

Pittendreich Care Home Care Home Service

Pittendreich House
Melville Dykes
Lasswade
EH18 1AH

Telephone: 01316 604 073

Type of inspection:
Unannounced

Completed on:
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Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2004062064

About the service

Pittendreich Care Home provides care and accommodation for up to a maximum of 27 older people. The home is owned and managed by St Philips Care Limited.

The home is situated in the countryside close to the village of Lasswade. There are large grounds and gardens which can be viewed from many of the rooms. The home has three floors with a lift and stairs giving access to each floor. Fourteen of the bedrooms have ensuite toilet facilities. There are two sitting rooms and a dining room.

At the time of inspection we met with the newly appointed manager who was still in the process of getting to know staff and supported people. There were currently 20 people residing in the home.

About the inspection

This was an unannounced inspection of the service which took place between 26 and 28 August 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 using the service. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire of which we received 23 responses.
- we talked with members of staff and the management team
- observed staff practice and daily life
- reviewed a range of documents

Key messages

- Staff knew people well and had built positive relationships with the people they supported
- People were being encouraged to enjoy opportunities to engage in a range of activities which were meaningful to them.
- Skin and wound care was being monitored however, evidencing and recording of this needed to be improved upon.
- There were a range of audit tools used to inform the manager and senior management about how well the service was performing.
- The provider should enable opportunities for staff to reflect on their practice through discussions and regular supervision with their manager
- Several areas of the home needed repaired and/or refurbished.
- Care and support plans were personalised and gave good guidance to ensure people were well supported and safe.

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
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Staff knew people well and had built positive relationships with the people they supported. We saw kind, warm interactions between the staff and people living in the home. People told us 'You can't fault the staff, they are caring and attentive, they take the time to chat with you and get to know you as a person', 'The staff are kind and friendly, we have fun'.

People were being encouraged to enjoy opportunities to engage in a range of activities which were meaningful to them. Many of these activities encouraged people to move and change positions, for example, seated exercise groups. Some people enjoyed quizzes, participated in gardening and musical events. People were able to choose how to spend their day, and this meant they were listened to, and treated respectfully. Staff should continue to provide opportunities for people who remained in their rooms to participate in and enjoy activities.

There was a varied menu on offer and staff were knowledgeable about people's needs and preferences. We were told, 'The food's really nice' and 'The food's good, there is plenty of choice'. It was positive that staff sat and supported people to eat their meals together. This provided people with natural prompts to encourage them to eat and drink and made for an inclusive atmosphere. We discussed with the manager the deployment of staff across the dining room ensuring staff practice promoted a pleasant experience for people overall.

Support plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. The management team completed weekly clinical overviews to support communication between staff in relation to people's health needs.

Skin and wound care was being monitored through clinical overviews however, evidencing and recording of checks and treatment plans needed to be improved upon. There must be a system in place that is able to demonstrate that the skin care needs of those residing in the home are regularly assessed and adequately met. We made an area for improvement regarding skin care at the last inspection, this area for improvement will be carried forward.

We saw appropriate referrals had been made to other health professionals if required and their advice and guidance was reflected in relevant support plans. The management team were continually reviewing information within care plans, for those that had been reviewed these appeared to be personalised and regularly updated as people's health needs and preferences changed.

Medication administration was facilitated through an electronic system, ensuring accuracy and efficiency. Management conducted regular audits to monitor medication errors, stock control, and storage practices. All medications were administered by senior staff who underwent ongoing training to uphold safe practices and promote positive health outcomes. The manager also carried out routine observations to verify staff competence and maintain good standards of care. People could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.

Throughout the home there were PPE and hand hygiene stations clearly marked and readily available. Staff were seen to be wearing PPE appropriately; they were able to readily access PPE and identify what was required and when. This appears to be embedded and sustainable in practice. People experiencing care were seen to be supported in hand hygiene and were noted to use appropriate hand rub independently. Staff carried out housekeeping and cleaning duties in line with the Care Home Infection Prevention and Control Manual. This ensured measures were taken to prevent infection and minimise cross infection in different areas of the home.

How good is our leadership?

4 - Good

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

Management had a good overview of the home. Staff told us the manager and management team had an open-door policy, where any aspect of care, support or development could be discussed and was listened to.

The manager knew the care and support needs of people and was able to direct care in a supportive and professional manner. An established staff team supported each other through clear channels of communication. This ensured any changes to care were consistently achieved. Regular team meetings offered an opportunity for staff to share and contribute to the development of the service.

There were a range of audit tools used to inform the manager and senior management about how well the service was performing. A home improvement plan was in place which was supported by action plans to drive continuous improvement. We discussed with the manager the need to ensure actions identified could be easily tracked through to completion showcasing improvements made and improved outcomes for people living in the home.

Management meetings were in place and held regularly, this ensured all aspects of the service had an overview by the manager. The manager also held daily meetings with representatives from all departments in attendance to have an overview of actions for that day.

Audits linked to healthcare were regularly completed. This enabled overview of any actions needed to be put in place to improve individual health. This led to positive outcomes for people living in the home.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate. The manager ensured where needed, that any identified risk led to changes in planned care.

There were regular resident's meetings, where people could raise any issues or ask questions. Standing items such as activities and meals were also discussed.

How good is our staff team?

4 - Good

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

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were in line with best practice guidelines, were documented clearly with relevant checks being undertaken.

Staff were working hard and were enthusiastic about their work. They were clear about their roles, what was expected of them and demonstrated a good knowledge of people's care and support needs. Staff were working well together as a team and were visible within the home. People told us, 'The staff are all friendly and kind' and 'I can talk to any one of them, they always help if I have concerns'. People had confidence in the team who supported them with their care.

People experiencing care had the opportunity to meet any new staff being introduced. This meant staff had time to get to know people and learn what was important to them. Staff confirmed they had a good induction with regular ongoing support from the management team.

Staff completed a range of online and face to face training courses relevant to people's needs. There were good systems in place to evaluate staff's understanding or ability to transfer learning into practice.

Staff spoke openly about feeling supported in their role, particularly by peers and the current new manager. However, with the change of manager, planned supervision of staff had fallen behind. This meant there was little opportunity to evaluate staff's competency or learning and development needs. We were concerned staff would not have access to up-to-date practice guidance or information. This has the potential to put people's health, safety, and wellbeing at risk. **(See area for improvement one).**

Morale across the service was high, staff we spoke to said they were happy at their work. Staff felt well supported by management and confident in raising concerns. This enabled people to have a positive experience of their care as the staff team were enthusiastic and happy.

Areas for improvement

1. To ensure people experience high quality care, the provider should enable opportunities for staff to reflect on their practice through discussions at team meetings and through regular supervision with their manager.

This is in order to comply with the Health and Social Care Standards which states 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).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

There was a large lounge area on the ground floor which could be used by residents should they wish to do so. For people living upstairs there was a lift, which staff supported them to use as requested.

The home had a relaxed welcoming atmosphere and reflected the ages of the people living there. The residents had the choice of what they wanted in their rooms regards entertainment, radios, televisions etc. All the bedrooms were individually decorated with people's personal items, this meant people could feel 'at home' in their surroundings.

The home had extensive gardens. There was a small, enclosed patio area, however, there was limited access outdoors, and for residents who like to walk the grounds there were no accessible paths.

There were relevant maintenance and equipment checks in place; records were signed and dated when completed.

A refurbishment plan had been initiated to enhance the living environment, with initial work focused on upgrading bedrooms and ensuite facilities. The scope of the plan also extended to other key areas of the home, including corridors, communal bathrooms, and office spaces.

At the time of review, refurbishment efforts were still in the early stages, with significant work remaining. During discussions with the manager, emphasis was placed on ensuring that the onsite maintenance team clearly understood their roles and responsibilities regarding the upkeep of the premises.

Several areas were observed to be in need of repair or redecoration, particularly woodwork which highlighted the importance of ongoing maintenance alongside the broader refurbishment strategy. We made an area for improvement regarding refurbishment and maintenance of the building at the last inspection, this area for improvement will be carried forward.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several strengths, taken together, clearly outweighed areas for improvement.

The service had worked hard to improve the quality of care and support plans since our last inspection. Care and support plans were personalised and gave good guidance to ensure people were well supported and safe.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. People and their relatives also benefitted from six monthly reviews of their care and support.

Whilst personal plans contained detailed information about care, daily records of care were inconsistently completed which meant agreed care could not always be accurately analysed. This included personal care, oral care, skin care and food and fluids. Whilst staff appeared attentive to people's needs and knew them well, records should accurately reflect the care given as described in the personal plan. We had made a previous area for improvement in relation to daily care records, this area for improvement will be carried forward.

People had access to external professional support such as GPs, opticians, and district nurses when this was needed. This ensured people were receiving regular routine health screening and had access to other peripatetic professional support. We found guidance from other professional staff was recorded well within plans sampled.

Anticipatory care plans were in place, including do not attempt cardiopulmonary resuscitation (DNACPR) certificates. These helped to direct the care and support for people at the end of life. We discussed with the manager the need to further expand the information held within plans, to ensure these provide clear instructions for professional staff.

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 minimise the risk of any development of pressure ulcers the provider must ensure systems in place demonstrate that the skin care needs of the service users are regularly assessed and adequately met.

This provider should:

- Ensure that the assessment and monitoring of skin problems and wounds is appropriate and up to date.
- Be able to demonstrate that adequate care planning and interventions are in place to care and support those service users at risk of developing pressure ulcers.
- Ensure that appropriate equipment to minimise the risk of service users developing pressure ulcers is always available and used appropriately.
- Review, revise and improve wound care documentation to ensure that a clear complete and accurate record of care is kept.
- Ensure there is specific reference to the following in the care plans of those service users at risk of developing pressure ulcers:
 - Accurate recording of the details of care interventions.
 - Risk assessments which reflect all identified risks.
 - The regular update of records to reflect change.
 - Consistency in the use of risk assessment tools.

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

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 31 October 2024.

Action taken since then

Skin and wound care was being monitored through clinical overviews however, evidencing and recording of checks and treatment plans needed to be improved upon. There must be a system in place that is able to demonstrate that the skin care needs of those residing in the home are regularly assessed and adequately met.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To improve the environment of the home the provider should continue to develop a refurbishment plan. This should include but not be restricted to timely repairs and replacement of items. The plan should detail the timescales for refurbishment and repairs/maintenance to take place and be reviewed on a regular basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 31 October 2024.

Action taken since then

A refurbishment plan was now in place. Refurbishment work had commenced however, this was still in the early stages, with significant work remaining. The manager needed to ensure the onsite maintenance team clearly understood their roles and responsibilities in relation to ongoing maintenance and repairs of the building.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To ensure that people's needs are fully met as agreed in their personal plan, the manager should ensure:

- all documentation relating to care is accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning
- information within the personal plan is accurate and reflects changing individual care needs
- staff practice fully reflects the care as written in the personal plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 1.19),

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

'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 31 October 2024.

Action taken since then

Personal plans did not consistently give detailed information regarding people's health and wellbeing. This included personal care, oral care, food and fluids. Whilst staff appeared attentive to people's needs and knew them well, records should accurately reflect the care given as described in the personal plan.

This area of improvement has not been met and remains in place.

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
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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