

Pulteney House (Care Home) Care Home Service

Pulteney House
North Murchison Street
Wick
KW1 5HL

Telephone: 01955 602 844

Type of inspection:
Unannounced

Completed on:
7 March 2025

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307252

About the service

Pulteney House is a care home registered to provide a service to a maximum of 20 people. This includes one which may be a respite place and another two may be provided to people under the age of 65. Additionally, there is a separate facility within the care home which has its own secure entrance. The unit provides short term care, support and rehabilitation for people living in the community whose needs, following an illness or fall, cannot be met in their own home, but do not require acute or community hospital care. The accommodation within the unit consists of two en-suite bedrooms, a fully equipped reablement/rehabilitation kitchen, a communal dining room and Conservatory/television room.

The provider is NHS Highland. The service was registered with the Care Inspectorate on 30 March 2012.

The home is located in a detached two-storey building in a residential area of Wick. The care home is provided on the ground floor only. The accommodation comprises of 18 single bedrooms with en-suite facilities. There is a choice of two communal lounges, one of which has large picture windows with uninterrupted sea views, and a communal dining area. The home has an onsite laundry and kitchen facilities. All meals are freshly prepared onsite. There is also a small kitchenette which can be used by visitors to the service.

The building is situated within its own grounds with a large paved garden area and a separate paved courtyard. At the time of the inspection there were 18 people living in the home.

About the inspection

This was an unannounced inspection which took place on 27 February 2025.

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 six people living in the home;
- Spoke with seven staff and management;
- Observed practice and daily life;
- Reviewed documents.

Key messages

- People were cared for in a kind, sensitive and respectful way.
- Staff were very good at developing warm, meaningful relationships with people.
- Mealtimes were sociable, relaxed and people enjoyed good quality home cooked food
- Everyone in the staff team was recognised as having a vital role in the home.
- The service's response to communications with and feedback from people and relatives was very good.
- The service could offer more opportunities to enjoy a range of planned activities.
- People benefitted from having a team who worked well together.

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?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good. This means there were major strengths in supporting positive outcomes for people.

Staff treated people with compassion, dignity and respect and we saw consistently positive relationships between staff and people living in Pulteney House.

It was clear the staff knew the people who lived in the home well, and their needs and preferences. People told they enjoyed living in Pulteney House, that they felt 'safe' and 'well looked after'; that the food was good and there was 'always someone to talk to'.

We saw warmth, fun, laughter, and some good-natured banter between service users and staff. This means that people feel relaxed and confident around care staff and trusting relationships had been established. This supports people's physical and emotional wellbeing. This was confirmed by feedback from relatives and professionals about the care and support people received. They told us:

- I know he is safe and cared for.
- The staff are brilliant with my mum, I can't fault them.
- The manager is really good and I can speak to her about anything I'm worried about.
- I have seen an improvement in her general wellbeing since Mum came to live in Pulteney House.
- Mum is very well looked after at Pulteney House. The staff are excellent and keep us informed on how she is doing.
- The home is spotlessly clean and Mum is always spotlessly clean.
- Great choice of meals available.

Health assessments were in place for everyone such as for continence, mobility, nutrition, tissue viability, and for falls. Associated risk assessments were in place and reviewed regularly. We saw safe moving and handling practice from staff, SKINN bundles which help monitor skin conditions, were in place and were well recorded. This supports staff to care for people's health and wellbeing needs appropriately and ensure their support is delivered safely.

All staff have completed dementia training and ongoing discussion helps support staff deliver good care and support to residents living with dementia or dementia type illnesses. Staff have also completed training on stress and distress which informs staff practice in supporting people who are anxious and frightened.

End of life care was supported well. The service had developed an information brochure for families on what to expect when their loved ones were at end of life. This means that families can be better prepared and can support their loved ones through end of life.

People's nutrition and hydration needs were met well. People told us:

- The food is lovely and there is a good choice.

Mealtimes were sociable and relaxed, held in a pleasant spacious dining room. Meals were good quality; the food was freshly cooked and well proportioned. Pictorial prompts were used to ensure residents have an informed choice with regards to their meals. Show and tell plates are also used so that people with cognitive issues were supported to make personal choices. The show and tell plates also provide sensory stimulus for people with poor appetites, which means they are more likely to eat more.

To ensure people were hydrated well, people were offered drinks throughout the day and at mealtimes. Jugs of juice and water were available so people could access drinks independently.

The home benefits from strong links to local healthcare services including GPs, community nursing services, physiotherapy, mental health services, local pharmacies, opticians etc. Their advice was acted upon, and details of their input documented. This helps to ensure that people's health needs were monitored, and interventions can be initiated quickly.

The home had recently appointed an activities coordinator to support people to participate in and enjoy a range of activities and community events. The work to develop this role is only just beginning. The new activities coordinator is exploring a suitable range of activities with a view to developing a comprehensive activities programme that includes group activities, 1:1 activity, outings and events in the care home and the wider community. This will help promote engagement and support people's emotional health and wellbeing. However, as this was just at the beginning stage, it needed time to develop. **(See area for improvement 1).**

To support people's medical needs there was an effective medication system. Records confirmed that people were receiving their medication as prescribed. Staff completed training and administration of medication followed good practice guidance. Their practice was audited routinely. This provided assurance that medication was administered by well trained staff. However, we identified some discrepancies in the stock which had been missed. To ensure this is addressed we have made an area for improvement. **(See area for improvement 2).**

We saw there was a high level of consultation with residents and their relatives which supports a collaborative approach to caring for people living in Pulteney House in accordance with their needs, choices and preferences.

Areas for improvement

1. To support people's mental stimulation and engagement the provider should:
 - a) ensure a comprehensive activities programme to suit all abilities, needs and interests is developed;
 - b) every resident should have an activities care plan which details their interests, hobbies and activities they enjoy;
 - c) activities should be evaluated to ensure the residents are getting the most out of the activities and that it meets their outcomes.

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)

2. To ensure that people's medical needs are met, the service should implement a regular and effective quality assurance of the medication system, to include, but not limited to medication stock counts and associated records are completed accurately at all times.

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)

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People and staff in Pulteney House benefited from a warm atmosphere because there were good working relationships between care staff, senior carers and managers. Staff not involved in direct care were recognised as having a key role in supporting people too. The staff were motivated and worked well together to make sure they spent as much time as possible with people. It was evident that there were strong, trusting relationships with the whole staff team.

People we spoke with told us that they felt comfortable with the staff and could talk to them; that they were well looked after; and they felt safe and loved.

Staff clearly enjoyed working in the home and were very positive about their role. They told us:

- This service feels like a home. The residents know that the staff are here for them and that they can get support when needed.
- We are all there for the residents and team and this makes a difference.
- We talk to each other and communication is very good.
- We have a good staff team who work together to ensure residents' choices and health needs are being met while ensuring residents' wishes are being respected.

Relatives confirmed in the online survey that staff worked well together and there were enough staff to care for their relative properly. Speaking of the staff team, relatives said:

- They are a brilliant bunch of people and so kind.
- The staff have always been positive and they are very good at keeping me informed of any change in my relative's circumstances.
- Staff do a difficult job and do their very best for the residents.
- Lovely caring girls, always friendly and helpful.

Professionals who visit the service regularly told us;

- The care team are welcoming, friendly and approachable. They have good understanding of people's needs.
- Staff are competent and well trained.
- The staff are all excellent very helpful and are always willing to help.

Leaders in the care home understood the needs and wishes of the people living in Pulteney House very well. Staffing levels were reviewed monthly and adjusted to reflect individuals' support needs. This meant staffing levels were sufficient to enable staff time to provide compassionate care and support including time to sit and chat with people. Contingency to cover absences and annual leave, if needed, was provided through the integrated staff bank.

Staff practice was supported and improved through effective, regular assessment and supervision to review and address relevant areas of practice and identify areas of support and development.

Mandatory training was up to date for all staff. Staff spoke positively about training they had completed, particularly the dementia models and stress and distress. They reported they had found this training insightful and provided them with a deeper understating of people's distress. This had impacted their practice in a positive way and improved the way they interacted with people.

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 wellbeing and social inclusion, the service should consider using an activities coordinator to lead on and implement a planned programme of activities, trips, outings and in house events. Activities should be made available daily, including evenings and weekends and include time for 1:1 activities for those people who benefit from this interaction.

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)

'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 26 September 2022.

Action taken since then

The service had experienced some challenges in recruiting a permanent activities coordinator. Activities were supported until recently by an admin officer who had a particular interest in developing activities, and the main staff group. The service now have a permanent activities coordinator who is developing an activities programme based on the interests and wishes of residents.

A dedicated room is available for activities and there are a range of new and continuing activities for people to enjoy, including cycling without ages, musical entertainment from local musicians, parties, visits from children's groups and outings.

The activities coordinator is starting to develop activities plans for people which will be monitored at future inspections. Although in general, we considered this area for improvement is **MET** we have made a further area for improvement so that progress is monitored and people can enjoy regular activity based on their choices, interests and hobbies.

See area for improvement 1 under Key Question 1

Previous area for improvement 2

To support the service's systems for effective infection prevention and control processes they needed to ensure a clear audit trail for cleaning of the environment and equipment in line with national guidance.

In order to achieve this they should maintain consistent records of the cleaning tasks completed including:
a) details of the frequency for different cleaning tasks ie daily, weekly, monthly etc; b) the date the task was

completed;

b) the person responsible for completing the cleaning task;

c) ensure the cleaning records were audited regularly so that any gaps in the cleaning records can be accounted for and action taken to ensure important cleaning tasks are not left undone.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.24)

'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 26 September 2022.

Action taken since then

The environment was homely, clean, and odour free. Bathrooms and communal spaces were also clean. Detailed cleaning schedules were in place and signed off. These were audited regularly, and any issues were quickly followed up.

We considered this area for improvement to be **MET**.

Previous area for improvement 3

In order to ensure that people continued to be safe and protected from harm, the recording of accidents and incidents should be more detailed.

In order to achieve this the records should include:

a) risk factors that may have contributed to the event;

b) the control measures that would be put in place to reduce risk of recurrence;

c) how and when the control measures would be reviewed.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20).

This area for improvement was made on 26 September 2022.

Action taken since then

Adverse events were recorded and senior management were aware of incidents when they happened, we found that there was better detail in the records which correspond with people's care plans and details of control measures in place. This was reviewed regularly, and means that there was good oversight of incidents and accidents and that effective control measures were in place to reduce risk of recurrence.

We considered this area for improvement to be **MET**.

Previous area for improvement 4

In order to ensure continuous development of the service, the management team should develop a service improvement plan based on:

- a) feedback from key stakeholders;
- b) an objective assessment of service performance; additionally; the service improvement plan should identify,
- c) priorities for improvement;
- d) timescales for actions to be completed;
- e) a date when progress on the improvement plan will be reviewed and new priorities identified.

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

'1 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

This area for improvement was made on 26 September 2022.

Action taken since then

An effective improvement plan was in place and was regularly updated. Extensive consultation with residents and relatives had taken place and contributed to the development plan. Timescales had been set for actions to be completed and these were monitored to ensure the service were meeting timescales or if a new timescale was required. This means that the improvement plan was regularly monitored and updated as issues had been resolved and new suggestions or plans for improvement had been identified.

We considered this area for improvement to be **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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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