

Parkholme Care Home Service

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Lossiemouth
IV31 6RF

Telephone: 01343 814 581

Type of inspection:
Unannounced

Completed on:
26 November 2024

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2005091582

About the service

Parkholme is a registered care home based in Lossiemouth. The service is provided by Cornerstone and has capacity for providing care to six adults.

The service is a purpose-built bungalow with communal kitchen, dining and living room. Some bedrooms have ensuite facilities. The service benefits from an accessible, enclosed garden. At the time of inspection, five adults were being cared for.

About the inspection

This was an unannounced follow up inspection which took place on 25 November 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 two people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Quality checks and audits had improved, resulting in a safer and cleaner environment.
- A staffing analysis had been completed, resulting in improved staffing, and allowed people to achieve their goals.
- Care plans had been reviewed and staff used these to plan, and support people to enjoy social and recreational activities.
- The service had reviewed how it deployed staff, resulting in improved care and support.

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

Requirements

Requirement 1

By 21 August 2024, the provider must ensure people live in a safe environment. To do this the provider must, at a minimum:

- a) ensure audits are in place that inform leaders of deficits in cleaning and health and safety arrangements for the service
- b) ensure cleaning products are stored safely as per best practice guidance for care home services
- c) ensure mobility equipment is serviced as per manufacturer guidance or relevant legislation
- d) ensure regular maintenance tasks are completed, including but not limited to, Portable Appliance Testing
- e) ensure that the Service Improvement Plan (SIP) is regularly reviewed and action for improvement progressed.

This is to comply with Regulation 4(1)(a) 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 5.19).

This requirement was made on 4 July 2024.

Action taken on previous requirement

Audits and checks to assess cleaning had been reviewed. People's bedrooms and communal areas were clean and tidy. New cleaning records, that directed staff, were in line with best practice guidance. Staff told us that this had improved their understanding of what was needed to ensure a clean and homely environment. People lived in a clean home.

Audits had not picked up deficits in health and safety arrangements. Some checks, such as water temperature and legionella checks, had not been completed. There was no audit in place to find, and improve on, these oversights. Leaders were responsive to this and assured us that this would be part of their regular quality checks in future. This should result in improved health and safety arrangements. We will review this at future inspections.

Portable appliance testing (PAT) had been completed and mobility equipment, such as hoists, had been serviced as per manufacturer's instructions. People could be assured that mobility equipment to support them in their daily lives, was safe.

Leaders had reviewed how cleaning products were stored, with more locked cupboards available to use. One staff member told us "That cupboard needs to stay locked". People's risk of accidental harm from chemicals had reduced.

Leaders had recently rewritten the Service Improvement Plan (SIP). The provider had completed, and successfully actioned, a SIP following our last inspection. This had resulted in improvements. Leaders should ensure they regularly review the SIP, to ensure it continues to result in improvements for people.

Met - outwith timescales

Requirement 2

By 21 August 2024, the provider must ensure sufficient staff are available to meet all people's needs, including their social and recreational needs. To do this the provider must, at a minimum:

- a) demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements
- b) regularly assess and review people's care and support needs and wishes, and plan staffing accordingly
- c) plan for and provide staff for regular social events, as stated in people's care plans and recorded outcomes
- d) ensure sufficient staffing to provide meaningful interaction and activity in the home.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that 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).

This requirement was made on 4 July 2024.

Action taken on previous requirement

A staffing analysis had been completed by leaders, resulting in a review of shift patterns. Although this change was yet to be fully embedded, the provider had made temporary changes to ensure people's health, social and recreational needs were being met. Interactions between staff and people had improved, with warm exchanges seen throughout the day.

People had enjoyed several social events in recent months including the cinema, fireworks and dining out. Staffing was planned to support people to attend regular social events, such as swimming. People's care and support was positively impacted by current staffing arrangements.

Met - outwith timescales

Requirement 3

By 21 August 2024, the provider must ensure care plans reflect people's needs, including but not limited to their health, social and recreational needs and wishes.

To do this the provider must, at a minimum:

- a) ensure people's social and recreational needs are reviewed, in partnership with people and guardians where appropriate
- b) ensure the care plan reflects people's needs and wishes
- c) ensure staff are aware of care plans that reflect people's needs and wishes
- d) where people have goals, sometimes referred to as outcomes, ensure that progress towards meeting these are recorded
- e) where people have a specific health need, for example epilepsy, ensure sufficient recording systems are in place to provide an oversight of the person's condition and evidence a change in need.

This is to comply with Regulation 4(1)(a) and 2(c) 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 needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This requirement was made on 4 July 2024.

Action taken on previous requirement

The service continued to demonstrate strengths in the recording, monitoring and oversight of specific health conditions. For example, the service accurately recorded and monitored one person's seizure pattern. This resulted in a referral to health professionals and a review of the person's medication. People could be confident that staff monitored their health conditions well.

Care plans that supported people to enjoy social and recreational activities had been reviewed, in consultation with people and their welfare guardians. People were supported to work towards their goals. For example, two people who enjoy swimming had been supported to do this regularly. Staff were aware of the importance of supporting people to meet their goals. One staff member told us "We have done a lot of work on people's goals; we have made a real effort with that. We do more activities at home too. There is an activity planner for them all, it has really helped". Daily records had improved, showing clear progress towards people's goals. Leaders discussed goals and outcomes at both team meetings and staff supervision. People were supported by care plans and staff, that helped them to achieve their goals.

Met - outwith timescales

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 ensure people receive consistent levels of support, the provider should ensure staff are deployed effectively. This should include but is not limited to:

- a) review tools and procedures that direct staff
- b) review how people are allocated staff, to ensure consistency of support throughout the day
- c) ensure shift leaders are aware of their duties and quality assure that they carry these out to a good standard
- d) ensure essential staff functions, such as break times and handovers, allow sufficient staff to care for people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 4 July 2024.

Action taken since then

Improvements had been made to the deployment of staff. Staff told us they were aware that handovers should be planned, to allow for staff to remain available to provide care and support to people. People continued to benefit from an allocated staff member. Documentation that directed staff had been further enhanced to reflect people's social and recreational needs. This resulted in people experiencing more of the activities that they enjoyed. People were supported by a well deployed staff team.

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.

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