

Cornwall Park Care Home Service

Auchendoon Road
NEWTON STEWART
DG8 6HD

Telephone: 01671 404600

Type of inspection:
Unannounced

Completed on:
20 February 2025

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000290

About the service

Cornwall Park is registered to provide a care home service to a maximum of 30 people over the age of 65 years. Inclusive within the maximum of 30 places is one place for an adult until May 2025.

The provider is Park Homes (UK) Limited.

The home is located in a residential area in Newton Stewart. Local amenities are within walking distance of the home. A car park is available to visitors.

Accommodation is split into three small group living areas. Each unit includes a shared bathing/shower room. There are a number of sitting and dining areas throughout the home. All bedrooms have en-suite toilet and sink facilities.

The home covers two floors serviced by a passenger lift and a staircase. There are large reception areas which provide space for visiting and activities to take place. The ground floor has access to an enclosed garden with seating.

At the time of the inspection, 30 people were living in the home.

About the inspection

This was an unannounced inspection which commenced on 17 February and continued on 18 and 19 February 2025 between the hours of 08:00 and 18:30. Inspection feedback was provided on 20 February 2025. 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 registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 15 people using the service and received feedback via our survey from six people
- spoke with seven relatives
- spoke with staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documentation.

Key messages

- Staff knew people well and treated them with kindness and respect.
- Families reported being happy with the care and support their loved ones received.
- People's personal plans and reviews should include people's up-to-date choices and wishes.
- Recording and reporting information should be improved.
- A refurbishment plan was in place to upgrade the environment and outside space.
- The provider should review the time available for housekeeping.
- The registered manager engaged with the inspection process and took immediate action to address suggested improvements.
- The provider had met five areas for improvement, we continued four and made three new areas for 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?	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. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

People were treated with kindness and respect. There were warm, friendly interactions between staff and people supported which highlighted the positive relationships they had. We were confident staff had a good knowledge of people's needs. Relatives and people supported provided positive feedback about the service. Some people told us they were "Happy with the care and support provided" and that they were "Happy living at Cornwall Park". This provided reassurance that people were treated with compassion and support was person-centred.

Personal plans were in place for all people supported using a Person-Centred Software Digital Care Planning System (PCS). These provided information about people's care and support. Staff used a handheld smart device to access people's personal plans and document information. This meant staff had quick access to guidance on how best to support people in a safe and consistent way.

Assessments were completed for people, these included falls assessments and records of mobility needs and Waterlow assessments to support good skin integrity. Where required, associated risk assessments and care plans were developed to reduce any identified risks to people.

Policies and procedure were in place to support the safe management of medication within the home. The staff team supported people to take the right medication at the right time. This supported people to keep well.

People's health benefitted from the care and support provided. Staff were responsive to changes in people's physical and mental health needs and shared this information with the right people. For example, GP, social work, Ideas team and district nurses. Routine appointments were also arranged and included optician and chiropodist appointments. This meant people received responsive timely care which supported their health and wellbeing.

Communication was reported to be good within the service which is important for staff to feel valued and listened to. Handover meetings took place between each shift and daily 'flash meetings' took place where a representative from each department attended. These provided opportunities to share information and highlight areas of concern. Staff were confident to raise any concerns; this reduced the risk of harm to people.

We observed people sitting together at mealtimes and enjoying their meals. It was positive to see relatives being welcomed to have a meal with their family member.

Menus were pre-planned and available for people to see on a daily basis. Mid-morning, people were offered a choice of meals for that day. Alternatives were also available for people who preferred something different.

People's nutritional needs were communicated with the catering staff. This included dietary requirement,

texture of meals and fortified diets. People were observed to have easy access to drinks and snacks throughout the day.

People preferences were respected, and people chose where they had their meals. Some people chose to eat in their bedrooms, whilst others used communal dining spaces and opportunity to socialise with others at mealtimes. Where required, staff supported people to eat and drink. This was carried out in a dignified way.

How good is our leadership?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Since the last inspection which took place in April 2023, a new registered manager had been appointed. The registered manager was very visible within the home. People supported and relatives knew who they were and found them approachable and supportive.

The registered manager had not accessed the framework we were inspecting against. We referred them to 'A quality framework for care homes for adults and older people, for use in self-evaluation, scrutiny, and improvement support, February 2022'. This also provided links to the scrutiny improvement and support toolbox for best practice.

During the inspection, the registered manager engaged fully in the inspection process and was very responsive to feedback provided. They took immediate action to address areas of improvement which were raised. We were confident they would continue to address the ongoing areas of improvement identified to improve outcomes for people.

People had the opportunity to be involved and to help shape the service. Meetings for people supported and relatives had been less frequent. However, a date had been arranged for these to restart. Other methods of gathering feedback were weekly coffee mornings and 'Whispering Wednesdays' where staff listened to people on an individual basis and took any suggestions forward. There was also a quick response (QR) code at the door for relatives to scan using their mobile phones to provide feedback. The service had a newsletter which kept people up to date on news regarding Cornwall Park. The views of people supported, their relatives or appropriate representative should be used to support improvement within the service.

The provider had introduced an improved quality assurance system (LODESTAR). This system had clear guidance on audits to be completed, the frequency of these and who was responsible for the completion to the required standard.

The audit and monitoring in place enabled the registered manager to have an improved oversight in areas such as staff Scottish Social Services Council (SSSC) registration, staff training, medication administration and clinical oversight of people's care needs and reviews. Where areas to improve were identified we observed some had actions required. The registered manager should ensure these are followed through to completion. Other areas to improve were included within the refurbishment plan or overarching action plan. These identified areas completed and work that was ongoing, demonstrated continuous improvement within the service.

A procedure was in place for recording and reporting accidents and incidents. We viewed internal records and adult support and protection referrals which had been made to social work to escalate concerns. We suggested the registered manager implements a system to track these referrals and the outcomes. An increased oversight would also help to identify any patterns and mitigate risk for people supported. There were some omissions in the reporting of information to the Care Inspectorate. We signposted the registered manager to 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' to increase staff knowledge (see area for improvement 1).

Areas for improvement

1. The registered manager should ensure improvement in the oversight, recording and reporting of information. Relevant and prompt notifications should be submitted to the Care Inspectorate in line with legislation and notification guidance.

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

'I use a service which is well led and managed' (HSCS.4.23); and
'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

How good is our staff team?

4 - Good

We have evaluated this key question as good. We reviewed how good the staff team and staffing arrangement were. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact, and we found staff worked well together.

We received many positive comments in relation to the staff who provided care and support and other staff members who worked within the home. People told us, "Staff are friendly and helpful", and "Staff are calm and caring and couldn't be nicer."

Staff were safely recruited and new employees completed an induction and worked alongside an experienced staff member. This equipped them with the knowledge and confidence to support people safely. Staff were supported to maintain their knowledge and skills by completing updated training online. Some staff told us they would prefer to complete some face-to-face training in specific areas, such as moving and handling.

The home environment supported small group living and care staff were deployed to work within specific areas. Staff were clear on their roles and responsibilities. This offered people continuity in their care.

A recognised assessment tool was used by the provider on a monthly basis to assess people's needs. The outcome of these assessments were used to inform staffing levels within the service. Staff rotas we reviewed told us that the assessed staffing levels were planned and maintained each shift. To ensure these staffing levels, on occasions staff worked additional hours or 'bank staff' covered these shifts. The provider did not use agency staff.

Additional to using the monthly assessment tool, the registered manager should have a system in place to be able to review and adjust staffing levels to respond to people's changing needs or service demands within all departments of the home.

Staff were responsive when people requested assistance. We observed good practice where staff respectfully and kindly responded to people's needs and requests in a person-centred way. The registered manager monitored the time it took staff to respond to people's care call system. This was to ensure that people were receiving a response within an acceptable timescale. Staff took the time to engage with people in each of the units and staff worked hard to ensure people's needs were met.

Most staff told us they enjoyed their role and felt supported. Most spoke positively about the home, team working and the support they received from each other and the registered manager. We thought staff worked in a caring and sensitive manner and were motivated in their role. This resulted in a positive environment where people's support was stable because staff worked well together.

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The home was relaxed and homely. Some areas had been decorated recently and areas of the building to be upgraded were documented within the service's refurbishment plan. The layout of the home promoted small group living and this provided space for quiet time or social gatherings. The corridors within each unit had signage which helped orientate people and make the home more dementia friendly.

During the inspection, we observed people using communal areas for their morning and afternoon refreshments as well as their meals. This provided opportunities to meet with other people who lived within the home and promoted social inclusion.

Some communal areas provided natural light and space for people to spend time out of their bedrooms. We observed these areas being used for visits and group activities. People supported and staff told us that the local school and community groups used these spaces when they visited the home to provide activities and church services.

All bedrooms were single occupancy, spacious and had an ensuite toilet and wash hand sink. Bedrooms were personalised and people had personal effects to decorate their rooms. Most bedrooms were clean and tidy; however, some repairs were required to furniture and fitted radiators. These were reported to the maintenance person who addressed these issues.

The laundry facilities within the home are to be reviewed as part of the provider's action plan. Recommendations made should be included within the refurbishment plan and overarching action plan.

The provider had arrangements in place for external contractors to attend the home to service areas such as equipment, water systems and appliances in line with recommended guidance. Systems were in place for the ongoing monitoring and maintenance of the building and environment, a maintenance person was employed to carry out repairs identified. This reduced risks to people living in the home.

Staff were trained in infection prevention control (IPC). Housekeeping staff worked hard to keep areas clean. Cleaning schedules were in place to reflect the frequency of areas cleaned. There were challenges around the time available to complete the required cleaning. This resulted in some areas not being cleaned daily, including individual bedrooms.

The housekeeping staff carried out deep cleans on people's bedrooms as part of 'resident of the day'; however, we found some records to be incomplete or missing and could not confirm this had taken place. We checked and found not all equipment used in bedrooms and communal areas sampled had been cleaned to a good standard. We raised this with the registered manager who took immediate action (see area for improvement 1).

Areas for improvement

1. People supported should experience a clean and tidy environment. The provider should review the cleaning schedules of the home. They should ensure adequate housekeeping hours are available to achieve the work required to meet the expected standard of cleanliness.

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' (HCSC 5.22).

How well is our care and support planned?

4 - Good

We reviewed how well care was planned to reflect people's outcomes and wishes. We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement.

Prior to admission to the home, the registered manager or appointed staff member completed an individual needs assessment. This was to ensure the service would be appropriate and the provider had the resources required. This included a staff team who had the skills and knowledge to be able to meet the person's needs.

All people had a personal plan in place. These were recorded electronically using Person-Centred Software's Digital Care Planning System (PCS). Staff used handheld smart devices where they had easy access to read people's care plans to guide them on the care and support to be provided. The handheld system was also used to complete monitoring records and daily care notes.

Personal plans contained health assessments, care plans and risk assessments. The system in place highlighted when information was required to be updated or was overdue. Reviews of personal plans and specific care plans took place on a monthly basis, or earlier if required; staff completed these when 'resident of the day' occurred.

Some people had a one-page paper copy of key information displayed within their en-suite toilet. This included need to know details regarding the person's likes, dislikes and how best to support them. The registered manager should review if this was available for all people to guide staff. Agreeing a place for this

to be stored within people's bedrooms would make it more accessible for all, including people supported and, where appropriate, their family members.

Where required, staff completed charts to record and monitor aspects of people's health and wellbeing. This included fluid and dietary intake, repositioning to promote skin integrity and weekly/ monthly records of people's weight. We found some gaps in records but overall, these were being completed. Areas of concern were communicated at handovers and 'flash meetings'. The registered manager should maintain an overview of these recordings in order to address any omissions in record keeping.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and how to support people with any related decisions.

Six-monthly review meetings had taken place and where appropriate, involved a family member or appropriate representative. These gave people supported or their representative the opportunity to discuss their wellbeing. Minutes were available which detailed discussions and if care was continuing to meet people's needs. We found gaps in the section in relation to people's aspirations and goals. We suggested that this section could include people's choices and wishes (see area for improvement 1).

Areas for improvement

1. To support person-centred care planning, people's personal plans should include their choices and wishes, this information should be reviewed during six-monthly review meetings to ensure it continues to be relevant and correct.

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

'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).

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, the provider should ensure the correct application of medicated creams. An agreed system which directs staff clearly to apply and record administration should be implemented.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 14 June 2023.

Action taken since then

People who required medicated creams for topical application were prescribed these through the home's electronic medication administration record (EMAR). We found creams to be named and have date when opened recorded. Creams were stored as per instructions; most were within people's bedrooms or within the medication fridge. Staff recorded within people's PCS charts and daily care notes when creams were applied. The application of topical cream supported people to maintain healthy skin and / or provide pain relief.

This area for improvement had been met.

Previous area for improvement 2

To support people's wellbeing and social inclusion, the provider should develop individual activity plans. This will demonstrate how related outcomes are being met and evaluated.

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

'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); and
'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 14 June 2023.

Action taken since then

The provider employed an activity coordinator. We observed notice boards throughout the home displaying activities which people could attend. During our visit, we observed a quiz and a church service and were told of other events held on different days of the week. People were supported to maintain connections with their local community, including the local school and community groups. Visitors were welcomed; we spoke with a number of visitors throughout our time in the home. The PCS system used by the provider contained some information on people's interests and what was important to them. We were told that the development of individual activity plans had commenced, and this was an ongoing piece of work. We have continued this area for improvement.

This area for improvement had not been met.

Previous area for improvement 3

The provider should ensure staff are supported through regular supervision, to identify areas where support is required to improve practice. This should include reflection and competency checking to ensure learning is effective and influences better outcomes for people supported.

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 14 June 2023.

Action taken since then

The registered manager had a supervision tracker and we observed this alongside a sample of supervision records. The records we viewed and conversations with staff confirmed that supervision sessions took place, and future sessions had planned dates. Supervision booklets were used to record each supervision session. These evidenced the areas discussed, further actions to be taken and some contained completed competency checks. Supervision sessions allowed staff the opportunity to meet with a senior staff member on a one-to-one basis, reflect on their work practice and any development needs to meet the outcomes of people supported.

This area for improvement had been met.

Previous area for improvement 4

To ensure the setting meets the needs of people, the provider should consider specialist dementia design when planning any renovations or redecoration within the home. Best Practice guidance such as The Kings Fund Tool and the Care Homes Design Guide should be referred to.

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

'The premises have been adapted, equipped and furnished to meet my needs' (HSCS 5.18); and
'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 14 June 2023.

Action taken since then

The registered manager had completed The Kings Fund Assessment Tool. The completed tool had identified actions required to improve the environment for people supported. We observed some pictorial aids and wayfinding signage in place which directed people to areas within the home, such as their bedroom, bathrooms and dining areas. Actions identified were recorded within the service's refurbishment plan and some were to be included in the service's overarching action plan. This will support the registered manager to have oversight and to monitor each area through to completion.

This area for improvement had been met.

Previous area for improvement 5

To improve people's experience, the provider should review the internet connection within the home. This will ensure efficiency and timely response to record keeping.

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

'If I experience 24-hour care, I am connected, including access to a telephone, radio, TV and the internet' (HSCS 5.10); and

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

This area for improvement was made on 14 June 2023.

Action taken since then

The provider had reviewed their internet connection; however, at the time of inspection there continued to be no resolution. Staff expressed concern regarding internet connection and impact this had on using electronic devices for recording information. An example of this was recording of medication stock. Staff had identified this via their own audit system, and we identified further stock discrepancies during our visit. We suggested additional measures were put in place whilst this continued to be an issue in relation to recording of information. We have continued this area for improvement.

This area for improvement had not been met.

Previous area for improvement 6

To ensure people can enjoy outdoor space, improvement should be made to enhance garden areas.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

This area for improvement was made on 14 June 2023.

Action taken since then

The home had a gardener and a maintenance person who had responsibility for the outside space. Due to the current season and recent weather, the work on this area had been minimal and all areas were not yet

accessible for people to use. The registered manager had identified work required to upgrade the garden and this was documented within the home's refurbishment plan and overarching action plan. This work was due to progress when the weather improved. We have continued this area for improvement.

This area for improvement had not been met.

Previous area for improvement 7

The provider should ensure that all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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

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

This area for improvement was made on 14 June 2023.

Action taken since then

Staff used a handheld mobile smart device to record their involvement with people supported throughout the day. We found entries made were very task orientated. The registered manager and staff team should continue to review information recorded to make this more person-centred to capture people's experiences and outcomes achieved.

This area for improvement had not been met.

Previous area for improvement 8

So people benefit from person-centred care planning, best practice guidance such as The Personal Planning Guide and Helen Sanderson's Tool should be referred to. The provider should review the care planning system with particular focus on:

- evidence of involvement of person or representative
- greater focus on goals/aspirations
- development of Anticipatory Care Planning.

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

'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).

This area for improvement was made on 14 June 2023.

Action taken since then

The provider was using a Person-Centred Software's Digital Care Planning System (PCS) and staff had used this to develop person-centred care plans to meet people's needs. Some people supported and family told

us they had provided information when they moved to the home. This had been used to inform people's care plans. We viewed future care plans (previously called anticipatory care planning). Some family members told us they had discussed with staff how and where they would like their family member supported should their needs change. We found this information to be recorded within people's care plans. The provider had met these areas for improvement; however, we have made a new area for improvement in relation to focus on goals and aspirations.

This area for improvement had been met.

Previous area for improvement 9

People experiencing care and their representatives/families should be confident they are supported by a service which is well led and managed. The care service should ensure they have accurate records of all concerns raised, and the follow up actions taken in response to the concerns.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

This area for improvement was made on 10 June 2024 following an upheld complaint.

This area for improvement was made on 10 June 2024.

Action taken since then

The registered manager had a system in place to record all concerns and complaints raised; this included the action taken. We suggested how the system used could be further developed to better evidence outcomes and improve oversight.

This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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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