 - Risk assessments which reflect all identified risks.
 - The regular update of records to reflect change.
 - Consistency in the use of risk assessment tools.

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

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

How good is our leadership?

4 - Good

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

Management had a good overview of the home. Staff told us the manager and management team had an open-door policy, where any aspect of care, support or development could be discussed and was listened to.

The manager knew the care and support needs of people and was able to direct care in a supportive and professional manner. An established staff team supported each other through clear channels of communication. This ensured any changes to care were consistently achieved. Regular team meetings offered an opportunity for staff to share and contribute to the development of the service.

There were a range of audit tools used to inform the manager and senior management about how well the service was performing. A home improvement plan was in place which was supported by action plans to drive continuous improvement. We discussed with the manager the need to ensure actions identified could be easily tracked through to completion showcasing improvements made and improved outcomes for people living in the home.

Management meetings were in place and held regularly, this ensured all aspects of the service had an overview by the manager. The manager also held daily meetings with representatives from all departments in attendance to have an overview of actions for that day.

Audits linked to healthcare were regularly completed. This enabled overview of any actions needed to be put in place to improve individual health. This led to positive outcomes for people living in the home.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate. The manager ensured where needed, that any identified risk led to changes in planned care.

There were regular resident's meetings, where people could raise any issues or ask questions. Standing items such as activities and meals were also discussed.

We had made a previous area for improvement in relation to quality assurance, this area for improvement has now been met.

How good is our staff team?

4 - Good

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

Staff recruitment was not in line with 'safer recruitment through better recruitment' guidance. Recruitment approaches are crucial to ensure the right people with the right skills and values are recruited into the roles. We discussed our concerns with the manager and immediate steps were taken to ensure new staff would be recruited safely with all pre-employment checks completed prior to the staff member starting employment.

Staff were working hard and were enthusiastic about their work. They were clear about their roles, what was expected of them and demonstrated a good knowledge of people's care and support needs. Staff were working well together as a team and were visible within the home. People told us, 'The staff are all supportive and kind' and 'I can talk to any one of them and they always help if I'm worried or concerned'. People had confidence in the team who supported them with their care.

People experiencing care had the opportunity to meet any new staff being introduced. This meant staff had time to get to know people and learn what was important to them. Staff confirmed they had a good induction with regular ongoing support from the management team.

Staff completed a range of online and face to face training courses relevant to people's needs. There were good systems in place to evaluate staff's understanding or ability to transfer learning into practice.

Supervision records were completed for all staff; staff told us they could speak with a manager at any time, and they attended regular team meetings. We sampled records of supervision meetings and observations of

staff practice and found good evidence of discussions held, feedback on practice, reflection on any training undertaken and aspects of care they did well or found more challenging. This aided staff development. We discussed linking observations of practice to staff supervision sessions so that clear feedback could be provided from the manager.

We had made a previous area for improvement in relation to team meetings and supervision of staff, this area for improvement has now been met.

Morale across the service was high, staff we spoke to said they were happy at their work. Staff felt well supported by management and confident in raising concerns. This enabled people to have a positive experience of their care as the staff team were enthusiastic and happy.

How good is our setting?

3 - Adequate

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

There was a large lounge area on the ground floor which could be used by residents should they wish to do so. For people living upstairs there was a lift, which staff supported them to use as requested.

The home had a relaxed welcoming atmosphere and reflected the ages of the people living there. The residents had the choice of what they wanted in their rooms regards entertainment, radios, televisions etc. All the bedrooms were individually decorated with people's personal items, this meant people would feel 'at home' in their surroundings.

The home had extensive gardens. There was a small, enclosed patio area, however, there was limited access outdoors, and for residents who like to walk the grounds there were no accessible paths.

There were relevant maintenance and equipment checks in place, records were signed and dated when completed.

There had been further planned refurbishment of the home, through the estates plan but this had fallen behind. We saw several areas of the home needed repaired and/or refurbished. This had been discussed at previous inspections. There was a plan in place for further refurbishment, but this had not started at the point of inspection.

We had made a previous area for improvement regarding refurbishment plans, this area for improvement will be carried forward.

Areas for improvement

1. To improve the environment of the home the provider should continue to develop a refurbishment plan. This should include, but not be restricted to timely repairs and replacement of items. The plan should detail the timescales for refurbishment and repairs/maintenance to take place and be reviewed on a regular basis.

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

'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, as several strengths, taken together, clearly outweighed areas for improvement.

The service had worked hard to improve the quality of care and support plans since our last inspection. Care and support plans were personalised and gave good guidance to ensure people were well supported and safe.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. People and their relatives also benefitted from six monthly reviews of their care and support. We had made a previous area for improvement in relation to reviews of care, this area for improvement has now been met.

Whilst personal plans contained detailed information about care, daily records of care were inconsistently completed which meant agreed care could not always be accurately analysed. This included personal care, oral care, skin care and food and fluids. Whilst staff appeared attentive to people's needs and knew them well, records should accurately reflect the care given as described in the personal plan. We had made a previous area for improvement in relation to daily care records, this area for improvement will be carried forward.

People had access to external professional support such as GPs, opticians, and district nurses when this was needed. This ensured people were receiving regular routine health screening and had access to other peripatetic professional support. We found guidance from other professional staff was recorded well within plans sampled.

It is important people, and their legal representatives have opportunities to discuss and agree how they would like to be supported at the end of their lives. Anticipatory care plans were in place, including do not attempt cardiopulmonary resuscitation (DNACPR) certificates. These helped to direct the care and support for people at the end of life. We discussed with the manager the need to further expand the information held within plans, to ensure these provide clear instructions for professional staff.

Areas for improvement

1. To ensure that people's needs are fully met as agreed in their personal plan, the manager should ensure:

- all documentation relating to care is accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning
- information within the personal plan is accurate and reflects changing individual care needs
- staff practice fully reflects the care as written in the personal plan.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 1.19),

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

'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).

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

All people supported should have an opportunity to engage in regular meaningful activities. Activities and interests recorded in their personal plan should be evaluated against what they want to achieve or would like to do.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22), '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) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 28 September 2023.

Action taken since then

Please see detail under key question one.

This area for improvement has been met.

Previous area for improvement 2

To ensure that people's needs are fully met as agreed in their personal plan, the manager should ensure:

- all documentation relating to care is accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning
- information within the personal plan is accurate and reflects changing individual care needs
- staff practice fully reflects the care as written in the personal plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 1.19), 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and '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 28 September 2023.

Action taken since then

Please see detail under key question five.

This area for improvement has not been met.

Previous area for improvement 3

Where people had been prescribed 'as required' medication, there should be detailed protocols as to when to give this, at what point at the escalation of pain, anxiety or stress and distress to administer and if the medication was successful in alleviating the symptoms.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and 4.27 I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 28 September 2023.

Action taken since then

Please see detail under key question one.

This area for improvement has been met.

Previous area for improvement 4

To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved. This would include:

- detailing observations as part of the audit
- giving feedback to residents, relatives and staff where improvements have been agreed
- recording actions taken as a result of feedback and audits and linking this into the overarching improvement plan
- recording the views of relatives, residents and staff as part of the quality assurance process.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 4.1: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 28 September 2023.

Action taken since then

Please see detail under key question two.

This area for improvement has been met.

Previous area for improvement 5

To ensure people experience high quality care, the provider should enable opportunities for staff to reflect on their practice through discussions at team meetings and through regular supervision with their manager. Staff supervision should include discussion on training and development as well as feedback on observed practice.

This is in order to comply with the Health and Social Care Standards which state: " 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 is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 4.27 I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 28 September 2023.

Action taken since then

Please see detail under key question three.

This area for improvement has been met.

Previous area for improvement 6

To improve the environment of the home the provider should continue to develop a refurbishment plan. This should include, but not be restricted to timely repairs and replacement of items. The plan should detail the timescales for refurbishment and repairs/maintenance to take place and be reviewed on a regular basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 28 September 2023.

Action taken since then

Please see detail under key question four.

This area for improvement has not been met.

Previous area for improvement 7

To ensure that evaluation of care leads to improved outcomes, clear actions should be identified where changes to care or deficits in care are highlighted. The actions should be reflected in an updated personal plan and should be monitored effectively.

This is to ensure care and support is consistent with the health and social care standards which state: 1.14 My future care and support needs are anticipated as part of my assessment. 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.

This area for improvement was made on 28 September 2023.

Action taken since then

Please see detail under key question one.

This area for improvement has been met.

Previous area for improvement 8

Six monthly reviews of support, as good practice, should give detail on discussions and reflect all aspects of care, including outcomes and activities. Outcomes of what people want from their life in the home (including relatives views) should be reflected in the review of care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

This area for improvement was made on 28 September 2023.

Action taken since then

Please see detail under key question five.

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
How good is our leadership?	4 - Good
2.4 Staff are 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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