

Cumbrae Lodge Care Home Care Home Service

Castlepark Road
Irvine
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Telephone: 01294 313 311

Type of inspection:
Unannounced

Completed on:
21 August 2024

Service provided by:
Guthrie Court Limited, a member of
the Four Seasons Healthcare Group

Service provider number:
SP2005007863

Service no:
CS2012313121

About the service

Cumbræ Lodge is registered to provide a care home service to a maximum of 78 older people who may have dementia, associated mental health needs and behaviour that may be of a challenging nature. There were 66 people living in the service at the time of the inspection.

The care home is located in the town of Irvine, close to local transport links and community services. There are six separate units within the ground level building. Each unit provides single room accommodation for up to 13 people with shared dining, lounge, toilet and bathing facilities. The home also has a large garden.

About the inspection

This was an unannounced inspection which took place from 12 to 17 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate. On 12 August an inspection volunteer was also present.

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 eight people using the service and six of their family and friends;
- received 55 completed questionnaires;
- spoke with 17 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- People's wellbeing benefitted from compassionate, encouraging and respectful care and support.
- Most people we spoke to felt confident about the service and were kept well informed and involved.
- The manager provided strong and positive leadership and had a good understanding of the service's strengths and areas for development.
- The planning and regular assessment of staffing needed some improvement to bring it fully in line with current guidance.
- People's care and support plans were person-centred and detailed but needed work on ensuring a meaningful regular evaluation of personal outcomes.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

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?	3 - Adequate
How good is our setting?	4 - Good
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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's wellbeing benefitted from the warm and friendly atmosphere in the service. Staff knew each resident well and were therefore able to support them in a person-centred way. This helped people to feel content and settled in the service. A relative told us "My [relative] is happy, content and the staff understand his needs". Language used by staff was respectful and supportive. We assessed outstanding areas for improvement for the use of language when talking or writing about residents and found that it was met. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The service had a team of activity coordinators who were very motivated, creative and pro-active. The team aimed to provide people with varying abilities a choice of appropriate activities that met their interests, choices and needs. As a result, people enjoyed a range of activities both in the home and local community. These included individual and small group activities, music, and arts and crafts. In addition, the service had developed links within the local community which had enhanced the experiences for residents. We also heard of trips to places of interest. However, some people told us they would like to see a more transparent process for choosing who will be offered support with outings, to ensure that it is equitable.

The documentation of completed activities for individual residents was detailed and up to date. However, there was no clear and effective link between the activity coordinators and people's activity care plans and evaluations, which were written by care staff. This meant that there was no clear and evidence-based evaluation of people's outcomes for activities.

(See area for improvement 1).

Mealtimes were well managed and sociable. Staff understood the importance of supporting people to enjoy their meal without any rushing. Staff were aware of people's food and drink preferences and their specific dietary needs. This helped support people's health needs through maintaining good nutrition and hydration. Managers had worked with staff on achieving better quality and consistency of mealtimes. This included regular mealtime observations. Our observations showed that the quality of mealtimes was fairly consistent across the different units. Remaining inconsistencies were mainly due to staff skills mix and deployment on the day. We assessed an outstanding area for improvement for the improvement of mealtimes and found that it was met. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

We found that the management of people's medication was safe. The service had the right documentation in place, and we saw that it was completed correctly. Training and quality assurance processes were in place to sustain good practice. This helped to keep people safe and supported their health needs. We assessed an outstanding area for improvement for records related to covert and 'as required' medicines and found that it was met. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Some individual supplementary charts and regular health assessments, such as pain assessments and weight assessments had not been used effectively. This meant that the service needed to work with staff on understanding the correct completion and use of these charts and assessments to ensure that they

consistently supported good outcomes for people. We assessed an outstanding area for improvement for supplementary charts and found that it was not met. We therefore re-stated and amended this area for improvement.

(See area for improvement 2).

Areas for improvement

1. To ensure that people's support for activities is person-centred and focussed on achieving good, regularly evaluated, personal outcomes, the provider should improve the quality of activity care plans and evaluations.

This should include, but is not limited to, a meaningful involvement of the activity coordinator team in evaluations and reviews.

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);

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1.23).

2. Supplementary charts and regular health assessments put in place to manage residents' enhanced care needs should be closely monitored with additional learning for staff on how to complete these records accurately to fully reflect the care and support being delivered.

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

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

How good is our leadership?

4 - Good

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

We saw evidence of strong and clear leadership. This was supported by feedback from staff and relatives. People we spoke with commented that the management team were approachable and listened to concerns.

The views of residents and their relatives were being gathered through meetings, surveys and discussion groups. People's comments were being used to inform the service improvement plan. People we spoke with knew how to raise a concern and who they could speak with. This approach reflects a culture of continuous service improvement to support good outcomes for people.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement. The management team used the provider's quality assurance systems

effectively to assess and monitor the quality-of service provision. This included the use of a range of audit tools to assess service delivery and individual clinical needs. This meant that managers had a good overview of the service's strengths and weaknesses. The outcomes of quality audits were used to inform action plans.

We discussed with the manager that further improvement should still happen to ensure that all actions included in the improvement plan are effectively and consistently addressed and to ensure that all audits and checks are routinely evaluated themselves, to ensure that they remain effective and fit for purpose. **(See area for improvement 1).**

Areas for improvement

1.

To ensure all quality assurance tools and processes effectively help the service identify and evaluate where they need to target their efforts to support improvement, the service should regularly review and evaluate their quality assurance tools, processes and systems.

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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We saw motivated staff who were working hard to ensure the best care for the people they support. There was effective teamwork across the different departments and teams working in the home which supported good outcomes for people.

The service used a staffing tool to support decisions about staffing levels and deployment. The tool was centred on people's dependency levels, but also took various other types of data into account. Managers also provided examples of professional judgement decisions that showed that they reacted flexibly to situations where staffing numbers or skills mix needed to be adjusted. However, some relatives felt that staffing could be improved and relatives and staff we spoke to were not sure about how staffing decisions were made. We also found that the regular evaluations of people's outcomes, such as monthly care plan evaluations and six-monthly reviews, should be improved and better linked to the regular assessment of staffing. This would bring the home more in line with new statutory guidance for staffing in care homes **(See area for improvement 1).**

There was a training plan in place to ensure that staff had access to training on core and role specific subjects. Staff commented that training was relevant to their job. There were systems in place to directly observe staff practice. This helped assess the staff competencies and that their practice positively impacted on the care and support of people.

Staff told us they felt supported and had access to regular supervision sessions. This provides opportunity for staff to discuss their learning needs and reflect on their practice. We assessed outstanding areas for

improvement for staff supervisions and found that it was met. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Areas for improvement

1.

To ensure that safe and effective staffing is centred on supporting good outcomes for people, the provider should improve the regular assessment, planning and evaluation of staffing.

This should include, but not be limited to, ensuring taking account of the views of staff and people who use services and ensuring a structured, transparent and outcome focussed approach to staffing.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that:

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

This is to ensure the assessment, planning and evaluation of staffing is consistent with the Care Inspectorate guidance document 'Staffing Method Framework' for adult care homes (2024) and the Scottish Government document 'Health and Care (Staffing) (Scotland) Act 2019: Statutory Guidance' (2024).

How good is our setting?

4 - Good

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

The home was clean and well maintained. The provider had ongoing refurbishment and environmental improvement plans in place. Completed improvements were of good quality and effectively supported good outcomes for people. It was positive to see this proactive approach and that the plans were centred on people's needs and wishes. There was evidence that people were meaningfully involved in decisions about the environment. This provided people with a safe and homely environment.

An example of recent improvements were newly decorated and carpeted corridor areas. This made the corridors brighter and reduced noise levels. Further planned improvements included carpets and furniture in the lounge areas. We discussed the importance of completing the planned improvements with the manager. Particular areas that needed further improvement were the main lounge in Jura unit, the small lounges in all units and the gardens.

To make people feel at ease and secure it is important for communal areas to be welcoming, homely and to have a recognisable purpose. The manager understood this and explained how her plans for the small lounges and the lounge in Jura unit would support this. We were encouraged by these plans and welcomed the commitment expressed by senior managers.

We assessed an outstanding area for safe outdoor spaces and found that it was not met. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Some work had been successfully completed. This included new garden gates and fencing repairs. This improved people's safety when they were in the garden area. However, some important work had not been completed. In particular some of the pathway areas in the garden were uneven and created risks for trips and falls.

It is important for people's physical and mental wellbeing to have easy access to a safe, well-maintained and interesting garden. To support timely improvements to the garden areas we amended and re-stated the outstanding area for improvement. **(See area for improvement 1).**

Areas for improvement

1. To support people's physical and mental wellbeing, the provider should improve all enclosed garden areas of the service.

This should include, but not be limited to, ensuring that all pathways are even and safe to walk and ensuring that gardens have got a variety of areas of interest and opportunities to be active and involved in gardening activities.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that:

'My environment is secure and safe'. (HSCS 5.19).

'If I live in a care home, I can use a private garden'. (HSCS 5.26).

How well is our care and support planned?

4 - Good

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

We found that people's care and support plans were up-to-date and person-centred. The care and support plans included good and relevant detail. This helped to inform staff about how to support people to achieve good outcomes. However, we assessed an outstanding area for improvement for more outcome focussed, ability focussed and meaningfully evaluated care and support plans and found that it was not met. To support further improvement, we amended and re-stated this area for improvement. **(See area for improvement 1).**

People confirmed to us that they had opportunities to review care and support plans with senior staff. This helped to ensure that people's care and support plans were right for them and included their wishes and choices. However, we found that the format of the care reviews could be improved by making them more focussed on evaluating and identifying personal outcomes. **(See area for improvement 1).**

Language used in care plans, notes and other documents was appropriate and respectful. We assessed outstanding areas for improvement for the use of language when talking or writing about residents and found that it was met. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

People's care and support plans included detailed information about their healthcare needs. People's personal risk assessments were complete and up-to date. Risk assessments and plans to promote people's

safety were not overly restrictive and enabled people to be active and to make valuable experiences. This promoted people's sense of wellbeing, as well as their skills and confidence.

People felt that their rights were respected, and legal documentation was in place to ensure that staff were aware of who held legal rights for the people they supported. This helped to keep people safe and ensured that decision-making was inclusive and transparent.

Areas for improvement

1. To support consistently good outcomes for people, the provider should improve the quality of people's care and support plans.

This should include, but not be limited to, ensuring that each care plan has a well defined personal outcome, a meaningful monthly evaluation of the care plan and ensuring that six-monthly reviews are inclusive and centred on an evidence-based and meaningful evaluation of people's personal outcomes.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15).

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2.12).

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

All staff should consistently demonstrate the principles of dignity, compassion and respect in their practice in order to deliver positive experiences for people experiencing care.

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

'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me' (HSCS 3.9).

This area for improvement was made on 5 February 2024.

Action taken since then

Documents and observations showed that the manager provided clear leadership to staff, including on the importance of compassion, respect and dignity. As a result, we saw kind, friendly and warm interactions, and when we spoke to staff, their comments showed that they put great value on the importance of compassion, kindness and good knowledge of individual residents.

This area for improvement was met.

Previous area for improvement 2

In order to promote the use of respectful and non-judgemental language when referring to, or writing about people living with dementia, the dementia training undertaken by staff should include learning on this topic with ongoing monitoring to support good practice.

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

'I experience care and support where all people are respected and valued' (HSCS 4.3).

This area for improvement was made on 5 February 2024.

Action taken since then

Managers had worked with staff on the importance of language in documentation and in general. We did not encounter inappropriate use of language in the documents we sampled or in our observations and conversations.

This area for improvement was met.

Previous area for improvement 3

To ensure that mealtimes are a positive experience for residents, the frequency of mealtime observations should be increased to identify areas where staff practice could improve.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'. (HSCS1.35).

This area for improvement was made on 5 February 2024.

Action taken since then

Managers had worked with staff on the improvement and consistent quality of mealtimes. We saw evidence of regular mealtime observations and the feedback provided to staff. It was positive to see that managers clearly pointed out to staff what they did well, and what they needed to improve.

We discussed that this could be further improved by ensuring that actions are worked through the service improvement plan and by working with data over time for key elements of the mealtime service, to make trends and improvements more visible.

This area for improvement was met.

Previous area for improvement 4

Records related to covert and 'as required' medicines should be reviewed on a regular basis in order to ensure that the care and support needs of people experiencing care and the associated interventions are fully and accurately reflected.

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

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

This area for improvement was made on 5 February 2024.

Action taken since then

We looked at medication records, including protocols for 'as required' medication and Covert Medication Pathways.

We saw that the right documents were in place and that they were completed to a good standard. This helped staff to make the right decisions when considering and offering 'as required' medication and it helped to keep people safe.

This area for improvement was met.

Previous area for improvement 5

Supplementary charts put in place to manage residents' enhanced care needs should be closely monitored with additional learning for staff on how to complete these records accurately to fully reflect the care and support being delivered.

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

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

This area for improvement was made on 5 February 2024.

Action taken since then

Although we could see that records were kept up to date, we also saw that some individual assessment charts were not completed correctly, or used ineffectively.

Therefore, this area for improvement has been repeated in amended form.

See Key Question 1 for further information.

This area for improvement has not been met.

Previous area for improvement 6

All staff should demonstrate the principles of dignity, compassion and respect in their practice with training having a clear focus on values, the HSCS and professional codes of practice in order to promote consistently positive experiences for people experiencing care.

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

'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me'. (HSCS 3.9).

This area for improvement was made on 5 February 2024.

Action taken since then

Managers worked effectively with staff to promote good professional values and attitudes towards people. This was demonstrated by the staff interactions we observed, as well as by people's feedback and conversations with staff.

This area for improvement was met.

Previous area for improvement 7

The staff supervision process should be reviewed to include an enhanced focus on key-working, training and development, goal setting, the HSCS and registration with the NMC/SSSC. More emphasis on reflective practice, where staff consider how their learning impacts on their practice and the aspects they could develop, should also be established.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

This area for improvement was made on 5 February 2024.

Action taken since then

We sampled supervision records and saw that the service introduced additional reflections on recent professional learning. This helped to make the supervisions more meaningful.

Most sampled supervision records also included conversations about training and training needs.

Managers had plans in place to work with supervisors on further improvements to the quality of supervisions.

This area for improvement was met.

Previous area for improvement 8

In order for people experiencing care to be able to spend time safely and purposefully outdoors, independently if they can, action should be taken to ensure that paths, gates and fences are properly risk assessed, well maintained and monitored regularly.

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

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support'. (HSCS 5.1);
'My environment is secure and safe'. (HSCS 5.19).

This area for improvement was made on 5 February 2024.

Action taken since then

We saw that work had been carried out to improve the safety of gates and fences. Further work was needed to ensure pathways have got even surfaces.

**Therefore, this area for improvement has been repeated in amended form.
See Key Question 4 for further information.**

This area for improvement has not been met.

Previous area for improvement 9

In order to develop person-centred care plans that are focussed on achieving positive outcomes for people experiencing care as well as supporting meaningful involvement and participation, records should:

- detail people's goals and personal outcomes when planning care, supported by meaningful review and evaluation;
- acknowledge what is important to people, in addition to their abilities, goals, choices, preferences and daily routines;
- demonstrate a shared sense of purpose to which the person, their family, staff, and relevant others have contributed;
- demonstrate the use of respectful, non-judgemental and non-stigmatising language;
- reflect meaningfully completed daily notes and detailed six monthly reviews.

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

state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15).

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2.12).

This area for improvement was made on 5 February 2024.

Action taken since then

We found that care plans were overall complete and up-to-date. The sampled care plans showed no stigmatising or disrespectful language.

However, care plans did not include well formulated personal outcomes. The monthly care plan reviews lacked a consistently evaluative approach. This contributed to a lack of focus on personal outcomes and meaningful evaluation in the regular, six-monthly reviews with families or people's representatives.

**Therefore, this area for improvement has been repeated in amended form.
See Key Question 5 for further information.**

This area for improvement has not been met.

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	4 - Good
1.2 People get the most out of life	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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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