

Park Lodge Care Home Care Home Service

Kirkton of Skene
Westhill
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Type of inspection:
Unannounced

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Service provided by:
Sanctuary Care Limited

Service provider number:
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Service no:
CS2019378613

About the service

Park Lodge Care Home is a modern purpose-built home situated in a quiet residential area on the outskirts of Aberdeen. The service is a registered care home, which provides care for up to seven adults with physical and learning disabilities. At the time of this inspection there were seven adults living in the home.

The service comprises of single bedrooms with a communal lounge, bathrooms and kitchen. There is also a large, picturesque communal garden to the back of the home for everyone to enjoy.

The service aimed to provide a warm and friendly home where people could fulfil their potential.

The service is part of the private organisation, Sanctuary Care Limited and registered with the Care Inspectorate on 30 June 2020.

What people told us

People living in this home had a range of communication needs. We spoke informally to people and observed interactions with staff. People appeared to be happy and comfortable. We also spoke with three relatives who told us:

'I think it's the best thing to have happened. For their care is better (here) and the stress about them is less.'

'I can't complain. I think they are well looked after.'

'It's a nice home. The staff are all very friendly. I can phone up and come at short notice.'

'I think this home is handling their condition well/better than it was being handled before he came here.'

'We would see before what was going on in the home. We would see the other residents. We don't know now.'

'It has been an abnormal situation and the staff have coped with it fairly well. It's been tough for them too. They have kept my relative safe and well. It's all been a lot of extra work so well done to them I say.'

'I think communication could be better between staff, and between staff and relatives. If information is passed down by simply cascading it, things get missed. I know they are busy and I know he's not the only one.'

'A lot of it all is to do with Covid. It's not a normal situation at all. The staff have coped in this situation.'

'I take my hat off to them'.

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 care and support during the COVID-19 pandemic?	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?

4 - Good

During this inspection we considered three Quality Indicators (QI). We evaluated QI 1.1 - People experience dignity, compassion and respect which we evaluated as very good, QI 1.2 - People get the most out of life as good and QI 1.3 - People's health benefits from their care and support as very good. This means the overall evaluation for this key question is good.

We observed kind, compassionate interactions between residents and staff. Staff spoke with people at a pace and in a manner they could understand. There was very good information in care plans about people's lives and experiences including their likes, dislikes and preferences. From speaking to staff, we heard how this information was used to help shape their care and support and activities that were planned.

Most relatives we spoke to thought that communication with staff was very good. They had no concerns and felt they were always kept up to date. One relative however felt communication could be improved. We suggested that the manager clarify with relatives their expectations for communication - how often and in what format which would help to ensure that expectations are clear for both the relatives and staff.

The way people spend their day should promote a sense of purposefulness and wellbeing. We saw that there was an activity plan displayed within the home and we heard about some activities that took place. We observed how people were involved in activities during our visit which included both planned group activities and individual activities with staff like cleaning their rooms or observing meal preparation. This helped to promote the homely feeling and demonstrated how people were involved in day-to-day tasks and activities.

As restrictions had eased people were beginning to get out and about more. We heard some comments about how the lack of bus drivers could limit opportunities. The manager however was aware of this and had some ideas how to address this.

People should benefit from care plans that are reviewed and monitored regularly. Care and support plans contained a range of very good information. Care plans were informed by a range of assessment tools which had been regularly reviewed, such as multifactorial falls assessments, Malnutrition Universal Screening Tools (MUST), Waterlow (a tool to assess people's risk of developing pressure sores) and oral care.

Care plans were also informed by advice and guidance from a range of professionals such as Physiotherapist, Speech and Language Therapists (SALT), Community Learning Disability Nurse (CLDN) and the General Practitioner. Records demonstrated how staff sought advice and followed guidance to help improve outcomes for people. We also received positive feedback about staff, their communication and the support they provided.

We saw clear records of medication prescribed and administered. Staff followed best practice using carers notes to provide further detail where necessary to ensure there was an accurate record of medication administered. We made a suggestion about the review of some medication which would provide a clearer audit trail of consultation. The manager addressed this during the inspection.

If people need help managing their money and personal affairs, they should be able to have as much control as possible and expect that their interests are safeguarded. The provider described their procedure for managing people's finances. Whilst there were very good records of monies which were held in a bank account for people, money coming into the home was not individualised. This may be appropriate and acceptable for some people however it would not be for others. We discussed how the provider should develop a more person-centred approach so that where possible people that can be are enabled to manage and handle cash should they wish to. Where this is not the case, consultation with relevant people should be recorded in care plans which are regularly reviewed. **(See area for improvement 1)**

It is important for people's wellbeing that they are supported to remain connected with their families and communities. The provider had used a variety of ways to support visiting during the pandemic, including the use of technology. A regular newsletter was sent to all relatives which helped to let them know what was going on in the home. Visiting had progressed in line with government guidance, we saw that people were receiving visitors in the home and some people had been out and about on the bus again.

During this inspection we observed people being supported by staff. People appeared happy and comfortable and staff involved everyone in conversation and activities. Staff knew people well and how to use alternative methods of communication to help ensure people's needs were being met.

Areas for improvement

1. The provider should ensure that there is a person-centred and enabling approach to assessing people's needs in relation to the support they may require with managing or handling money. A written record of the assessment and consultation with relevant people should be included within care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded'. (HSCS 2.5)

How good is our care and support during the COVID-19 pandemic?

5 - Very Good

We evaluated this key question as very good following this inspection. An evaluation of very good will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes.

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

We evaluated how well infection control practices support a safe environment for people experiencing care and support. The home is based in one building with seven rooms and accessible communal areas. We concluded that people's welfare and safety was promoted, and that the provider, manager and staff had taken very good action to ensure people were kept safe during the pandemic.

During an outbreak of Covid-19, the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of people experiencing care as well as all staff.

Government guidelines and processes provide regular testing for staff. The availability of testing was communicated to staff, and they were carried out in line with best practice guidance. This meant that vulnerable people were safer because staff who tested positive could self-isolate quicker.

The home had enhanced cleaning schedules and we observed staff cleaning frequently touched areas throughout the inspection.

We saw that hard to reach areas were clean and free from dust including offices and cupboards, the laundry and staff changing room area. Thought had been given to the storage of items in cupboards and units on wheels were used so these could be moved and the floor cleaned easily.

There were enough handwashing facilities in the home, and staff told us how they supported those who required support with hand hygiene.

Staff spoken with were very knowledgeable about the actions they should take in order to keep themselves and the residents safe. We also saw that they promoted social distancing and wore and disposed of Personal Protective Equipment (PPE) appropriately.

We saw that almost all areas of the home were visibly clean and free from clutter and dust, however on the first day we saw that the activity store cupboard was cluttered and disorganised, it was also hard to determine if the equipment had been cleaned effectively and regularly as it was not on the cleaning schedules. We discussed these issues with the manager who took prompt action to address this. There were some minor issues such as notices which were not cleanable, these were promptly placed within poly pockets so they could be wiped down.

By the second day of our visit the minor issues identified on the first day had been addressed and the activity store cupboard had been clean and organised.

The systems and processes in place to deliver and provide assurance that the home was cleaned to an acceptable standard to minimise the risk of transmission of Covid-19 from exposure to the environment were effective. We discussed how minor improvements could be made to Infection Prevention and Control audits by adding the activity store cupboard.

Overall, over the two visits we found the environment of the home was very clean and the manager had been proactive in addressing the minor issues identified on the first day. The management had worked hard to ensure that all staff were aware that effective infection prevention and control was everyone's responsibility.

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes.

Training records showed that staff had access to a variety of training. To help staff provided effective support to people during the pandemic staff told us about the training that they received in relation to infection control practice, including, putting on and taking off Personal Protective Equipment (PPE) and handwashing. This training supported staff to keep the people living in the home and themselves safer from infection or cross-contamination. Throughout our visits we saw staff were using PPE correctly.

Management of the service carried out monthly environmental audits which included spot checks on things like the correct use of PPE and handwashing. They also provided support for ongoing learning and development across the staff team by ensuring staff had access to and an understanding of changes to guidance. The standard of the quality checks and the leadership provided by the management clearly helped staff to understand and to embrace their responsibilities to keep residents, themselves and visitors safe.

Staff who had recently started working in the service said that they had a good and effective induction. One staff member who had worked in other care services commented it was one of the best inductions they had had. This meant new staff were supported well to gain knowledge of their roles and how to provide good care to the people they were supporting.

Staff uniforms were mostly laundered in the service, however where they washed their own clothes that they wore at work they were able to describe best practice in the transporting, temperature for laundering, and storage of these. Staff all knew what the prevalent symptoms of Covid-19 and knew what they should do if they were to have any of these. When they changed at work their outside clothes were safely stored using suit bags to keep them separate.

Staff told us that they had access to regular supervision which they said was supportive and a good way of sharing important information and checking on how they were doing. They also told us they had access to regular team meetings and daily handovers. Staff felt these processes allowed them to discuss practice, share ideas, discuss concerns and to stay up to date with best practice guidance and use this to support people better. This also meant that staff received information timeously and could make any required changes to practice quickly. One member of staff gave an example of making a suggestion about activities and how this was listened to and implemented and this made them feel like a valued team member.

Staff told us how they used the training they had received to inform practice. We saw staff working hard to provide good support to people. The home had a relaxed atmosphere and we saw warm, friendly, and respectful interactions between staff and the people they supported. It was clearly evident that staff knew the people they supported well and this helped to create a positive experience for the people being supported.

Staff told us they felt well supported and safe at work, they felt working through the pandemic had pulled them closer together as a team. They told us management of the home were accessible and supportive, however they were aware they could access independent support should they require it.

Throughout the inspection we saw staff share their responsibilities and duties in regard to infection prevention and control. Throughout the inspection we saw they were all working very hard to meet people's needs. Although staff provided activities in house, they were beginning to get people out and about again which people really enjoyed. This was an area the manager acknowledged that they were working on as things begin to open up again.

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	5 - Very Good

How good is our care and support during the COVID-19 pandemic?	5 - Very Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	5 - Very Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	5 - Very Good

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