

Lochbank Care Home Service

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Forfar
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Telephone: 01307 463 714

Type of inspection:
Unannounced

Completed on:
20 March 2023

Service provided by:
Thomas Dailey trading as Kennedy
Care Group

Service provider number:
SP2003003646

Service no:
CS2015342256

About the service

Lochbank is situated in the Angus town of Forfar and is convenient for local services and public transport. The two-storey home is set in a traditional style building with a modern extension. The home is set in spacious grounds to the front of the property and overlooks a local cricket ground to the rear.

The service has two passenger lifts available to the people who lived there to ensure easy access to all levels of the home. All rooms have ensuite facilities which include a toilet, wash hand basin and shower. There are communal lounges, and dining rooms on each floor of the home. The service also benefits from a hairdresser's room.

At the time of inspection 31 people were living in the home.

About the inspection

This was an unannounced inspection which took place on the 8 March 2023, 9 March 2023, 10 March 2023 and 14 March 2023. Two inspectors carried out the inspection.

To prepare for the inspection we viewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 11 people using the service.
- spoke with 7 families.
- spoke with 3 visiting professionals.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documents.

Key messages

- There were warm and caring interactions between staff and people experiencing care.
- People were supported to stay connected with their families and friends.
- Families reported being happy with the care and support their loved ones received.
- Improvements are needed to improve medication practices.
- Improvements were needed to ensure people experience safe care and treatment, including the management of falls and the measures taken to reduce these risks.
- Improvements are needed to improve infection control practices.
- Improvements to the quality assurance system will help improve standards and support continuous improvement within the service.
- Improvements are needed to people's personal plans.

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

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|--|--------------|
| How well do we support people's wellbeing? | 2 - Weak |
| How good is our leadership? | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| How good is our setting? | 3 - Adequate |
| How well is our care and support planned? | 2 - Weak |

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We evaluated this key question as weak. This was because strengths can be identified but these are outweighed or compromised by significant weaknesses.

We saw some kind and caring interactions between staff and the people they support. People knew the staff team who looked after them well. One person told us "Staff are nice and friendly". Staff were clearly very busy. Despite the best efforts of staff, care and support was often basic with little time to speak with people or support them to maintain interests. Some staff told us that they were concerned that there were not enough of them to support the people living in the home and that it was unsafe. We noted from duty rotas that the service did not always have the desired number of staff on duty. One person told us that "There is not enough staff sometimes I have to wait". This meant that a lack of staff or time was impacting on people's wellbeing and needs being met.

There were reports of lack of leadership oversight on night shift when there was no supervisor on duty. This meant that the staff on duty were not trained to administer medications, if needed, and were reliant on phoning a supervisor or the manager to come into administer this. This meant people may not receive responsive care if in pain or distress or following a fall. (We have made a requirement - see Key question 3).

We were very concerned to find that people did not always have their buzzers within easy reach for them, this meant people could not alert staff when required. **(See area for improvement 1).**

We found that people were well presented, and their clothes were well cared for and were well co-ordinated.

People benefitted from regular access to health care professionals including district nurses, podiatry and GPs. Staff worked closely with health professionals and professional advice was implemented. One visiting professional told us that "staff are proactive at raising issues or concerns about the people they support". This helped to ensure that people's health needs were being met.

People enjoyed their meals in an unhurried relaxed atmosphere. Meals were served at tables in dining areas, or in people's bedrooms, according to personal needs and preferences. The food was of a good quality, it was home cooked, fresh, and hot. Staff asked people what they wished for their meals daily and alternatives were always available to meet people's preferences. There were no menus on display and people did not always know what was for lunch. The manager is currently sourcing menu boards for the tables to address this.

There were periods where people were left unsupervised by staff within the dining room area during mealtimes. This meant people would not receive responsive care if required. (We have made a requirement - see Key question 3).

We saw that people were regularly offered fluids throughout the day, however, we found people's water jugs had not always been changed regularly. The recording of people's fluid intake could be improved to ensure an accurate record is maintained. We found vague statements in daily notes, for example "good dietary and fluid intake", "had a fair diet". This meant we could not be confident that people's nutritional needs were being met.

(See area for improvement 2).

The recording of people's urinary output was not always undertaken in a timeously manner which could result in inaccuracies and errors in recording. We heard that people's catheter bags were not always being changed at the recommended frequency. This meant we could not be confident that people's continence care was being met and that people were not at risk of infection. **(See area for improvement 3).**

People who experience stress and distress should be confident that staff have been given clear guidance on what strategies to use. This is to help the person regain a sense of calm in themselves, and security in their surroundings. The quality and accuracy of information within support plans and risk assessments varied. It was not always clear how to provide safe and effective care. (We have made a requirement - see Key question 5).

There had been a high number of unwitnessed falls within the home. We saw that the manager had an overview of falls recorded on a 'falls cross'. Where a person is known to experience falls, measures should be in place to reduce the risk of these happening. Information recorded within support plans, risk assessments, and falls records did not always provide clear advice on how to best to support the person. Falls related records did not evidence that there had, in every instance, been a thorough review to identify actions to be taken to reduce the risk of this happening again for the person. The manager needs to ensure there is a robust system in place to ensure that all falls are recorded accurately and that a post fall analysis identifies potential causes and actions taken to reduce reoccurrence.

(See requirement 1).

People should experience a restful undisturbed night's sleep. People were receiving regular wellbeing checks overnight, as a result people were being awoken to receive personal care. People should have access to incontinence products which have a containment that is right for their urinary output at night which should mean that they should not need changed. If the product is not containing their urinary output and leaving their skin vulnerable or them wet, then we would advise a review of their continence products. **(See area for improvement 4).**

Having regular access to meaningful activities is important for keeping well and having a sense of wellbeing. An activity coordinator was employed within the service. There had been a range of activities and opportunities that people enjoyed, however, these were generally dependent on the activity coordinator to arrange and facilitate. We heard that during a period when the activity coordinator was updating paperwork and life stories, activities had been limited. To improve people's sense of purpose and wellbeing, the provider should support the whole staff team approach to provide opportunities for more therapeutic and meaningful activities.

We had serious concerns about aspects of the management of medication. People should be kept safe through a robust Medication Management System being in place. The service has a medication policy in place, however, it was noticed that best practice guidance had not always been followed. For example, medication had not been labelled with the date of opening which could result in a person receiving a medication past its shelf life. Where information had been transcribed on medical administration record sheets there was no record of the name of the person who transcribed the information or anyone who checked the transcription. This put people at risk of receiving the wrong medication.

We would expect clear directions and guidance for staff when supporting people with their medication. Some medications and creams were prescribed on an 'as and when' basis. These medications and their use should be clearly described in 'as required' protocols. When as required medications are administered, the record should include the date, time and quantity given, the reason for administration and the result of the outcome. Medication records did not always include this detail. We could not be confident that medication was being administered consistently or its effect assessed to ensure it was meeting the person's needs.

(See requirement 1).

People were able to stay connected to family and other people who were important to them. This was supported well and helped people keep up with the relationships that mattered the most to them. Visiting was encouraged and a flexible approach was taken to suit people. We saw regular visitors coming and going throughout the days we were in the home.

The general environment was generally clean, tidy, and free from any offensive odours. Some pieces of furniture and fixtures were beginning to show signs of wear and tear. This meant that people were at risk of infection. Consideration should be given to replacing/refurbishing items so that surfaces are intact and easy to clean.

There were systems and resources in place to help prevent the spread of infection, but this could be further improved particularly in relation to the environment, furnishings, and mattress checks.

There were cleaning schedules and cleaning methods in place which were completed daily. However, on closer inspection we identified some improvements were required to the oversight of housekeeping / domestic practices. We saw poor practice in relation to the transportation of laundry, spray bottles were being re-used contrary to best practice and some cleaning materials had not been stored securely. **(See requirement 3).**

Requirements

1. By 30 April 2023, the provider must ensure that people who are at risk of falling can be confident that their care and support is based on relevant evidence, guidance, best practice and standards, the provider should ensure that:

To do this, the provider must, at a minimum:

- a) People who are identified as being at risk of falling have a multifactorial risk assessment and support plan in place which identifies actions to be taken to prevent and in the event of a fall.
- b) Ensure all falls are documented on an accident record.
- c) Ensure that a post falls analysis takes place following each fall which looks at any follow up action to be taken for that person to reduce reoccurrence.
- d) Ensure relevant notifications are submitted to the Care Inspectorate in line with notification guidance.

This is to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm,' (HSCS 3.21) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 30 April 2023, the provider must support people to receive their medication in the way it has been prescribed.

In order to achieve this, the provider must as a minimum:

- a) Ensure that all staff who administer medication have the necessary skills, knowledge and competency to administer medication.
- b) Ensure that there is improved oversight and auditing of medication and that appropriate actions are taken if a discrepancy is identified.
- c) Ensure that improvements are made with the record keeping of all medication that is ordered and delivered to the care home.
- e) Ensure that medication protocols must be updated to reflect the current prescribed medication for the person.
- f) Ensure that the record keeping, auditing and oversight of controlled medication is safe and in line with best practice.

This is to comply with Regulation 4(1)(a) & (d) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

3. By 30 April 2023, the provider must ensure people experience care in an environment that is safe, well maintained and minimises the risk of infection.

To do this, the provider must, at a minimum:

- a) ensure that the premises, furnishings, and equipment are clean, tidy, and well- maintained at all times.
- b) ensure that safe infection control practices for example, the handling of dirty linen are adhered to by all staff.
- c) staff practices are monitored regularly, and staff assessed are as being competent.

This is to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

Areas for improvement

1. To ensure people receive responsive support the provider should ensure people have access to buzzers to alert staff when needed.

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

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

2. To promote a positive experience for people and support good nutrition, hydration, and well-being, the provider should ensure that people have access to fresh water throughout the day and when required people's fluid and food intake is adequately monitored.

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

'I can drink fresh water at all times' (HSCS 1.39); and

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'(HSCS 3.21).

3. To promote people's health and wellbeing the provider should ensure people's continence care, including catheter care is carried out at a frequency that meets people's need and best practice.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm,' (HSCS 3.21) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

4. To ensure people have an undisturbed night sleep, the provider should review their night time practices to ensure these are person centred.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19); and

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

How good is our leadership?

2 - Weak

We evaluated this key question as weak. This was because strengths can be identified but these are outweighed or compromised by significant weaknesses.

Leaders did not have oversight of the performance of the service resulting in a decline in standards of practice. This means the safety and wellbeing of people was at risk of harm. We were given assurances by the provider during the inspection that a range of supports would be put in place to help with the improvements we have identified.

People should benefit from a culture of continuous improvement with the organisation having robust and

transparent quality assurance processes. There were some quality assurance systems and tools available to help the management team to identify and prioritise improvements. During the process of the inspection, we found that significant issues regarding maintenance, and infection prevention and medication had not been picked up or prioritised with quality assurance processes putting people at an increased risk from harm. A more robust approach was needed to ensure people continued to experience good outcomes. **(See requirement 1).**

The manager had developed an overall service improvement plan and we recommended this continue to be developed as a dynamic tool that is regularly discussed, reviewed and updated with staff, residents, families and other stakeholders. **(See area for improvement 1).**

People's views about the service were considered during residents' meetings. A "How was your visit?" survey was available at the front door which provided visitors with the opportunity to provide their views on the service. This meant that people were consulted about their support and service that they received, however, the information gained did not feedback into the service improvement plan.

Relatives told us that they were confident that if they raised an issue, it would be dealt with and resolved. This was, however, not always the case within the staff team, a number of staff on different shifts shared they lack confidence that any issues they raise will be dealt with as they have not been in the past. Staff have reported they have now stopped asking for support as a result.

People should feel safe and protected from avoidable harm. Accident and incident forms had been completed, however, there was a lack of analysis of these resulting in missed opportunities to learn from them. The Care Inspectorate had not been notified accordingly of any accidents and incidents, which means that the necessary support and oversight is not in place. This increases the risk of harm to people's health, safety and wellbeing. It is a legal requirement to notify the Care Inspectorate. We supported the service by providing guidance and information.

People using the service should have confidence in the staff because they are trained, competent, skilled, are able to reflect upon practice, and follow their professional and organisational codes. Supervision had not taken place on a regular basis. Some staff reported that they felt unsupported and not valued and that communication with the manager could be improved. Staff had undertaken online training and we were provided with a pile of certificates, however, this information had not been transferred onto staff training records. There was limited leadership oversight of staff training needs, training records were not fully completed and updated. These identified a number of essential aspects of training such as adult support and protection, fire safety, first aid and dementia care had not been undertaken. This meant we could not be assured that staff were appropriately trained to meet the needs of the people who live there. **(See requirement 2).**

It is important that staff meetings are held regularly to ensure staff knowledge and practice is up to date. It also provides staff with the opportunity to share any ideas or concerns that they may have. Staff meetings had not taken place regularly or recently.

Observations of staff practice were not being regularly undertaken to assess or address their learning and competence. Whilst some observation of practice was happening in relation to infection control and prevention, this requires to be further developed to support staff to understand how their training and development impacts on practice and helps to improve outcomes for people who use the service.

Requirements

1. By 30 June 2023, the provider must ensure that quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the provisions of the service.

To do this the provider must ensure, as a minimum:

- a) Routine and regular management audits are being completed across all areas of the service being provided.
- b) Effective quality assurance systems are in place to include meaningful analysis in the event of adverse incidents, accidents and incidents such as stress and distress or a fall.
- c) Internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported.
- d) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified; and
- e) Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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).

2. By 30 April 2023, the provider must ensure that people are supported by well trained staff whose skills and knowledge are kept up to date.

In order to achieve this, the provider must as a minimum:

- a) Ensure that all staff receive appropriate training to carry out the work they are to perform by completing a training needs analysis to identify.
- b) Develop a training plan that is specific with timescales for completing training activities.
- c) Evaluate the effect of training on outcomes for people through observations of staff practice, competency assessments.
- d) Staff practices are monitored regularly, and staff assessed are as being competent, particularly in relation but not limited to, infection control and prevention and medication practices.
- e) Ensure that supervisions are carried out regularly with staff to allow them to reflect on their practice.
- f) Improve the quality assurance of staff training to ensure that managers are aware of the training needs of staff.
- g) Ensure regular staff meetings take place to provide a forum for staff discussion.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for care Services) Regulations 2011 SSI 2011/210 Regulation 4 and Regulation 9.

This is to ensure 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).

Areas for improvement

1. A service development plan should be created with input from the people who use the service, for example, families/representatives, staff, and stakeholders.

This is to ensure 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?

2 - Weak

We evaluated this key question as weak. This was because strengths can be identified but these are outweighed or compromised by significant weaknesses.

Staff were welcoming, warm, and working with the best intentions to meet people's needs.

We did observe staff working hard to support people and staff did seem to work well together. Staff reported low morale within the team, and they were not confident that issues raised to the management team would be acted upon.

There was not a record of dependency assessments for people to assess and plan staffing levels and skill mix. This meant we could not be assured adequate staffing levels were in place to meet people's needs and keep them safe. The manager acted on this during our inspection. Although the service was striving to allocate their assessed number of staff, on occasion insufficient staff were available. The service lacked contingency plans to address staff shortages when staff were absent from work due to sickness. This reduced people's outcomes and experiences and put their health, safety and wellbeing at risk. We concluded that we could not be confident that leaders made effective decisions in relation to staff deployment. We were assured by the management team that there were enough staff on shift, however, we found it difficult at times to locate staff. Our findings reported under 'How well do we support people's wellbeing?' highlight the impacts this had on the people who use the service. Despite discussions with management, they were insistent there was enough staff which could meet people's needs and that this was based on dependency. During these discussions, the focus was on staff time management. Whilst this can be an issue the staffing numbers on shift were still a significant area of concern. The provider has recently started to ensure sufficient staff number are on duty, however, we need to ensure this is sustained and embedded into practice and have a plan to address absence management with the staff team. **(See requirement 1).**

Staff understood their roles and responsibilities. It was therefore disappointing to find areas for improvement within medicine management and infection control and prevention. There was, however, a clear lack of effective management oversight which meant that standards were deteriorating. The manager/provider needs to introduce tools and resources to observe and evaluate staff practice with the aim of improving practice in this area

Requirements

1. By 30 April 2023, the provider must ensure that people's health and wellbeing needs are met by the right number of people and that their care and support is right for them to support good outcomes for people.

In order to achieve this, the provider must as a minimum:

- a) Continue to recruit staff to fill the current vacancies and develop a robust contingency plan to cover any periods of annual leave or sickness.
- b) Continue to ensure sufficient staff are consistently rostered to keep people safe and meet their health and care needs.
- c) Ensure staff are deployed appropriately to ensure responsive care to people.
- d) Ensure that effective reviews are regularly undertaken to take account of; - the layout of the building; - direct care hours required to meet the needs of each person; - the appropriate mix of staff skills required to meet the needs of people using the service; and - staff hours are adjusted to meet people's changing needs as people's dependency levels change.

This to comply with Regulations 3, 4(1)(a) and 17(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My needs are met by the right number of people' (HSCS 3.15) and

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

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. This is because improvements must be made by building on strengths, whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

People benefitted from warm, comfortable, and welcoming communal living areas with plenty of fresh air and natural light. The environment was generally clean and tidy, with no evidence of intrusive noise or smells. The provider had plans in place to replace some of the floor coverings.

People's rooms were personalised and homely which promoted each person's experience, dignity, and respect. Each bedroom had ensuite facilities which include an adaptive shower, toilet and wash hand basin. We found that there were problems with the water pressure in some areas of the building which were inadequate. This resulted in the water stopping and starting when people were in the shower.

The garden area to the front of the property was well kept and provided additional space to sit and take part in outdoor activities in better weather. A summer house was located in the enclosed garden area.

Some areas of the home needed redecoration. The main kitchen did not meet acceptable standards, the floors, walls, and surfaces were not in a good state of repair. This meant they would not be easy to clean, and people were at risk of infection. This was being addressed by the provider at the time of our inspection. Improvements are needed to the oversight and auditing of the cleanliness of the home to

ensure that there is no risk to people's wellbeing.

People should benefit from premises and equipment that are regularly monitored and maintained. Whilst a maintenance log was in place, we found that regular checks such as to the fire alarm system and emergency lighting were either not taking place or had not been documented. This means that we could not be assured that people were being kept safe.

(See requirement 1).

People with sensory, dementia or other cognitive impairments are supported through some provision of signage throughout the building. Name plaques were on people's bedroom doors, however, the service should consider other methods such as the use of pictures or photographs to aid people's orientation around the building. Some of the signage could benefit from being renewed as it would not adhere to the prevention of infection. The service should consider assessing the service using the good practice Kings Fund tool for people with dementia to develop this area further. **(See area for improvement 1).**

Requirements

1. By 30 April 2023, the provider must ensure that people experience care in an environment that is safe and well maintained that meets good practice and any legislative requirements.

To do this, the provider must, at a minimum:

- a) Ensure that there are clear planned arrangements for regular monitoring of the premises and the equipment to ensure people are safe.
- b) Ensure hazards/ potential hazards are identified and risk assessments are carried out to reduce potential harm.
- c) Ensure all fire safety and health and safety checks are in place and properly recorded. All records should be audited by management to ensure compliance.
- d) Ensure that the premises, decoration, furnishings and equipment are clean, tidy, and well-maintained.
- e) Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place and effective to ensure that the environment is clean and well maintained.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.24).

Areas for improvement

1. In order to help people orientate in their surroundings, the service provider should review the design of the premises. This should include the use of colour schemes and signage, to help people living with dementia and other cognitive impairments find their way to communal facilities and their bedrooms.

Reference to The King's Fund Environmental Assessment Tool would be useful in providing ideas for design changes.

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

'I can use a mix of private and communal areas, including accessible outdoor space, because premises have been designed or adapted for high quality care and support' (HSCS 5.1); and

'I can independently access the 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?

2 - Weak

We evaluated this key question as weak. This was because strengths can be identified but these are outweighed or compromised by significant weaknesses.

People should benefit from personal plans which consistently informs all aspects of the care and support they receive. We found that some good detail around people's life stories, choices, preferences, however, some areas required to be improved. We could see that the service was currently updating plans during our visit. Some of the detail recorded in personal plans needed to be clearer or reviewed and updated to reflect the support that was provided. For example one plan said that podiatry was needed but the foot care was not completed. While regular staff knew people well, there was a risk that new staff would not have enough information to ensure people were receiving the right support at the right time. **(See requirement 1).**

People should benefit from personal plans that are regularly reviewed, evaluated and updated and take account of their own individual and where relevant, their families' or those important to them, preferences and wishes. We found that reviews were not happening consistently, and recordings within care documentation did not demonstrate that people's views about their care and support had been routinely sought. This meant that people's views and opinions did not inform their planned care.

Daily recordings of care and support were mostly task orientated and did not reflect people's views or feedback and therefore they lacked information that would contribute to the review and evaluation of people's care and experiences.

People and their families are being supported to by the service in partnership with health professionals to develop and implement ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). This means people's wishes are recorded to ensure all parties have accessible information that would prevent unwanted medical intervention unless in exceptional circumstances.

Requirements

1. By 30 April 2023, the provider must ensure positive outcomes for service users by further developing robust systems, to effectively demonstrate that individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users.

In order to achieve this the provider must:

a) Ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of

the care/support planned or provided.

b) Ensure that all risk assessments are accurate and updated regularly.

c) Ensure the quality of people's care and support is evaluated and recorded where a person's care needs or risk level changes, for example, after an incident.

d) Ensure all daily recordings are undertaken accurately and timeously.

e) Ensure that people's care is reviewed in line with regulatory requirements and people's views and wishes are actively sought on their care and support.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that 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).

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

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| How well do we support people's wellbeing? | 2 - Weak |
| 1.3 People's health and wellbeing benefits from their care and support | 2 - Weak |
| 1.4 People experience meaningful contact that meets their outcomes, needs and wishes | 4 - Good |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 3 - Adequate |
| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement is led well | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| 3.3 Staffing arrangements are right and staff work well together | 2 - Weak |
| How good is our setting? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |
| How well is our care and support planned? | 2 - Weak |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 2 - Weak |

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Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

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