

Carlingwark House Care Home Service

Carlingwark Street
CASTLE DOUGLAS
DG7 1TH

Telephone: 01556 505060

Type of inspection:
Unannounced

Completed on:
25 March 2025

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000288

About the service

Carlingwark House is registered to provide a non-nursing care service to a maximum of 30 older people over the age of 65 years. The provider is Park Homes (UK) Limited.

The service is located close to Castle Douglas town centre. Local amenities are within walking distance of the home.

The home is a Victorian style building. All bedrooms have en-suite toilet and sink facilities. There are three bathing facilities and one shower.

Communal lounges are available throughout the home along with a dining and kitchen area.

The home has two floors serviced by a passenger lift and a staircase. The upper floor is currently not in use. All accommodation is provided on the ground floor of the building. There is an enclosed garden with seating and a car park is available to visitors.

At the time of the inspection there were 26 people living at the service.

About the inspection

This was an unannounced follow up inspection which took place on 25 March 2025 between 09:30 and 14:45 hours. Feedback was provided to the service on 25 March 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 eight people using the service and one relative
- for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with nine staff and management
- observed practice and daily life; and
- reviewed documents.

Key messages

- People told us staff were kind to them and knew people well.
- Improvement had been made in relation to meaningful activity.
- Interaction outwith group activities and outings should improve.
- Staff were being recruited following safer recruitment guidelines.
- The service had met two requirements and three areas for improvement identified at previous inspections.
- As a result of the inspection, we made one new area 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?	3 - Adequate
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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 made an evaluation of adequate for this key question. Whilst the strengths had a positive impact key areas needed to improve.

The requirement had been met in relation to meaningful activity. However, outings from the home and meaningful interaction and physical activity outwith group activities continues to be an area for improvement. (see area for improvement 1)

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection." and "What the service has done to meet any areas for improvement made at or since the last inspection."

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure people benefit from meaningful activity and person-centred support. This should include but is not limited to an increased opportunity for outings from the home and meaningful interaction and physical activity outwith group activities.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19) 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)

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

Requirements

Requirement 1

By 23 March 2025 extended from 27 December 2024, the provider must ensure people benefit from meaningful activity and person-centred support. In order to meet their mental, social, physical needs. To do this, the provider must, at a minimum:

- a) develop a personalised programme of activities as part of individual care planning;
- b) account should be taken of the abilities, life histories and preferences of individuals;
- c) increase opportunity for meaningful interaction outwith group activities; and
- d) increase opportunities for outings in the community.

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) Regulations 2011 (SSI 2011/201).

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)

This requirement was made on 30 August 2024.

Action taken on previous requirement

Activity preference forms had been completed with people to help inform a personal plan of activities. This noted people's life history, music and reading preferences, previous hobbies and goals and wishes. This information had then been added to people's personal plans to guide staff to support people with their wishes.

There was one activity coordinator working in the service. This had a positive impact for people who had been involved in a variety of activities. For example, gardening, music events, arts and crafts and physical activity. There had been increased links within the local community. There was a monthly church service within the home, volunteer and school visits taking place regularly. This supported people's wellbeing by increased social interaction and activity.

A weekly planner of activities was in place for the home. The service had further planned to improve and increase activities on a daily basis across seven days of the week. Support staff were to be involved and also carry these out in the absence of the activity coordinator. Staff told us they were not always able fulfil this due to the needs of people's care. The service have planned for another part time activity coordinator to work in the home to ensure there is increased meaningful interaction for people.

Opportunity for meaningful interaction and physical activity outwith group activities remained an area for improvement. People who did not wish to take part in group activities told us of limited opportunity for physical and meaningful interaction at times. The service had plans to improve the activity planner to include further activities outwith group activities for people.

Where there had been sufficient staffing levels, we seen evidence of people being supported to go out for local walks and support staff arranging Bingo for people. This had not been able to take place regularly for people and limited group outings had taken place.

This requirement has been met. Sufficient progress has been made however an area for improvement will be made in relation to outings from the home and meaningful interaction and physical activity out with group activities. We have reported further on this under "How well do we support people's wellbeing?"

Met - outwith timescales

Requirement 2

By 23 March 2025 extended from 27 December 2024, the provider must ensure that staff are suitably recruited, inducted and trained to carry out their job role. To do this the provider must, at a minimum:

- a) follow safer recruitment guidelines by ensuring interview documentation, references and required risk assessments are in place;
- b) provide an induction that is suitable to prepare staff for their role;
- c) staff training must prepare staff with the right skills and knowledge to meet people's support needs;
- d) through supervision and observation of practice management should evaluate whether training is being implemented in practice; and
- e) demonstrate that further training is provided to staff where there are identified deficits in knowledge, skills and practice.

This is in order to comply with Regulation 4 Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 and section 8(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: "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 30 August 2024.

Action taken on previous requirement

We reviewed recruitment records of new employees. Application forms and completed interview documentation were in place.

The service had introduced a checklist index to support appropriate audit of staff's recruitment files. This ensured any missing required documentation was then included. Where employment had commenced without two satisfactory references or PVG (The Protecting Vulnerable Groups) a relevant risk assessment had been in place.

We viewed induction records in place which had commenced and were ongoing, this was also the same for staff training. Mandatory training was being prioritised, and other training was expected to be completed within a set timescale.

Examples of probationary meetings and observations of staff practice were viewed. These could be expanded on to provide more information on the observation and any future development needs. The manager of the service who recently commenced her role had plans to carry out observations of practice for all staff. This will allow her to support all staff in identifying and recording future development needs.

This requirement has been met.

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 support people's health and wellbeing, the provider should ensure names of topical medications, application and effectiveness are recorded.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me." (HSCS 1.19)

This area for improvement was made on 10 January 2025.

Action taken since then

The process on how topical medications had changed allowing for improved recording. This included all names and documentation of application. Management had regular oversight of all administration. Where topical medications were a short-term prescription effectiveness was monitored. Topical creams were signed and dated when opened to allow for more accurate monitoring of use and stock level.

This area for improvement has been met.

Previous area for improvement 2

To ensure people can be confident in the care service, the provider should ensure complaints and concerns are responded to in line with the service policy. This should include but is not limited to, acknowledgement and outcome letters and investigation reports.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I know how, and can be helped, to make a complaint or raise a concern about my care and support" (HSCS 4.20) and "I use a service and organisation that are well led and managed". (HSCSC 4.23)

This area for improvement was made on 10 January 2025.

Action taken since then

There has been no concerns or complaints made to the service since the last inspection. The new manager of the home was confident in the procedure to follow for complaints and concerns. Clear information for people and visitors was visible in the home on how to raise a concern or complaint. This included the process that would be followed by the provider. The service had implemented an audit and analysis of all concerns and complaints. This supported the manager to ensure the policy had been followed.

Staff were aware of the service's complaints and concerns policy. This ensured all staff were knowledgeable and confident in reporting any concerns that had been shared with them to the management team.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that maintenance needs and the environmental plan for the service follows a specific, measurable, achievable, relevant, and time-bound approach.

This is to ensure care and support is consistent with 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." (HSCS 5.22)

This area for improvement was made on 10 January 2025.

Action taken since then

The service had recently recruited a maintenance officer who works across the home and a sister home. The maintenance folder viewed alongside observation of the environment evidenced the reporting system was being used effectively. The reporting document had been improved, and maintenance needs were being identified and addressed in a timely manner by the maintenance officer.

An assessment of the environment had taken place and identified needs were recorded within the homes environmental action plan. Some areas in the home had been improved to support a warm and welcoming environment. The service had identified where improvements were still outstanding and not completed in some time. Plans were in place for completion of decoration of communal areas of the home and people's bedrooms. Regular review of the environmental action plan with updates ensures this follows a specific, measurable, achievable, relevant, and time-bound approach.

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

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