

Southview Care Home Service

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Type of inspection:
Unannounced

Completed on:
28 March 2024

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010439

About the service

Southview Care Home is registered to provide support to a maximum of 40 adults, of which 17 can be used for people living with dementia and a further 23 places can be used for adults living with mental health conditions. The provider is Thistle Healthcare Limited.

The purpose-built home is located in a residential area of Cambuslang, South Lanarkshire. It is a short distance from local amenities and public transport links.

Accommodation with lift access is provided over two floors. The ground floor is used to support people living with dementia, and the upper floor supports people who have needs related to Alcohol Related Brain Damage (ARBD), Acquired Brain Injury (ABI) and other mental health conditions.

All bedrooms are single with en-suite toilet facilities. People have access to shower, bathrooms, lounge and dining rooms on each floor. The enclosed garden area to the front of the building provides seated areas for people and their visitors to use. Parking is available for visitors at the home.

At the time of the inspection there were 36 people living in the home.

About the inspection

This was an unannounced inspection, which took place on 25, 26 and 27 and 28 March 2024 between the hours of 7.30am and 4.45pm. Feedback was provided on 28 March, which concluded the inspection.

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 9 people using the service and 1 relative.
- Spoke with 17 staff including members of the management team.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with 1 external professional.

Key messages

- People told us they were happy living at the home.
- We observed positive relationships between people and the staff team.
- A letter of serious concern was issued on the first day of this inspection in relation to the cleanliness of the environment. The provider took action within the required timescale to address the two requirements made. However, a requirement has been made about ensuring the fixtures and fittings can withstand effective cleaning processes.
- Staff training requires to be targeted, to ensure the knowledge and practice of staff meets the needs of people living in the service.
- Quality assurance of systems, staff practice and a culture of continuous improvement requires to be improved, to support better outcomes for people.
- Information recorded within personal plans and documentation used to monitor people's healthcare needs requires improvement.
- The service had met one of six areas of improvement identified at the previous inspection completed 31 October 2022 and one area for improvement was repeated.
- Ten requirements and three areas for improvements have been made from this inspection.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
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 found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences and outcomes.

1.1 People experience compassion, dignity and respect

We observed many respectful and warm interactions between staff and people living in the home and people told us that they liked the staff. One person told us that "the staff are good, although there are always new faces coming in". However, people's dignity and respect was not always maintained. For example, we observed that staff failed to ensure a person's dignity had been maintained while being transferred with a hoist. People also told us that they had a lack of choice about how often they could shower or bathe. This is of significant concern in relation to people's rights, as well as the overall impact on physical and mental wellbeing.

Putting pictures or labels on the outside of drawers can help orientate people with memory problems. However, we found this practice used for several people who did not require this level of support. This meant that the service had not always considered people's support needs and showed a lack of staff knowledge and person centredness.

People we spoke to said that family and friends were only permitted to visit within their bedrooms. This practice placed unnecessary restrictions on people spending time with their loved ones. We raised this with the organisation's General Manager who took positive action to rectify the practice immediately. This highlighted further concern about culture in that the practice was not questioned prior to our involvement, and that the home was not following good practice guidance (see 'Meaningful Connection Self Evaluation Tool', Care Inspectorate, 18 July 2023).

We also took into consideration that people had been living in an environment which had been poorly maintained and was not dignified. Further detail of this is provided under Key Question 4 'How good is our setting'.

It was of concern that these poor practices and findings were not challenged by staff and both local and external line management. (See requirement 1).

1.2 People get the most out of life

The home provided support to older people and younger adults in the same building within separate living spaces. However, there were no separate aims and objectives to identify the goals and aspirations for each group. There was no service improvement plan in place to demonstrate how the service intended to make continuous improvements to meet the aims and objectives. (See requirement 2 under Key Question 2 'How good is our leadership?')

People were not supported to maintain and develop their independent living skills. The Tíree unit on the ground floor had a pantry area where people could prepare drinks, snacks and carry out domestic chores.

However, this facility had not been promoted and people were not encouraged to access the area for that purpose. The Iona unit on the upper floor had no facility to support the younger adults with maintaining and developing their independence in the same way. This meant that there was missed opportunities to support recovery for people, as well as maximising independence (see 'Missed Opportunities', Mental Welfare Commission, 2010). This had been an area for improvement at the last inspection of 31 October 2022. Given the lack of progress around maintaining and developing people's independence, a requirement to improve has been made. (See requirement 2)

Records showed meetings for people living in the home and their relatives were infrequent and not always well attended. The service had reviewed these meetings and had made changes to encourage attendance. However, participation processes for people to feedback outwith scheduled meetings for people living in the home and their relatives were limited. (See area for improvement 1)

We observed practice and daily life over the course of our inspection. We found a lack of activities and stimulation for people across both units. Although there were regular community activities, not all people had benefitted from these. People told us: "There's nothing to do around here, I just watch television" and "I just spend my time walking about". One person also described how they preferred to spend time in their room and made a comment of "Staff don't have the time to come in and chat as they are too busy". This put people at an increased risk of withdrawal and a negative impact on their physical and mental wellbeing. There was no evidence that staff carrying out activities, had received the relevant training.

This had been an area for improvement at the last inspection of 31 October 2022. Given the lack of progress around ensuring people had access to meaningful activities a requirement to improve has been made. (See requirement 3).

1.3 People's health and wellbeing benefits from their care and support

We saw examples where people's health was monitored well. This showed how the changing health needs of people were assessed, monitored, and addressed to help them stay well.

Where there had been changes to people's health, staff had responded positively to make sure people received the right support. Advice had been sought from healthcare professionals where required and people were supported to attend clinical appointments.

However, daily healthcare charts were not always accurately completed or analysed. Examples of this included the monitoring and recording of fluid intake, oral care and bowel care. Improving these records would demonstrate that people's health and care needs were being monitored and met.

This was a previous area for improvement at the last inspection of 31 October 2022. Given the lack of progress and the potential risk to people such as dehydration, skin breakdown and constipation a requirement to improve has been made. (See requirement 4).

Staff followed safe practices for medication management. Medication administration records showed that people received their medication in line with the prescriber instructions.

Daily meetings took place among staff and records showed that information was recorded and actioned where required. Communication among staff was effective in sharing important information about people and events within the home.

People were supported, when needed, in a warm and encouraging way from staff to eat and drink. Food was

being covered when being transported outwith the dining area which helped to reduce the risk of food getting cold or being contaminated.

Specialised equipment was used where required such as bathing equipment, hoists and assistive technology. Special utensils and cups had also been used to help maintain people's independence.

Requirements

1. By 12 May 2024, the provider must ensure that people receive a service which ensures the dignity and respect of people is prioritised and always maintained.

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

- a) Ensure measures are put in place to protect the dignity of people during support, that requires moving and assistance to be carried out by staff.
- b) Ensure people have their shower/ bathing preferences respected and followed. Where the service is unable to do this, the reason for this must be recorded within the personal plan.
- c) Ensure staff are aware of the whistleblowing policy and are confident in challenging any practices they observe, which does not respect the dignity and rights of people.

This is to comply with Regulations 4(1)(a) (Welfare of users) and (b) (Privacy and dignity of 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: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention'. (HSCS 3.1)

2. By 28 June 2024, the provider must ensure that people receive a service which supports recovery and maximises independence.

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

- a) Ensure areas within the home are developed where people can access and prepare their own drinks/ snacks or carry out domestic chores.
- b) Demonstrate how people are supported to maintain and develop independent living skills dependant on their health and ability and in line with their personal plan.

This is to comply with Regulations 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state "If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible". (HSCS 1.38)

3. By 28 June 2024, the provider must ensure they meet the social and wellbeing needs of people.

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

- a) Ensure a range of meaningful activities is available for people, based on their preferences and which supports them physically and cognitively.
- b) Ensure activities provided are assessed to determine whether peoples' needs are being met.
- c) Ensure where people prefer to spend time in their bedrooms, staff spend time with them to help support their mental wellbeing.
- d) Ensure there are a sufficient number of staff available, who are trained and have the necessary skills, to provide meaningful activities and engagement for people.

This is to comply with Regulations 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 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)

4. By 12 May 2024, the provider must ensure they keep people safe and healthy by ensuring healthcare needs are effectively monitored.

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

- a) Ensure accurate completion and analysis of daily healthcare charts including, but not limited to, personal care, oral care, bowel records and fluid intake.
- b) Ensure where concerns are identified through the completion of the healthcare charts and other clinical recordings, a clear record is kept of any responsive action(s) taken by the service.

This is to comply with Regulations 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 that 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)

Areas for improvement

1. To ensure people feel valued and their views and choices respected, the management team should look at ways of encouraging people to engage in more regular methods of consultation and participation. Any suggestions/requests resulting from this, should be recorded within an action plan and updated until concluded to ensure positive outcomes.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS2.11)

How good is our leadership?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences and outcomes.

We recognise there had been significant challenges to the service, particularly with the leadership and management of the home. At the time of the inspection the service did not have a registered manager. In order to support the absence of a manager, the senior management team were temporarily managing the service. The deputy manager had been appointed to be the registered manager effective from 1 April 2024. Stabilisation of local management and staffing arrangements will provide consistency for people living in the home and help with building relationships.

People told us the management team were approachable and they felt listened to.

The provider had a range of audits, tools and processes available to staff and management team to support them in managing the service effectively. These covered a range of areas including infection prevention and control (IPC), health & safety, the environment, falls, accidents, incidents and reviewing personal plans. The IPC audits had identified similar issues of concern to that which we found on day one of the inspection. However, action from the IPC audits had not been taken by the service to mitigate risk to people. Part of this resulted in us issuing a letter of Serious Concern for immediate action from the provider to keep people safe from harm (see Key Question 1 'How well do we support people's wellbeing?').

Audits required to be signed off and approved by a member of the management team. Our findings show that the triangulation process for checking before signing off was not always working. This demonstrated a quality assurance system that was not effective and highlighted weaknesses in governance arrangements. Examples provided in this report highlight the negative consequences of this on people's experience and outcomes. (See requirement 1)

There was no service improvement plan in place and little consultation had taken place to obtain people's views. The absence of a service improvement plan and insufficient consultation can impede progress and lead to poor outcomes for people. The management team must actively seek input from key stakeholders to ensure collaboration. Prioritisation of continuous improvement is vital to ensure positive outcomes for people. (See requirement 2)

There had been several incidents over recent months, and we had not always been notified of these incidents. For example, a hospital admission for the deteriorating health of a person living in the home, altercations between people and the breakdown of the lift and hoist equipment.

All registered care services in line with our guidance are required to submit notifications to the Care Inspectorate that includes significant events. This ensures we can respond if needed, and if the provider has not already done so, alert other governing bodies. The submission of such notifications can provide us with assurance that incidents are being managed and reported correctly. The absence of required notifications gave us concerns over management oversight and awareness of what was happening within the service.

(See requirement 3)

The provider had an extensive range of policies and procedures which were regularly updated. Staff were required to read and familiarise themselves with these. We highlighted that the management team should consider how they confirm that staff have understood policies and procedures. This is important because policies and procedures outline best practices, and staff awareness and adherence to this ensures better outcomes for people.

The management team kept an overview of progress made with any adult protection referrals. Whilst this is recognised, themes from our inspection findings have highlighted risk and poor experiences for people. One of the key themes that we identified related to staff culture, and tolerance of lesser standards of care and support. The management team must make themselves visible on the floor to observe people's experiences and provide positive role modelling to staff. This will contribute to the significant improvements that we have made requirements about, in this report.

Requirements

1. By 28 June 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this the provider must, at a minimum:

- a) Ensure an assessment of the service's performance is completed through effective audit systems.
- b) Ensure where areas for improvement are identified through audits, action plans are put in place and implemented which set out specific, achievable, and realistic actions required and timescales.
- c) Ensure those responsible for signing off audits, carry out checks on presented evidence that support audit information to be accurate.
- d) Ensure all staff are accountable for and carry out the required remedial actions set out within action plans.
- e) Ensure the effectiveness of actions put in place is reviewed, to ensure evidence of positive outcomes for the health, safety, and welfare of people experiencing care.

This is to comply with Regulations 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 the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes". (HSCS 4.19) and "I use a service and organisation that are well led and managed".

2. By 12 May 2024, the provider must ensure that an improvement plan is developed to clearly set out the actions required, to improve service performance for the benefit of people experiencing care.

To do this the provider must, at a minimum:

- a) Identify responsible people for taking actions and the timelines for actions to be completed.
- b) Ensure findings from quality assurance inform the service improvement plan and consideration must be given to the involvement of people living in the home, their loved ones and other key stakeholders in the process.
- c) Ensure aims and objectives are developed which identify the goals and aspirations for each group of people living in the home.

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

3. By 28 June 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement and transparent communication with governing bodies. To do this the provider must, at a minimum:

- a) Ensure all staff recognise and report incidences of harm or potential harm.
- b) Liaise with all other appropriate governing bodies as well as the Care Inspectorate.
- c) Submit notifications to the Care Inspectorate as required by our notification guidance entitled: "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is to comply with Regulations 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 the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes". (HSCS 4.19) and "I use a service and organisation that are well led and managed".

How good is our staff team?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences and outcomes.

Staff meetings had not been taking place regularly. However, a new yearly planner had been developed and meetings were scheduled to take place quarterly. Regular staff meetings are important forums to ensure staff knowledge and practice is up to date with current and changing practice. These also provide opportunities for staff and the management team to come together to share any ideas, concerns and changes in guidance to support good practice.

As a result, this will benefit the quality of care provided to people.

Staff supervision and annual appraisals had taken place; however, these could have been used better at assessing how well people's outcomes had been met. This meant people could not be confident that staff were encouraged to reflect on practice and identify learning needs.

People told us staff were 'too busy' to spend time with them which resulted in interactions that were task focused. This could make people feel isolated and ignored. There was a need to improve leadership of teams and develop role models to guide staff. Positive role modelling would help staff develop the skills and knowledge to deliver responsive person-centred care. This will lead to better outcomes for people.

Staff observations and competencies were carried out, but only for medication and IPC. To support improvement in culture and ongoing staff development, observing staff in other areas of practice should be progressed. Part of this should actively encourage people living in the home to be involved in these observations. The outcome should demonstrate that the desired values are being promoted by each staff member, to ensure high quality care is consistently experienced by people.

There was no staff training and development plan in place. We were told this was in the early stages of development with the learning and development department. Consideration should be given to evaluations, observations, and competency assessments of staff practice. This will ensure the staff team have the necessary skills and knowledge, to deliver safe practice and improve outcomes to the people they care for.

All staff were assigned online mandatory training and training records showed good attendance of key areas, such as Adult Support and Protection, dementia awareness, epilepsy, IPC. However, there was an absence of training in key areas such as alcohol related brain damage (ARBD), acquired brain injury (ABI), mental health and Parkinson's. At the time of our visit, the home was supporting people who required support with needs related to these health conditions. The absence of targeted training to match needs, can have a detrimental effect on staff performance and put people at risk and result in poor outcomes for people. (See requirement 1).

Requirements

1. By 28 June 2024, the provider must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform in the service.

To do this the provider must, at a minimum:

- a) Ensure training needs of all staff are assessed.
- b) Ensure a comprehensive plan of training is developed and delivered. This must include, but not be limited to, Alcohol Related Brain Damage, Mental Health and Parkinson's.
- c) Ensure the training plan is reviewed to reflect the ongoing training required to equip staff, to meet the individual mental and physical health needs of people experiencing care.

This is to comply with Regulations 4(1)(a) (Welfare of users) and 9(b) (Fitness of employees) 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 (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)

How good is our setting?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. We found strengths could be identified, but these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

On the first day of our visit, we found significant issues that required immediate action to reduce risk to people. As a result, we issued a letter of serious concern with two requirements to be met within 24 hours. The required improvements related to cleanliness of the environment, care equipment and the storage of food and fluids. On our return visit we found that the requirements had been met within timescale.

However, given the poor condition and maintenance of some of the fixtures and fittings, we could not be assured that these could withstand effective cleaning processes. This meant that people were not protected from harm and were at risk of cross infection. This included furniture, walls, ceilings, and handrails which as a result, would have been unable to withstand effective cleaning processes. (See requirement 1)

Housekeeping staff had a good understanding of their roles, responsibilities, and processes. The laundry area was well organised and had effective systems in place to help reduce the risk of any cross contamination.

Regular checks on care equipment, such as hoists and wheelchairs were carried out. This helped make sure the equipment was safe to use by people. At times, there had been delays in reporting issues and repairs being made.

Quality assurance systems had failed to identify environmental concerns we found during the inspection. A related requirement has been made about ineffective audit systems. (See requirement 1 made under Key Question 2 'How good is our leadership?').

There was a lack of signage and direction making it difficult for people to find their way around the home independently. Not all doors had names or numbers on them to assist people in finding their own room. This could lead to people becoming disorientated and/or entering other areas. (See area for improvement 1)

The upstairs Iona unit had an activity room and we saw several people using this during the inspection. The downstairs Tíree unit had a pantry area which was not used to help maximise peoples' independence. (See requirement 2 under Key Question 1 'How well do we support people's wellbeing?')

We saw examples where people had personalised their bedrooms as they wished to make them more 'homely'. People told us that they were happy with the home and were comfortable. There was a small,

enclosed garden area at the front of the home which had seated areas for people to use. We saw some people accessing outdoor areas during the inspection and visiting the local shops.

The service did not have a service improvement plan which meant that there were no timescales identified for addressing issues such as damaged wall coverings. (See requirement 2 under Key Question 2 'How good is our leadership?')

A smoking room was located within the upstairs lona unit however, it was no longer available for people to use. A consultation exercise with advocacy support had taken place, and people had agreed to access outdoor areas to smoke. However, we found the room had been used by people when the lift had been out of order for several days prior to the inspection. At feedback we discussed how the intended purpose for this room must be included within a service improvement plan. (See requirement 2 made under Key Question 2 'How good is our leadership?')

Requirements

1. By 28 June 2024, the provider must ensure people are living in a setting that has well-maintained fixtures and fittings.

To do this the provider must, at a minimum:

- a) Ensure the environment is maintained in a good state of repair, which is able to withstand effective cleaning processes and is able to be effectively decontaminated and cleaned.
- b) Ensure quality assurance checks are effective and demonstrate how they have led to improvements where issues are identified, surrounding the safety and maintenance of the environment.
- c) Ensure where environmental issues are identified, repairs are undertaken in a timely manner. In doing so there should be a clear auditable trail of any work(s) completed.

This is to comply with Regulation 3 (Principles) and 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment". (HSCS 5.22)

Areas for improvement

1. The service should review the environment for people living in the home and how it helps orientate and support people's independence. For those people living with dementia, the King's Fund tool is a useful assessment to support this.

<https://www.kingsfund.org.uk/sites/default/files/EHE-dementia-assessment-tool.pdf>

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

How well is our care and support planned?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. We found strengths could be identified, but these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

People should be confident that their personal plan clearly sets out how their needs will be met, and guides staff on how best to support them based on accurate information. Every person in the home had a personal plan in place, which aimed to direct staff on the type of care and support the person needed.

Six monthly care reviews had been completed, which people had been involved in. When people were not able to fully express their wishes and preferences, a relevant individual important to them had been involved to represent them. This ensures that care and support is provided in line with the principles of the Adults with Incapacity (Scotland) Act 2000.

We found some examples within the personal plans where person-centred information had been recorded. Staff knew how to access personal plans and could discuss the needs of people and any changes to their health.

However, personal plans were not outcome focused and lacked evidence that people had been fully involved in identifying and agreeing goals. There was a lack of information about the support required to maintain and develop people's independence. Important health conditions were not always recorded or clearly directed staff on how to support people's specific needs.

There had been some restrictive practices towards supporting people's choice and preference within the service, which had led to poor outcomes for people. Although this practice had been addressed, we found other restrictions placed on people which could lead to a reduction in the quality of people's lives and may lead to unmet needs. The service must ensure that personal plans include care plans, risk assessments and any legal documentation that may be required for any restrictive interventions and restraint to keep people safe and well. Written information to support such restrictions must demonstrate that good practice is being followed (see 'Rights, Risks and Limits to Freedom', Mental Welfare Commission, 2021) (See requirement 1).

To support improvement work that was needed on person planning, the provider should consider available good practice resources. For instance, the 'Guide for Providers on Personal Planning for Adults' (Care Inspectorate, 2021).

Requirements

1. By 28 June 2024, the provider, must ensure that people experience care and support that is safe and right for them by improving individuals' personal plans to:
 - a) Provide current detailed and accurate information to support staff when providing care and support
 - b) Reflect more person centred and outcome focussed information, particularly in how people's independence is promoted and any specific aims, targets and /or goals.
 - c) Ensure evaluations are outcome focused and reflective of how effective the planned care has been.

d) Ensure care plans and risk assessments to support restrictive measures or restraint, clearly identify and set out how people's health, welfare and safety needs are to be met in line with good practice and legislation.

This is 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) and the Health and Social Care Standards (HSCS) which states '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)

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

To ensure people's health care needs are monitored and met the management team should ensure that accurate records are completed for all interventions including oral, bowel and personal hygiene records and include effective systems to oversee their completion.

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)

This area for improvement was made on 31 October 2022.

Action taken since then

Daily healthcare charts were not always accurately completed or analysed. Examples of this included the monitoring and recording of fluid intake and bowel care. Improving these records would demonstrate that people's health and care needs were being monitored and met.

This was a previous area for improvement at the last inspection of 31 October 2022. Given the lack of progress and the potential risk to people such as dehydration, skin breakdown and constipation a requirement to improve has been made. (See requirement 4, Key Question 1).

Previous area for improvement 2

To ensure people feel valued and their views and choices respected, the management team should look at ways of encouraging people to engage in more regular methods of consultation. Any suggestions/requests resulting from this from this should be recorded within an action plan and updated until concluded to ensure positive outcomes.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS2.11)

This area for improvement was made on 31 October 2022.

Action taken since then

There had been a lack of progress made with consultation to obtain people's views.

There was no service improvement plan in place which could have been an opportunity to obtain people's views. The absence of a service improvement plan and insufficient consultation can impede progress and lead to poor outcomes for people.

(See requirement 2, Key Question 1 'How well do we support people's wellbeing')

Previous area for improvement 3

To give purpose to individuals' day, the management team should ensure that staff are available, competent and confident to provide a range of meaningful activities every day in order to support people to reach their full potential, while taking into account their health, ability and preference. This will ensure that there is some level of stimulation and better opportunities for people to enjoy themselves, promote independence, and alleviate feelings of boredom and isolation.

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

This area for improvement was made on 31 October 2022.

Action taken since then

We found a lack of activities and stimulation for residents across both units. Although there were regular community activities, not all residents had benefitted from these. Residents told us that when they spent time in their bedrooms, there was a lack of engagement with staff. This put people at an increased risk of withdrawal and a negative impact on their physical and mental wellbeing. There was no evidence that staff carrying out activities, had received the relevant training.

Given the lack of progress around ensuring people had access to meaningful activities a requirement to improve has been made.

(See requirement 3, Key Question 1 'How well do we support people's wellbeing')

Previous area for improvement 4

To support people's independence the management team should develop areas within the home where people, dependant on their health and ability, can access and prepare their own drinks/ snacks or carry out domestic chores. This will enhance peoples' confidence and help support independent living.

This is to ensure a high quality environment if the organisation provides the premises and is consistent with Health and Social Care Standard; 1.38 "If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible".

This area for improvement was made on 31 October 2022.

Action taken since then

There were a lack of missed opportunities to support recovery for people, as well as maximising independence. Given the lack of progress around maintaining and developing residents' independence, a requirement to improve has been made. (See requirement 2, Key Question 1 'How well do we support people's wellbeing')

Previous area for improvement 5

In order to provide a safe environment that promotes mobility and independence, the manager should carry out a full environmental audit of the home and equipment. Any repairs identified should be recorded with evidence of actions taken with regular updates until fully repaired and concluded.

In consultation with residents to devise an on-going refurbishment plan, in order to ensure the home provides a comfortable, homely and well looked after environment for people to live. Residents should be actively involved in giving their views on what could be improved both inside and outside the home, to ensure the service provides a high quality, homely environment which is continually reviewed and upgraded as needed.

This is to ensure a high quality environment if the organisation provides the premises and is consistent with Health and Social Care Standard; 5.22 "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment".

This area for improvement was made on 3 July 2019.

Action taken since then

Quality assurance systems had failed to identify environmental concerns we found during the inspection. A related requirement has been made about ineffective audit systems.

There was no refurbishment plan in place to demonstrate how the service ensured a high quality, homely environment which is continually reviewed and upgraded as needed. The service did not have a service improvement plan which meant that there were no timescales identified for addressing issues such as damaged areas and refurbishment. Given the lack of progress around auditing and developing the environment, requirements to improve have been made.

(See requirements 1 and 2, made under Key Question 2 'How good is our leadership?')

Previous area for improvement 6

To ensure a clean, safe, smoke free environment for everyone living and working within the service, the management team should review the current smoking facilities. And, following a period of consultation and planning with residents, families and the relevant authorities, consider an alternative outdoor area which people can choose to access if they wish.

This is to ensure a high quality environment if the organisation provides the premises and is consistent with Health and Social Care Standard; 5.22 "My environment is relaxed, welcoming, peaceful and free from intrusive noise and smells".

This area for improvement was made on 31 October 2022.

Action taken since then

A consultation exercise had taken place, and people had agreed to access outdoor areas to smoke. At feedback we discussed how the intended purpose for this room must be included within a service development plan. (See requirement 2 made under Key Question 2 'How good is our leadership?')

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

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
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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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