

Pitcairn Lodge Nursing Home Care Home Service

Kirkton of Skene Westhill AB32 6XT

Telephone: 01224 742888

Type of inspection: Unannounced

Completed on: 27 November 2019

Service provided by: Sanctuary Care (North) 2 Limited

Service no: CS2005089203

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About the service

Pitcairn Lodge Nursing Home is a modern purpose-built home set within landscaped grounds between the villages of Elrick and Kirkton of Skene to the west of Aberdeen. The service is registered to provide a care service to a maximum of 52 older people and three named adults under 65. There were 54 people resident in the home at the time of this inspection.

Accommodation is provided across two units. There are 48 bedrooms with en suite facilities and seven rooms have handwash facilities only. There are a variety of communal lounges and dining areas. The communal areas and exterior of the building was at the completion stages of a refurbishment.

The service provider states that it "believes that every individual, irrespective of their physical, social, or psychological condition, has the right to be treated with dignity and respect and to be supported to maintain choice and control over their lives".

This service has been registered since 16 March 2005.

What people told us

The views of people have greatly informed our inspection. We sent 15 Care Surveys to the manager for random distribution to residents, 15 for families/carers, and 15 Care Standards Questionnaires (CSQs) for staff. We received 13 completed surveys back from residents, five from families/carers, and 12 CSQs from staff. All but one indicated that, overall, they were happy or very happy with the quality of care they received at Pitcairn Lodge Nursing Home.

We spoke with many residents and three relatives informally during our inspection. We used the Short Observational Framework for Inspection (SOFI2) which helps us to capture the experience of people using the service who may not be able to tell us about their experience. We also gained views from the resident reviews. Comments from people included:

- "Fabulous care here. Always laughter. Mum's end of life care was lovely - they are all so caring, really compassionate, they looked after us so well also."

- "I am always made very welcome when I visit monthly. Residents are always well turned out. There is always a calm air, very peaceful, no one seems distressed whenever we visit. This is always a good sign. Also, residents never have food spilled down them - always another sign of good care that staff help them with their appearance."

- "Overall, I am very happy with the care and support my relative receives. My relative is treated kindly and with dignity and respect. The staff know wheat they are doing and work well together. There is a good selection of entertainment, things going on. Staff are very helpful with any enquiries."

- "On the whole, my mum's wellbeing is good."

- "My mother interacts better with some members of the team. I find that one or two of the members of the team will go 'that extra step'."

- "As mum is in a dementia unit it can become noisy. If this is the case when we visit we can take her to her room for peace and quiet."

- "Family meetings are adequate."
- "Nothing specific needs to change here."
- "The staff are all welcoming if I have queries."

- "Lovely setting with opportunities to enjoy the outside area. Staff actually encourage residents to enjoy the programme of activities."

Less positive comments included:

- "After a very difficult few months, we are hopeful that we have turned a corner and that now there is a greater understanding of our relative's needs and support requirements. In general, staff were very supportive but there was evidence of poor communication."

We concluded that, overall, people were happy with the quality of care provided at Pitcairn Lodge Nursing Home.

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 leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	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? 5 - Very Good

We evaluated the service as performing at a very good level to support people's health and wellbeing. This means that the service demonstrates major strengths in supporting positive outcomes for people. There were very few areas for improvement and those that do exist would have a minimal impact on people's experiences and outcomes. Opportunities to strive for excellence were being taken within a culture of continuous improvement.

There was a very relaxed atmosphere in the home. People were given care from staff with warmth, dignity, and respect. We saw staff taking their time with residents, providing reassurance and being encouraging. They were always using people's names which helps to get, and retain, their attention, as well as being respectful. People could be reassured that the staff worked well to reduce any stress or distress people may have experienced. For example, staff spent time with one person talking about pets as this is a favourite thing of the resident that provides them reassurance. We saw a few residents enjoying interacting with the various therapy dolls. The management were introducing an evening shift of staff to increase the support available. People experienced compassion, dignity, and respect.

There was a good level of satisfaction about the quality of care from residents, relatives, and staff. People were polite with each other. Privacy was respected and staff supported residents to keep their rooms private by locking the doors for them. People experienced friendly, caring staff. People's needs were well known by the staff. Staff were 'asking permission' before giving help and support to residents. Staff supported residents and the home to be well presented.

People's health and wellbeing was properly monitored and staff made very good use of a wide multi-disciplinary team (MDT), including specialist health professionals. Staff reported good working relationships with the MDT. Residents' medication was properly managed. We saw that clinical aspects of residents' care were well met with good oversight and monitoring by the nurses and management. These areas all contribute to support people's positive health and wellbeing.

Being meaningfully occupied also contributes positively to good health and wellbeing. People experienced lots of different activities, both in and out of the home, physical and sedentary. Activity coordinators and the care staff were supporting people with a range of activities. People were going for walks around the home, both indoors and out in the gardens. The residents had chosen a pink potting area and much work had been done over the summertime with residents to enhance and enjoy their garden areas.

Residents were supported with good community involvement, such as the local men's shed working alongside residents, attending Boogie in the Bar at various locations or generational projects with the local nurseries and primary schools. Some of the residents were involved in the Care About Physical Activity (CAPA) promotion. The home was part of the 'activity network' and were able to swap activities with other services to keep people interested and to try out different things. Residents were supported to get the most of life.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

We evaluated the service as performing at a very good level. This means that the service demonstrates major strengths in supporting positive outcomes for people. There were very few areas for improvement and those that do exist would have a minimal impact on people's experiences and outcomes. Opportunities to strive for excellence were being taken within a culture of continuous improvement.

5 - Very Good

Residents' personal plans should be right for them. It should set out how their needs will be met, as well as their wishes and choices. We found that the information in the care plans was very good and provided personal details about the individual resident's needs and preferences. The plans were written in a way that helped to focus on individual outcomes for people.

Staff knew the residents well, including their needs, likes, and dislikes. We saw that risk assessments were in place, where needed. These were reviewed regularly and generally when a person's needs changed. This helps to ensure risks for people were properly managed. People who were involved in accidents and incidents had their care plans properly assessed to ensure they remained relevant to that person and to reduce the risk of harm to the person.

New electronic care planning systems are being introduced by the organisation in the weeks following this inspection. Training is planned for staff and management. We look forward to seeing how these can improve the consistency of care for residents. These new recording systems should ensure that all information recorded about care needs and care provided is written in the one place, providing a holistic record and plan. We discussed the need to record when people's preferences for certain care practices were not in keeping with best practice.

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

	How well is our care and support planned?	5 - Very Good
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5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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