

Henderson House Care Home Service

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Dalgety Bay
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Type of inspection:
Unannounced

Completed on:
29 March 2024

Service provided by:
Henderson Care Home Limited

Service provider number:
SP2020013474

Service no:
CS2020378971

About the service

Henderson House care home is situated in a residential area of Dalgety Bay. The care home offers long-term nursing and respite care to a maximum of 60 older people. The provider of the service is Henderson Care Home Ltd.

The accommodation provides single occupancy bedrooms, all with en-suite facilities. The home has a large garden area and accommodation is provided over two floors which are served by a passenger lift.

There are communal lounge and dining areas on each floor. The kitchen, laundry and staff facilities are located on the lower ground floor.

About the inspection

This was an unannounced inspection which took place between 25 and 29 March 2024. The inspection was carried out by two inspectors 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 four people using the service and five of their relatives;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Residents received kind, caring and compassionate support from staff who knew them well.
- Staff worked with relatives in a spirit of shared care. This provided residents and relatives with reassurance and improved their wellbeing.
- The staff team demonstrated a culture of continuous improvement to maximise residents' outcomes and experience.
- Residents and their representatives were involved in improving their service.
- Care plans should be further developed to ensure people receive person-centred, consistent support.

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?	5 - Very Good
How good is our staff team?	4 - Good
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 made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences. We found significant strengths and very good practice in aspects of the care provided and how these supported positive outcomes for people.

We observed staff supporting residents with kindness, sensitivity and compassion. It was apparent that positive relationships were established between residents and staff. We enjoyed observing staff using appropriate humour to improve people's wellbeing and maintain relationships.

Staff supported residents to express their individuality through their preferred choice of clothing and use of accessories. Residents' bedrooms reflected their preferences and personality. This supported residents to maintain their sense of identity and self esteem.

Staff recognised the importance to residents of maintaining contact with important people. Staff supported contact between residents, relatives and friends using multi-media when in-person contact was not possible. Family members told us they were also cared for by staff. This was welcomed when relatives were adjusting to their relatives moving into the care home or their needs changed or increased. Relatives felt informed and involved.

Staff provided information about menus, activities and social and leisure opportunities in accessible formats. This included the home's activity planner in a pictorial format. Meals available at mealtimes were presented on a plate to enable residents to make their own choices. This preserved people's independence and dignity. We noted staff ate their meals with residents. Mealtimes were social experiences. The relaxed atmosphere was enabled by staff ensuring meals were enjoyed at residents' pace. This was good practice and encouraged residents to eat and drink. This had a positive impact on people's health and wellbeing.

Despite current staffing constraints in the activities team, staff supported residents to spend their time in ways that were meaningful and purposeful for them. Staff from other departments in the home were temporarily redeployed to the activities team. This meant the activities programme could continue to be facilitated. This included cinema nights, quizzes and debates and discussions on current affairs. Staff supported residents in their bedrooms where this was their preference. This was particularly important where residents who were living with advanced dementia could no longer participate in group activities. Links with the local community had been re-established and we were pleased to see a visit by a local nursery class during the inspection. A church service also took place that was attended by residents and their relatives. The manager told us a local Brownies group also visited the home. This improved residents' outcomes and experiences.

We were assured that residents' health and wellbeing benefited from their care and support. The provider's systems and processes ensured effective recording, monitoring and oversight of people's health care needs. Record keeping, including food and fluid and repositioning charts were monitored and overseen by night staff. Regular health monitoring checks, for example, resident weight and risk of pressure ulcers, were carried out. This enabled nursing staff to identify and address any concerns or changes in residents' needs. We noted referrals to health professionals such as speech and language therapists, dieticians and tissue viability nurse services as required. Additionally, staff recorded details of the care and support they provided for people and any concerns or changes at every shift. This meant staff were kept up to date regarding

people's needs and ensured people received safe and consistent support.

Residents received safe and robust support with medication. Extensive improvement work had taken place to address the issues identified at the last inspection on 2 August 2022 when a requirement was made. Systems and processes had been reviewed to improve medication stock control to reduce the amount of medication stored in the home. Medication audits were carried out daily and a more comprehensive audit took place on a monthly basis. The provider should ensure protocols to inform staff's practice in the administration of medication prescribed for use on an "as required" basis are complete, accurate and reviewed on a regular basis.

Monthly pain assessments were carried out for all residents. This was particularly important where people could not articulate that they experienced pain or discomfort. We were assured that any pain people experienced was identified and addressed timeously.

Residents received safe, dignified and person-centred support with eating and drinking. The head chef took pride in providing tasty and nutritious meals for people. Meals were well presented and this encouraged and improved residents' food and fluid intake. Details of residents' individual dietary needs were available to chefs who were notified of any changes in their needs. This included where residents required their food prepared in modified textures to reduce the risk of choking or fortification of their food and drinks to provide additional calories. Residents also had regular access to snacks throughout the day. This supported residents' health, safety, and wellbeing.

Residents' care and support needs were assessed on a monthly basis. The findings informed staffing levels in the home. We were pleased to see non-care tasks were included to ensure appropriate staffing levels to facilitate meetings and staff supervisions. We found staffing levels were appropriate during the inspection. The provider continued to experience difficulties recruiting nursing and care staff. This situation is reflected across social care services in Scotland. The provider did all they could to ensure people received consistent care. Agency staff were used to cover nursing vacancies. Nurses were block booked where possible and care staff from the provider's "bank" covered care staff vacancies.

Systems were in place to delegate the care and support of named residents to specific members of staff on day and night shifts. This provided residents with consistent care and ensured staff accountability. Night shift planners included carrying out clinical checks, audits and oversight of food and fluid charts and residents' oral care. This improved people's outcomes.

A weekly visit from the advanced nurse practitioner, and GP where required, ensured concerns and changes in residents' needs and presentation were addressed both proactively and reactively. We were assured that residents had access to all relevant health professionals.

Residents had regular service reviews which were attended by relatives, representatives and social workers as appropriate. This ensured residents' current care and support needs continued to be met.

We were assured that people's health and wellbeing benefited from their care and support. However, we identified some areas for improvement. The organisation of wound management documentation needed to improve to ease the tracking of wounds and wound care. Whilst wound care plans were reviewed on a regular basis, the effectiveness of the wound care provided was not evaluated. Wound care plans should also include preventative measures needed to maintain skin integrity and the interrelation of other aspects of wellbeing.

We noted some residents were at high risk of experiencing falls. Records evidenced several falls in the home, some of which had resulted in fractures. Falls were recorded and appropriate medical support was provided where appropriate. However, risk assessments and support plans should be developed to identify, address and prevent the risk of falls. Some people who were living with dementia needed to walk with purpose. Whilst residents could be at risk of falls, being unable to mobilise independently could cause them stress and distress. The service should work with relatives and representatives to enable residents to take positive, life-enhancing risks. The provider should also use this opportunity to improve staff's understanding and practice in identifying and mitigating risks to residents' health and wellbeing.

Where people, particularly where people living with dementia, experienced stress and distress, care plans had been developed to inform staff practice. Additional support should be provided for staff to ensure care plans and other related documentation are person-centred and effective.

We noted that any bruising or other marks found on residents was recorded on a body map in their care plan with photos and measurements as required. We asked the provider to report all instances of unexplained bruising to Fife's adult protection team who have the responsibility to take any appropriate action. This is to ensure the health, safety, and wellbeing of residents, staff and the provider (see area for improvement 1).

We were pleased to find residents had personal emergency evacuation plans (PEEPS) in place. PEEPS should be reviewed on a regular basis to ensure residents' current needs continue to be reflected.

We were confident that residents living in the home experienced good outcomes and experiences as a result of the care and support they received.

Areas for improvement

1. In order to safeguard residents and staff, the provider should ensure all instances of unexplained bruising are reported to social work as adult protection concerns.

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, neglect abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Residents living in the home and their representatives provided very positive feedback about the leadership team who they found to be approachable and supportive. There was always a member of the leadership team available to help.

The provider continued to recruit staff across the home. This could prove challenging, as is the experience of social care services across Scotland. Safer recruitment guidance was followed and this ensured residents' health, safety, and wellbeing.

Staff felt well supported by the leadership team. Staff were supported through regular one-to-one supervision sessions with their supervisor. However, staff felt confident to approach members of the leadership team if they had any professional or personal issues. Staff said there was an "open door" policy and they were confident any issues would be addressed.

Rota planning and management and staff deployment systems provided consistency for residents and staff. A rolling rota enabled staff to plan around their personal and family commitments. This provided staff with a positive work and life balance and improved their wellbeing.

We were confident that the manager had appropriate oversight of key risks in the home and how these were being mitigated. This was supported by the use of robust systems and processes. An online communication tool was used to provide staff with relevant practice and organisational information and guidance. Individual staff accounts ensured they could access information that was personal to them and the team. This improved communication across the home.

There was a culture of continuous improvement throughout the staff team. A comprehensive service improvement plan was in place and monitored and reviewed regularly. This was led by the manager of the home. The passion to ensure people experienced positive outcomes was evident in the manager and deputy manager. In order to achieve this, daily management oversight procedures were in place. This included oversight of the management of incidents, accidents and falls. Shift planning records were monitored to ensure clinical checks and audits were completed and people's needs were met effectively. Daily "flash" meetings took place daily with the heads of all departments in the home. This enabled risks to be identified and plans put in place to address these.

Residents' care and support needs were assessed on a monthly basis. The findings informed staffing levels in the home. The findings were analysed to identify risks and factored in non-care tasks and ensured appropriate staffing levels to meet residents' care and support needs. Residents, their representatives and staff were also consulted regarding staffing levels.

An area for improvement was made at an inspection carried out on 2 August 2022 to provide residents with access to their monies at all times. The provider had reviewed their systems and practice. The provider took appropriate action to ensure access whilst maintaining the safety and security of residents' finances.

Quality assurance audits were carried out on a regular basis in line with the provider's policies and procedures. These included audits of clinical and care support, management oversight, health and safety and environmental audits. The provider issued guidance to ensure audits were carried out consistently and robustly. For example, care plan audits sampled residents' nutrition and hydration care plans to ensure residents' dietary needs were recorded accurately and met. Staff training records were checked to ensure they had completed the appropriate training. Weekly clinical risk meetings ensured residents' health care needs were monitored and met and that referrals were made to relevant health professionals as appropriate. Regular medication audits were carried out. This included three monthly reviews with health professionals where residents were prescribed psychoactive medication. This was good practice as these medications may be regarded as forms of restraint or could put the health, safety and wellbeing of people living with dementia at risk.

Health and safety checks and audits were carried out regularly and we noted repairs and maintenance tasks were carried out timeously. Complaints, incidents and accidents were investigated and where areas for improvement were identified, these were addressed. Falls were recorded separately. We asked the manager to analyse falls data to identify any trends or patterns. The findings should be used to reduce the risk of falls.

Residents and their representatives were involved in improving their service. We identified a culture of partnership with relatives and staff. Some relatives were involved in providing care and support for their family members. Relatives told us they felt welcomed and the importance of their role was recognised. This provided relatives with reassurance and improved their wellbeing.

Residents' meetings took place on a regular basis. Residents were able to express their views about the home and suggest improvements. We noted action plans were developed to address residents' feedback. Attendance at meetings was limited and we asked the provider to develop alternative methods to gather the views of residents who were unable to attend group meetings.

Relatives' meetings were arranged on a regular basis. On some occasions attendance at meetings was extremely low, so additional meetings were arranged to ensure relatives had opportunities to provide their views and feedback. Minutes of meetings were taken and distributed to relatives. A quality assurance questionnaire was sent to relatives in the last year and whilst relatives did not identify any areas for improvement, the feedback was collated and communicated to all relatives. This demonstrated the provider's commitment to improving residents' outcomes and experiences.

Newsletters were distributed to relatives on a regular basis. This provided information about recent events in the home and future plans. A Facebook page provided information and examples of events and activities in the home. Relatives enjoyed the pictures and videos of residents participating in activities posted on the Facebook page.

Whilst quality assurance audits were carried out regularly and areas for improvement were identified, we could not be assured that these had been addressed. The provider should ensure records provide evidence that areas for improvement have been addressed appropriately and the resulting impact on residents' outcomes.

We noted some audits were not carried out within defined timescales and the number of audits carried out, for example care plan audits, did not provide a representative sample. Details of the findings of audits should also be improved to ensure areas for improvement can be addressed effectively. The provider should address these issues timeously.

Staff meetings should take place on a more regular basis to ensure staff are kept up-to date with policy, legislative and practice information and feel fully informed and involved. This should include housekeeping, maintenance and kitchen staff.

How good is our staff team?

4 - Good

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

The provider developed a training needs analysis to provide guidance regarding the role specific training that staff must complete. This informed the service training plan.

Staff had access to a wide range of learning and development opportunities which were arranged and overseen by the manager and deputy manager of the home. Systems were in place to track staff's completion of training and when refresher training was due. Where training remained outstanding, appropriate action was taken to ensure completion.

Training was delivered both online or in face-to-face sessions. Essential training courses were supplemented with additional training opportunities. Health professionals, including care home liaison team nurses, provided training in areas such as falls prevention and management, dementia and supporting people experiencing stress and distress. This was good practice as training could be focused on the needs of the residents in the home.

Staff did not identify any gaps in the knowledge or training and relatives were confident that staff had appropriate skills, knowledge and abilities to meet the needs of their family members.

Staff had regular opportunities for one-to-one support and supervision which provided opportunities to review and plan their learning and development needs. Staff who were recently recruited told us they had been supported to complete a comprehensive induction. They could ask questions and seek support from nurses, senior carers and peers on an ongoing basis. This improved staff's confidence and competence.

Competency assessments were carried out regularly to ensure staff's learning was transferred into practice. Assessments consisted of practice observations and the completion of workbooks. Staff's competency was assessed in areas including dementia, moving and handling and medication administration. This was to ensure staff had the knowledge, skills and understanding to meet residents' care and support needs. Assessing staff's competencies is good practice. However, the amount of assessments and workbooks completed needed to increase to evidence that staff had the ability to meet the range of residents' needs safely, consistently and effectively. We noted low compliance rates in some online courses. The manager assured us appropriate action would be taken to make the necessary improvements. We look forward to monitoring training compliance and the impact on residents' outcomes at the next inspection.

Staff were supported to undertake Scottish Vocational Qualifications at the level appropriate to their role. Completion of these qualifications were required to enable staff to continue to be registered with the Scottish Social Services Council (SSSC). Systems were in place to track staff's registration with the SSSC and nurses' registration with the Nursing and Midwifery Council (NMC). This was to ensure the fitness of staff to provide care and support for residents.

We identified some gaps in staff's training. We asked the provider to ensure staff have the opportunity to undertake training in supporting people experiencing stress and distress and in resident specific health conditions such as Parkinson's Disease. The provider should also ensure staff complete training to ensure they can use all care, health and safety equipment. This is to safeguard the health, safety and wellbeing of residents.

How good is our setting?

4 - Good

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

A comprehensive programme of improvements was ongoing to improve the environment. This was to ensure residents experienced a comfortable, homely and safe environment that enabled the maintenance of residents' skills, abilities and independence. Signage in the home had improved. This supported residents living with dementia to find their way around the home independently. Dementia friendly environmental audits were carried out on a regular basis. This enabled residents living with dementia to make sense of their environment and feel safe and secure.

Communal areas in the home were homely and inviting. Lounges, dining rooms and other communal facilities were spacious and floors were kept free from clutter. This reduced the risk of falls. We noted the home was clean and fresh. Housekeeping staff demonstrated good infection prevention and control practice and this contributed to residents' wellbeing. Where residents required their bedrooms to be cleaned in particular ways, housekeeping staff accommodated these requests.

Flooring in various areas in the home was being upgraded during the inspection. Temporary repairs had been carried out to ensure the health and safety of residents, staff and visitors to the home whilst the work was ongoing. We noted that repairs and maintenance tasks were carried out timeously. This demonstrated respect for residents' right to live in safe and comfortable environments.

A number of areas for improvement regarding the garden were identified at the previous inspection which was carried out on 2 August 2022. The areas for improvement had been addressed and we found the garden was safe for residents to enjoy.

Paved walking paths were well laid out throughout the garden. Seating was available for residents to rest or to enjoy the garden. We noted garden furniture had been replaced and was rust free and clean.

Raised flower beds were available to enable residents who enjoyed gardening to participate in planting and weeding. This was a pastime several residents enjoyed.

Chickens were kept in a coop in the garden. The care of the chickens was the responsibility of staff. However, residents told us they enjoyed watching the chickens. Some residents had kept chickens themselves and the chickens in the garden brought back fond memories.

A summer house in the garden was being used to store equipment. However, the manager shared the plan to convert the summerhouse into a pub for residents. In order to further improve residents' outcomes and experiences, we suggested the provider should provide additional person-centred garden facilities such as a greenhouse or vegetable patch. The provider was keen to provide opportunities for residents to get the most out of life.

How well is our care and support planned?

4 - Good

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

Residents' care plans addressed the full range of their care and support needs whilst also reflecting their wishes and choices. Individual plans were in place to address the specific needs of residents. The plans informed the care and support staff were to provide to meet residents' needs. The guidance in support plans was brief. Whilst this was appropriate where residents could guide their care and support, additional

person-centred detail was needed to ensure residents received safe, consistent and effective care that promoted the maintenance of their skills and independence.

An "at a glance" care plan provided a brief overview of residents' care and support needs and how these should be met. This was stored in residents' bedrooms. This guidance was particularly useful for new and bank staff.

Residents were supported to identify their personal outcomes and how these could be met. This gave residents the opportunity to identify what was important to them and improve their quality of life. We saw some examples of person-centred care planning. For example, residents' choices and preferences were respected regarding their medication support, and personal care support was provided in keeping with their values. This preserved residents' dignity. Medication care plans provided guidance for staff regarding the administration of medication prescribed on an "as required" basis and dealing with medication errors. This reduced the risk of harm to residents. Residents could identify who could access their bedrooms in when they wanted to be supported during visits from professionals and other people they did not know well. This helped residents feel safe and secure.

Where residents experienced stress and distress, care plans had been developed to reduce the impact on their wellbeing. We discussed with the provider that care plans should aim to prevent residents becoming stressed and distressed as this has a detrimental impact on their wellbeing and outcomes. We suggested that additional support could be sought from the care home liaison nursing or community mental health teams. The manager had developed a stress and distress care plan for a resident which was of a good standard. We were confident that staff would be supported to increase their knowledge and understanding and improve their practice.

In order to enhance residents' outcomes and wellbeing, the provider should further develop "About me" care plans. Currently the information was focused on the here and now. However, information about residents' life history should be added to enable staff to communicate with residents in meaningful, person-centred ways. This was particularly important where people are living with dementia or experience short term memory or other cognitive impairments. We were aware that this work was planned and would be supported by staff from the activities team.

Care plans were being reviewed on a monthly basis but there was little evidence that the effectiveness of care plans was evaluated. This should be improved to ensure residents experience optimum outcomes as a result of the care and support they receive.

The Health and Social Care Standards state that people using services and their representatives should be involved in developing and reviewing their care plans. However, we could not find evidence of this practice in the home. We also suggested residents and their representatives should be offered copies of their care plans.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 25 September the provider must ensure medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this, the provider must:

a) ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

This requirement was made on 2 August 2022.

Action taken on previous requirement

The provider had taken appropriate action to address this requirement. Please see the "How well do we support people's wellbeing" section of this report for further details.

Met - within timescales

Requirement 2

By 25 September 2022 the provider must evidence that regular audits result in consistent good standards of care and support for people living in the home.

This is in order to comply with: Regulation 4(1)(a) 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 5.17). And '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 requirement was made on 2 August 2022.

Action taken on previous requirement

The provider had taken appropriate action to address this requirement and further developments were ongoing. Please see the "How good is our leadership" section of this report for further details.

Met - within timescales

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

In order to improve people's physical and mental wellbeing, the service provider should review the way in which activities and social interaction are organised.

This should focus on the quality and amount of physical activity to ensure care and support is consistent with the Health and Social Care Standards 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).

This area for improvement was made on 2 August 2022.

Action taken since then

The provider had taken appropriate action to address this area for improvement despite current staffing constraints and further development ongoing. Please see the "How well do we support people's wellbeing" section of this report for further details.

Previous area for improvement 2

In order to promote people's independence and well being, the service provider should ensure systems are in place to enable people to access their money at all times.

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

This area for improvement was made on 2 August 2022.

Action taken since then

The provider had taken appropriate action to address this area for improvement. Please see the "How good is our leadership" section of this report for further details.

Previous area for improvement 3

Communication systems should be improved across the care home. Staff should be provided with timely, daily updates regarding any person's changing care needs to ensure they have the appropriate knowledge to inform their care delivery.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 2 August 2022.

Action taken since then

The provider had taken appropriate action to address this area for improvement with further development ongoing. Please see the "How good is our leadership " section of this report for further details.

Previous area for improvement 4

Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 2 August 2022.

Action taken since then

The provider had taken appropriate action to address this area for improvement. Further improvements were ongoing. Please see the "How good is our staff team" section of this report for further details.

Previous area for improvement 5

In order to promote activity and independence for people living in the service, including people with dementia and other cognitive impairments, the service provider should have appropriate signage around the home. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSCS 5.11).

This area for improvement was made on 2 August 2022.

Action taken since then

The provider had taken appropriate action to address this area for improvement. Please see the "How good is our setting" section of this report for further details.

Previous area for improvement 6

In order to promote activity and independence for people living in the service, including people with dementia and other cognitive impairments, the service provider should make appropriate changes to the garden area.

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

This area for improvement was made on 2 August 2022.

Action taken since then

The provider had taken appropriate action to address this area for improvement. Please see the "How good is our setting" section of this report for further details.

Previous area for improvement 7

Care plans should continue to be developed to ensure that they are person-centred and reflect people's wishes and choices.

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

This area for improvement was made on 2 August 2022.

Action taken since then

Whilst improvements have been made, work was ongoing to further develop and enhance residents' care plans. Please see the "How well is our care and support planned" section of this report for further details.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes people's independence	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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