

Pitcairn Lodge Nursing Home Care Home Service

Kirkston of Skene
Westhill
AB32 6XT

Telephone: 01224 742 888

Type of inspection:
Unannounced

Completed on:
25 November 2024

Service provided by:
Sanctuary Care Limited

Service provider number:
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Service no:
CS2019378614

About the service

Pitcairn Lodge is a nursing home for older people situated in the suburban town of Westhill in Aberdeenshire. While the home is set in a woodland area, it is close to local transport links, shops, and community services. The service provides nursing and residential care for up to 55 people.

Accommodation is arranged on one floor across two units. There are 55 single bedrooms, 48 with en suite toilet and hand wash facilities and seven with hand wash facilities only. There are a variety of communal lounges, dining areas, quiet rooms, and a hairdressing salon. There is a large, enclosed wheelchair-accessible garden to the rear of the property.

About the inspection

This was an unannounced inspection which took place on 20, 21, and 22 November 2024. 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 12 people using the service
- spoke with five of their family
- spoke with 10 staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Visitors to the service were welcomed by friendly staff.
- Leaders were knowledgeable about aspects of the service that required improvement.
- The provider needs to further invest in the environment.
- Staff were improvement-focussed and eager to develop their skills.

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 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?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, outweighed the areas for improvement. Strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People benefitted from a warm, welcoming, and relaxed atmosphere. Visitors to the service were greeted by friendly staff and received attention quickly. Throughout the inspection we heard lots of chatter and laughter and people appeared to be happy. One person said, "I get a good laugh with the staff, they raise my spirits every single day". Another said of the staff, "I keep catching them being kind! This is a fantastic place, my dad is incredibly well supported here".

Nurses were very knowledgeable and responsive to people's needs. They knew people well and were alert to any changes in people's condition. As a result, people received interventions quickly, reducing the likelihood of any decline.

The service used an electronic system to manage people's personal plans. The system was able to highlight areas of concern, such as weight loss, reduced fluid intake, or breakdown of skin. This information was easily accessed by staff who could respond quickly to concerns.

Personal plans contained detailed health assessments, which included information from external health professionals. Staff were able to easily access this information to support the delivery of person-centred care. We heard that sometimes staff had failed to ensure that people were provided with their glasses, dentures, or hearing aids and that, sometimes, these were lost. This could impact negatively on people's personal outcomes (see area for improvement 1).

An electronic system was used to manage medications. This reduced the risk of errors. People received their medications at the right time and in the way that their GP had prescribed. There were robust systems in place for the management and administration of as required and covert medication. This ensured that people would continue to receive medications in a way that would support the management of health conditions.

The activities team provided a wide range of activities and organised many different events for people to attend. However, some people sat for extended periods of time in one position and others spent time in their rooms with no engagement outwith basic care delivery (see area for improvement 2).

The chef prepared a varied, nutritious menu which included meals that met the requirements of those with special dietary needs. There was flexibility in what would be provided if people did not want what was on offer. Fluids were freely available and we saw staff remind and encourage people to drink to maintain hydration.

Mealtimes were relaxed and people were given as much time as they needed to eat. We saw that people who needed support to eat, received this in a kind and gentle manner.

Staff gave people time to communicate their needs and wishes, offering gentle encouragement where people struggled. When people became stressed or distressed due to their conditions, this was managed in

a respectful and compassionate manner. This meant that people did not experience extended periods of distress.

Where people were no longer able to make decisions for themselves, appropriate information about their representatives and decision making was kept. When we spoke with people's representatives, they told us that they were kept up-to-date with information and involved in decisions about people's care and support. This contributes positively to upholding people's rights and delivering care in a way that they would have wished.

The provider was keen to promote health education for all. External professionals were invited to resident and relative meetings to support this. We saw that The Stroke Association had recently attended to give a talk, which was well received.

Areas for improvement

1. To support people's independence and to help them look and feel their best, staff should ensure that they follow guidance in care plans in respect of the use and care of personal care aids and equipment.

This should include, but is not limited to:

- a) Ensuring that required aids and equipment is worn in line with the prescriber's intention.
- b) Ensuring that personal aids and equipment is kept safe and maintained well.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met and my wishes and choices respected' (HSCS 1.23).

2. To support people's physical and mental wellbeing, the provider should ensure that people are provided with:

- a) Encouragement, support, and opportunities to move frequently throughout the day.
- b) Opportunities to experience meaningful engagement on a one-to-one basis every day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

How good is our leadership?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, outweighed the areas for improvement. Strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

A new manager had recently been appointed to the service. They had extensive previous experience of working in the home and most recently as acting home manager. This meant that they had good oversight of the systems and processes that supported safe delivery of care.

The provider had a range of regular quality assurance processes, audits, and checks taking place. The results of these fed into the wider service improvement plan. Overall, where issues had been identified these were effectively prioritised and responded to quickly. However, we noted that some furnishings would not meet with infection control standards as they could not be effectively cleaned due to damage. This was an issue that had been highlighted in previous audits but not addressed adequately. The provider rectified this situation during inspection by making arrangements for items of concern to be replaced.

The service had an improvement plan in place which was updated regularly. It would benefit care delivery and personal outcomes for those experiencing care if there was wider engagement from residents, their representatives, and staff in the ongoing development of the plan (see area for improvement 1).

We asked people about the responsiveness of leaders when they raised concerns. They told us that they have increased confidence in the new leadership team, as where concerns were raised they were dealt with quickly and appropriately. This contributes positively to people feeling assured that their loved ones will receive care and support that is right for them.

Areas for improvement

1. In order to ensure there is a culture of sustained improvement, the provider must ensure that regular quality assurance processes are embedded and are effective in identifying, preventing, and promoting outcome-focused care. The processes should be responsive to improving the outcomes for service users, actively drive good practice and standards, and include other stakeholders in the processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, outweighed the areas for improvement. Strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

There was a system in place for reviewing people's support needs. Leaders in the service reviewed this at regular intervals or more frequently where people's needs changed. This informed the level of staff required in the service and ensured that people would continue to receive support that met their needs.

Staff were visible in communal areas and, on the whole, responded quickly to nurse call alerts. Some people told us that they sometimes waited for long periods of time for assistance to use the bathroom after lunch as staff were on breaks. The provider should improve upon the deployment of staff and planning of breaks to ensure that people continue to receive adequate support throughout the day.

There was a high compliance rate for staff completing mandatory training. When we spoke with staff, they told us that they were able to access both in-person and online training. Some staff were eager to further develop their knowledge in health and social care. This would contribute positively to people's experiences of care delivery.

When we spoke with people they told us that some staff engaged less well with people and were not as responsive to their needs. The provider had already identified this as an area for improvement in the service improvement plan and were taking steps to rectify the situation. We will follow this up at our next inspection.

People should expect to experience care and support where all people are respected and valued. We spoke with a number of staff throughout the inspection. They were positive about changes in leadership and were looking forward to supporting improvement. They told us that, overall, they felt valued, that there was a good team culture, and a willingness of team members to support one another at times of need.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Some efforts had been made to promote people's independence but further improvement is necessary to support people to maintain activities of daily living (see area for improvement 1).

People were able to move freely within their own units but would not be able to access outside space without the assistance of staff, as doors to the garden area were secured by a key pad. This impacted negatively on people's freedom of movement and choice to spend time outside.

The provider had made some investment in improving the outside space. At the time of the inspection, work was taking place in the garden to upgrade the decking. This would enable people to mobilise more safely in the garden.

The home benefits from communal areas of varying sizes and spacious halls. However, these were not being used to their full potential. Sometimes lots of people sat in the main lounge/dining areas which felt cramped, especially during mealtimes when lots of staff were required to provide support.

Some work had been completed to support people experiencing cognitive decline. Lighting was good and there was some signage to help orientate people to place. We discussed with the provider during the inspection that it would be of benefit to people experiencing care that further work be completed around this.

While we saw that snacks and drinks were regularly made available, further improvement is needed to ensure that these are accessible to people. We saw in one unit that there was a barrel cabinet housing snacks. However, it would have been difficult for people to access because of where it was placed. People experiencing cognitive decline may not have understood its purpose or how to open it.

People were able to keep their rooms locked if this was what they or their representatives wished. This meant that people had increased confidence that their privacy was respected and that personal items would be kept safe.

People were being supported to remain connected. This included access to and support to use technology. One person told us that they regularly carried out shopping on the internet. However, they also told us that

sometimes the connection was poor. The provider was aware of this and plans were in place for the installation of an improved system in May 2025.

Areas for improvement

1. In order to promote people's independence, the provider should ensure that the service is designed and operates in such a way to develop and maintain people's activities of daily living.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and 'I can independently access parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, outweighed the areas for improvement. Strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An electronic care planning system was in use. The system was easily accessible for staff and leaders to track care provided. We saw that there were systems in place that would alert leaders where care tasks may have been missed, people's needs changed, and health concerns were identified. This meant that referrals to external health professionals were made appropriately and quickly.

It is important that people or their representatives can easily access personal plans if they wished. When we spoke with people they were not aware of a way in which they would be able to do this. We suggested to the provider that they should explore options for people to safely access their electronic plans. We will follow this up at our next visit.

People told us that they had been involved in the development and review of their personal plans. They told us that they felt included and that their opinions were valued. This contributed positively to people receiving care and support that was right for them.

Personal plans contained a good level of detail about the care and support that people needed, they provided a good history of people's lives, and were person-centred. Overall, recording of people's daily activities was good. However, some staff needed to further improve their record keeping skills. The provider had recognised this and staff had attended training specific to improving these skills.

Personal plans contained detailed information regarding end of life care. This contributed positively to people's confidence that their wishes would be respected at that time.

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
1.3 People's health and wellbeing benefits from their care and support	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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	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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