

Culsh House Care Home Care Home Service

New Deer
Turriff
AB53 6TR

Telephone: 01771 644 469

Type of inspection:
Unannounced

Completed on:
10 March 2025

Service provided by:
Culsh House Care Home

Service provider number:
SP2003002319

Service no:
CS2003010375

About the service

Culsh House Care Home is a converted large house located on the outskirts of the rural village of New Deer, Aberdeenshire. The original building has been extended in previous years and bedrooms are located over two floors.

The home is registered to provide nursing care for up to 23 older people. There were 22 people living in the service at the time of this inspection.

All bedrooms have ensuite toilet and handwashing facilities. Bathing and showering facilities are shared. There is a choice of well furnished sitting rooms and conservatories available for people to spend their time.

There is an enclosed garden to the side of the home and a landscaped garden with seating to the front of the building.

About the inspection

This was an unannounced inspection which took place on 8 and 9 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:

- spoke with nine people using the service and six of their relatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service had a warm, homely feel
- Management were working hard to maintain a high standard of care and support.
- People benefitted from a consistent staff team, who knew them well.
- Staff wellbeing was considered as important and staff felt supported.
- Staffing arrangements could be strengthened by regular assessment and review and input from stakeholders. This would improve meaningful connection for people.
- The home was clean, tidy and well maintained.
- People benefitted from pleasant outside spaces with views of the countryside.

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?	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?

5 - 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.

The home had a welcoming, homely atmosphere. Staff knew people well and positive relationships had been developed. We were told, 'Moving here was one of the best moves I ever made', 'The staff are super' and, 'I feel at home here'. Interactions between people were naturally kind and caring, and this resulted in people feeling safe and happy.

Families and friends were able to visit whenever they wanted to and were encouraged to be involved in people's care. People were enjoying socialising together in the conservatory and café and told us, 'I am happy enough here, it's better than being by yourself' and, 'They helped install a phone in his room and this has helped him stay connected and less isolated'. As a result, friends and relatives were enabled to maintain contact with loved ones.

People looked well and were dressed in appropriate clothing of their choice. Staff had taken time to ensure attention to detail, for example, with jewellery, hair styled and nails painted. People were treated with dignity and encouraged to maintain personal touches to their appearance. This maintained people's self-worth.

There was a well organised process for medications in place, with regular management oversight to ensure compliance. Detailed, 'as required' (PRN) protocols were in place. For example, where people were experiencing stress or distress, it was clear what strategies staff used before considering the use of medication. This meant people received the right medication at the right time, in order to maintain optimum health and wellbeing.

Mealtimes were an important time in the home. Staff encouraged relatives to join their loved ones for meals. 'Come dine with me' notices ensured friends and families were invited and included at mealtimes. People told us, 'The food is excellent, it's all home-made' and 'The foods really good, I've put on a stone and a half since I came in'. Management ensured people had input into menu planning, which resulted in food people had chosen and liked. Drinks and snacks were available in communal areas so people could help themselves. It was clear that mealtimes were a positive experience for people and their nutritional needs were met.

Care plans were organised and contained detailed information on how best to support people. A variety of assessment tools were in place to monitor people's wellbeing. The home had developed good relationships with external professionals. Staff recognised changes in people's health or presentation, and sought referrals and advice from appropriate healthcare professionals. This helped to keep people well.

The home worked hard to minimise the risk of falls for people. Environments were tidy and uncluttered, and a good range of equipment was in place to facilitate people's mobility. Staff supported people appropriately where required, and encouraged people to remain active. Risk assessments reflected measures in place to reduce risk and minimise harm. Keeping people safe was important to staff.

Six monthly reviews of care were taking place involving appropriate people. Reviews reflected people's opinions and ensured the care was right for them and their needs were met. People told us they felt involved in their care and decisions.

Detailed anticipatory care plans had been completed with people, which helped staff to identify what actions should take place when they reached the end of their lives.

Consent forms had been completed for more restrictive measures such as sensor mats, to minimise risk for people, and to maintain their safety. More detail regarding discussions with people relating to this in line with people's risks, rights and limits to freedom guidance, would be beneficial. We discussed this with the manager and will follow this up at our next inspection.

A range of different activities was on offer throughout the week. We were told, 'There's always things to do, 'I enjoyed making pancakes the other day'. People were benefitting from visits from the local school children and also the therapist. Trips out with the home ensured people engaged within the local community. As a result, people were able to still

The home was clean, tidy and well maintained, with appropriate cleaning schedules in place. Infection prevention and control (IPC) stations were available for staff throughout the home and used appropriately. Staff were knowledgeable regarding the importance of IPC and therefore, people were reassured that they were being cared for in a clean and healthy environment.

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.

People were supported by a stable staff team which ensured consistency and continuity of care. There were warm and caring interactions with staff. Staff were happy and told us 'I love my job'. The staff were motivated and upbeat and this contributed to the pleasant atmosphere in the home.

Staffing arrangements should be a continuous process of assessment. There had been an increase in staff since our last inspection, and the manager knew people well. However, it was not clear how the staffing arrangements were being assessed to include people's social interaction and meaningful connection. People told us, 'Could be doing with more staff now and again to sit with you' and 'There's maybe one or two more carers needed'. Staff were visible during our inspection, however, this was mainly focussed on care tasks. Ongoing assessment and review of staffing, and feedback from stakeholders, would further strengthen this process and increase positive outcomes for people. We discussed this with the manager and we will follow this up at our next inspection. **(See area for improvement 1.)**

Staff felt supported and told us they received supervision on a regular basis. Management had oversight of supervision to ensure compliance. There was an open-door policy and staff felt they were listened to. Staff wellbeing was seen as important. For example, management had given staff 'wellbeing hampers' and an invite to a spa day. Staff were also rewarded for hard work and achievements through awards, given out at team meetings. This made staff feel valued and appreciated.

Staff were working hard and worked well together as a team. Meetings were held on a regular basis and gave space for staff to speak and voice opinions. Staff felt listened to and had confidence that any concerns would be dealt with appropriately. People told us, 'All the staff are lovely, we have a good team' and 'We have a very good staff team here, we all support each other'. This helped build trust and confidence within the whole team and maintained staff morale.

Management had good oversight of what training was needed to improve staff skills, in order to create a positive impact on outcomes for people. People could be reassured that they were being cared for by staff with the necessary skills and competence.

People could be confident that new staff had been recruited safely, and the recruitment process reflected the principles of 'Safer Recruitment, Through Better Recruitment'. New staff had been interviewed with employment references, protection of vulnerable group checks and registration of professional bodies checks being undertaken. This ensured that appropriate checks on new staff had been carried out to keep people safe.

Some staff were involved with a new project called 'Person centred me', where new ideas around supporting people using a person centred approach were explored. Staff were looking forward to seeing how this could help improve outcomes for people in the home. We look forward to learning more as this gathers momentum.

Areas for improvement

1. In order to support people to get the most out of life, you, the provider, should ensure that staffing arrangements are in place to include meaningful connection. This should include evidence of ongoing assessment and review of staffing, and include the views of all stakeholders.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'People have time to support and care for me and to speak with me'. (HSCS 3.16)

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

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