

## 2 Park Vale Care Home Service

Longside  
Peterhead  
AB42 4XW

Telephone: 01779 821 845

**Type of inspection:**  
Unannounced

**Completed on:**  
24 March 2025

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2003000273

## About the service

2 Park Vale is a care home supporting adults with learning disabilities situated in a quiet residential area in the village of Longside, near the larger town of Peterhead. The service provides support to a maximum of five adults.

The purpose-built modern bungalow comprises of five large bedrooms with a communal bathroom and shower room. There is a spacious dining room and living room with a front and rear garden.

## About the inspection

This was an unannounced inspection which took place over two days from 21-22 March 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:

- sought feedback from four people experiencing care
- spoke with two representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professionals.

## Key messages

- People looked well and were well presented.
- The provider should review their night-time practices to ensure these are person centred.
- We heard there were times staffing levels were insufficient to meet people's social needs.
- People were supported to discuss significant changes in their life's, including death and dying.
- People were supported to take the right medication at the right time.
- The service should consider other methods such as the use of pictures of photographs to help people be informed and make choices at mealtimes.
- People in the service were involved with the recruitment process.
- Recruitment had been undertaken to improve staffing levels within the service.

## 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 staff team?	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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a relaxed and pleasant atmosphere and we saw kind and caring interactions between staff and the people they support. One relative told us their family member, "views parkvale as home and is happy and settled".

People looked well and were well presented. People were well groomed. Some people had been supported to have their hair/nails done and had jewellery on. We saw many examples of people's personal preferences being upheld and promoted during the inspection. This was reflective of dignified and person centred care.

People could choose to take part in a range of activities tailored to their interests or continue with their usual daily routine, for example, attendance at volunteering. This helped people to have a meaningful day. However, we heard there were times staffing levels were insufficient to meet people's social needs. This impacted on people's emotional wellbeing. (See Area for Improvement 1 in 'How good is our staffing?')

The provider should review their night-time practices to ensure these are person centred. Some people's sleep was being disturbed during the night. This was because staff were prompting people to use the bathroom overnight. People should experience a restful night's sleep to promote health and wellbeing. People should have access to incontinence products which have a containment that is right for their urinary output at night which should mean that they should not need changed or leak. If the product is not containing their urinary output and leaving their skin vulnerable or them wet, then we would advise a review of their continence products. **(See Area for improvement 1)**

People were supported to discuss significant changes in their life's, including death and dying. This was handled sensitively and in a way that met people's needs. Social stories were shared with people to help explain death, dying and what to expect when attending a funeral. The social stories provided information about what might happen in a particular situation, helped keep people informed and reduced anxiety. This helped protect people's wellbeing and promoted better outcomes for them.

People had access to appropriate health care when they needed it. For example, general practitioner, district nurse, podiatry, dentist and other specialty services. This had a positive effect on health outcomes for people.

Six monthly reviews were not always carried out consistently. We discussed the importance of ensuring that people had regular opportunities to review their care and support, to ensure it was meeting agreed outcomes and changes made when needed. **(See Area for improvement 2)**

Overall medications were well managed. There were robust medication policies in place. People were supported to take the right medication at the right time. Medications were audited weekly, and any errors or discrepancies were identified and resolved promptly. We found that where a medication error had occurred, leaders in the service had taken appropriate actions and this included; staff repeated their training, additional observations and a reflective account. This gave us reassurance staff had the appropriate skills and knowledge to administer medication safely.

People's nutritional and hydration needs were being met. Staff had a good overview of people's nutritional needs. This ensured people's food and diet was tailored to their needs. Staff were responsible for preparing and cooking meals within the home. Staff had undertaken food hygiene training. This helped keep people safe.

People enjoyed their meals in an unhurried, relaxed atmosphere. People benefited from a wide range of aids and were supported with dignity. We observed people to enjoy their food. It was homemade, fresh and looked appetising. However, there were limited methods used to help people make choices for mealtimes, resulting in others making choices for them. We observed a handwritten menu board. The service should consider other methods such as the use of pictures or photographs to help people be informed and make choices at mealtimes. The service should consider assessing the service using the five good communication standards developed by the Royal College of Speech and Language Therapists (RCSLT), to consider how they could improve the service for people to develop this area further. **(See Area for improvement 3)**

We found that guidelines and advice from relevant healthcare professionals were in place. This supported specialist treatments such as the enteral feeding. This meant this aspect of people's health care needs were being met.

People's health benefitted from safe infection prevention and control practices and procedures. The general environment was clean and tidy. Personal protective equipment (PPE) and hand sanitiser were readily available throughout the building. This helped to minimise infection and keep people safe.

### Areas for improvement

1. To ensure people have an undisturbed night's sleep, the provider should review their nighttime practices to ensure these are person centred.

This should include but not limited to ensure a review of people's continence aids to make sure they have the right one to meet their needs.

This ensures care and support is consistent with the 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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

2.

In order to ensure support is meeting agreed outcomes and changes made when required, managers should ensure that six monthly reviews are held and include the views of people and /or their representatives.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

3. To support people be fully involved with designing of the menu and to keep people informed each day, the provider should review how menu information, options and choices are presented and collected. This should include the menu board with the use of pictures to help people living with cognitive and other sensory impairments be fully involved with menu planning.

Reference to the five good communication standards developed by the Royal College of Speech and Language Therapists (RCSLT) would be useful in providing ideas for design changes.

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

'I can independently access the parts of the premises I use, and the environment has been designed to promote this' (HSCS 5.11).

## How good is our staff team?

## 4 - Good

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

Staff were warm, welcoming and working hard to support people. People living in the care home and staff benefited from a warm atmosphere because there were good working relationships. People were not rushed, and staff were available when people needed them and had time to interact meaningfully with people. This promoted people's well-being and enriched their day.

The leadership team were visible and appeared friendly and approachable to staff and people during the inspection. The leadership team were committed to improving outcomes for people and worked well together. They promoted values that were in keeping with the Health and Social Care Standards (HSCS). For example, dignity, choice and respect. This promoted a supportive environment for people and staff.

Recruitment had been undertaken to improve staffing levels within the service. Several new staff were in the process of joining the service, and a more stabilised team was being developed. The service benefited from a large pool of relief staff they used to fill gaps in the rota. This helped provide consistency for people experiencing care.

The service followed safer recruitment guidance, and all relevant paperwork was present. This promoted people's safety and wellbeing.

Agency staff were being utilised to fill some gaps on the rota. There were protocols in place to support this and all agency staff members were provided with an induction. This included essential information about people's needs, service policies/procedures and job expectations. We spoke to two agency staff members during the inspection, and they were knowledgeable about people's needs. This ensured people were safe and received personalised care.

People in the service were involved with the recruitment process. For example, people experiencing care provided questions for staff interviews. This meant people were valued and included. The service undertook a 'meet and greet' process as part of the recruitment process. The interviewee would come to service and spend some time with people, whilst being observed by the leadership team. This gave people choice and upheld their right.

Staffing levels appeared appropriate at the time of our inspection. Staff were visible and people received the care and support as and when they required it.

We heard there were times staffing levels were insufficient to meet people's social needs. One family member shared, "getting out for a daily walk isn't too much to ask" and another shared, "sometimes there's not enough staff to support with a trip out, it's a real shame". This was due to people's care dependency, however, staffing levels need to reflect all aspects of people's needs. Leaders of the service should review their services staffing arrangements to ensure people receive the care and support they need and wish. **(See Area for improvement 1)**

Occasionally, there were some issues raised about staff performance. Leaders of the service managed these effectively and the appropriate safeguards were put in place. This supported people's safety.

There was a robust induction with a probationary period. All new staff had a probationary period which allowed the provider to assess competence for the role and identify any issues or training needs. New staff undertook a structured induction plan and were given the opportunity to shadow experienced staff to learn about people's support needs. This meant staff had the necessary information to undertake their role and meet people's needs.

Staff meetings were taking place regularly. This meant staff were provided with the opportunity to share ideas, views and to support communication across the organisation.

Staff training records showed staff had access to a variety of training to carry out their role. Staff told us they felt confident and competent in their roles. There were good levels of compliance with training, and this was reflected in a training matrix. This provided the leadership team an overview at a glance.

When people's needs changed, leaders in the service identified this and put additional training into place promptly. For example, palliative care training had just been completed by all staff. This meant staff had access to the right training to meet the changing needs of people they supported.

Staff reported feeling supported in their role. Staff received supervision four times per year alongside an annual appraisal. This was happening in line with the organisations policy. Staff told us there was always someone to ask for help and that the leadership team were approachable and supportive. This helped ensure a well supported and confident workforce.

Staff received regular observations of practice which were well documented. These included observations relating to; moving and assisting, eating and drinking, medication, infection prevention and control and engagement. This gave us confidence staff competence was being regularly reviewed to ensure good standards were maintained.

There was a contingency plan in place in the event a number of staff were absent at the same time. This gave us reassurance that people's needs would continue to be met in the event of high levels of absence.

## Areas for improvement

1. To ensure people have their social needs met, the provider should review the service's staffing arrangements. This is to ensure people receive the care and support they need and wish.

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

1.19 'My care and support meets my needs and is right for me'.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## 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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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