

# Tantallon House Care Home Service

7 Tantallon Road  
North Berwick  
EH39 5NF

Telephone: 0141 333 1495

**Type of inspection:**  
Unannounced

**Completed on:**  
18 April 2024

**Service provided by:**  
Morar North Berwick Limited

**Service provider number:**  
SP2022000185

**Service no:**  
CS2022000277

## About the service

The service is a care home providing care and support for up to 70 older people, located in North Berwick, East Lothian. There were 43 people experiencing care with the service during the inspection. The care home was registered with the Care Inspectorate on 12 September 2022 and is provided by Morar Living.

The service consists of three floors, all rooms are single with en suite shower facilities. Additional toilets and bathing facilities are available throughout the home. Communal lounges, quiet areas and dining areas are on each floor. There are separate kitchen, laundry and staff facilities. The service also has a hair salon, games room, small cinema room, tearoom and café bar area. The service has its own car park and public parking nearby. An enclosed garden area is available to the rear of Tantallon House.

## About the inspection

This was an unannounced inspection which took place on 11 and 12 April 2024. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service, intelligence gathered, complaints received and concerns from East Lothian Health and Social Care Partnership.

We evaluated how well people's health and wellbeing was supported and their personal plans, meaningful activities, the setting, as well as the quality of staffing and management.

To inform our evaluation we:

- spoke with 17 people using the service and seven relatives as well as five professionals working with the service
- spoke with nine staff and three managers
- observed daily life at the service
- observed how well care staff supported people
- considered the cleanliness and quality of the physical environment
- reviewed documents and electronic records.

## Key messages

- Staff interacted warmly and respectfully with people.
- Staff actively encouraged people to engage in meaningful activities.
- Quality meals and snacks were available for people and mealtimes were well staffed.
- The environment was clean, tidy and homely.
- The people we spoke to considered that the new management team were accessible and responsive and a thorough action plan had been put in place.
- Managerial observations of staff practice were taking place, though face-to-face supervision and team meetings needed to occur more regularly.
- Some personal plans had not been fully updated when the person's needs had changed.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with the care provided and how this supported positive outcomes for people.

Staff interacted warmly and respectfully with people and knew their history, routines and preferences. Staff would assist people who were anxious in a caring and calming way. When assisting people to move, staff interacted supportively and with encouragement. People experiencing care told us "I am very pleased staying here," "I enjoy living here" and "staff are very helpful and pleasant." Relatives said "staff are very respectful and have a great deal of compassion," "mum has settled in really well" and "I am happy with the care she receives." This meant people could build trusting relationships at the service.

There were some comments regarding clothes going missing and clothes in wardrobes that do not belong to them. The service is planning on purchasing a labelling machine (see previous area for improvement six).

The staff interactions were kind and patient; they actively encouraged people to engage in meaningful activities. Staff were spending one-to-one time with people to chat or undertake an activity, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors. There were gentle exercises in the morning to assist people's flexibility and mobility. There were twice weekly outings using their minibus. The service was engaged with the local community having visits from the church and primary school and outings to the rugby club and rotary club. This kept people stimulated, engaged with interests and connected to the community. To improve further the service could provide more visiting entertainers and more equipment for a greater variety of group activities.

To ensure the activities are meaningful to people, the service was evaluating if people were attending and enjoying them or not. These opportunities to take part in meaningful activities supported people to be involved and valued. Comments included "I think staff are trying, there has been a bit more activities recently, some nice events we've attended" and "most noticeable in the last couple of months has been the coordination of more frequent, regular and engaging activities for the residents."

Mealtimes were well staffed and people were not kept waiting for their meals or being rushed. Good quality meals and snacks were available for people. A person using the service said "I have always been fussy with my food but it is pretty good on the whole." A relative mentioned "no problems with the food, plenty of teas and coffees and cakes and mum has gained some weight here which was needed."

There were some medication errors such as missed and wrong doses. See previous requirement five which has a completion date of 27 May 2024 and also previous areas for improvement four, thirteen and nineteen. The service was recruiting more nurses, undertaking regular medication audits and changing the medication administration system to improve practice. This will ensure that people experienced safe and effective medication. Health issues of people experiencing care were being monitored and actions taken. This supported the service to respond to signs of deterioration in people's health.

**How good is our leadership?****3 - Adequate**

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with the leadership and quality assurance.

The people we spoke to considered that the new management team were accessible and responsive. A thorough action plan had been put in place for the service to plan, make and measure the needed improvements. This was detailed with reasonable timescales and being implemented well. Audits were in place for areas such as medication administration, mealtimes and the environment which included actions to be followed up. The quality assurance system had started to analysis falls and accidents to see if patterns and learning could be gained. There had been managerial auditing of personal plans to improve the quality. There were daily management meetings which included discussions of people's health and wellbeing. We needed to see sustainability over a longer period of time before we could be reassured that the improvements we have seen have embedded into day to day practice.

To improve communication, the service sought feedback from people experiencing support and their relatives through regular group meetings and satisfaction surveys. A monthly newsletter was also used to communicate with people. This will assist to create a culture of continuous improvement for people experiencing support. Relatives' comments included "I have seen improvements since the new manager started, it is more tightly run and there are regular relative meetings" and "the deputy is visible, approachable, always cheerful, actively listens to any concerns or feedback."

**How good is our staff team?****3 - Adequate**

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with the staff training and support.

Staff recruitment processes were thorough. Staff reported informal support available from their managers, although face-to-face supervision sessions needed to be held. There were formal managerial observations of staff competence. Regular team meetings were needed to assist communicating effectively with staff and the service had a plan for this.

Due to recent concerns in practice, training regarding managing falls and pain, skin integrity, fluid intake and nutrition had taken place by the service and the East Lothian Health and Social Care Partnership. This had been received well by staff and is still ongoing. The service needed to increase the amount of staff that had completed other essential training; this was infection, protection and control, food hygiene, adult protection and fire safety (see requirement one, previous requirement six and previous area for improvement ten). The training for moving and assisting people and medication administration was at an acceptable level of completion. This is to ensure people experienced high quality care and support based on relevant guidance and best practice.

We observed that staff worked together well and were responsive to people's call bells. However, some units were short-staffed which meant that staff were struggling to attend to people's personal care in a timely manner in the mornings, meaning people were getting out of bed late in the morning. At the inspection, management responded by advertising for another member of care staff for each floor to assist in the mornings. There was a reliance on agency nurses and a permanent nursing team would assist with better leadership and communication. There were new nurses due to start and the service was continuing to recruit more. There was enough housekeeping staff to maintain cleanliness and tidiness.

Comments included "staff are nice and are genuinely fond of mum; she has developed some lovely relationships with some staff," "staff are all very nice to her but never enough of them," "staff sometimes looked rushed" and "they have continuity by keeping the same care staff on the unit so mum can get to know them."

## Requirements

1. By 3 June 2024 the provider must ensure that essential staff training has been completed.

In order to achieve this the provider must adhere to the following:

- a) Fire awareness and evacuation training. Fire evacuation training should have a practical element included and not just an e-learning module.
- b) Infection, prevention and control training.
- c) Staff handling food to complete food hygiene training.
- d) Hydration, nutritional needs and skin integrity.
- e) Managing falls and fractures in care homes for older people.
- f) Pain management and pain risk assessment tool training for nursing and senior care staff as a minimum.

This is to comply with Regulation 4(1)(a) and (d) (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 states that:

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

**How good is our setting?****4 - Good**

We evaluated the service as operating at a good level for this key question. There were several strengths with the setting which was comfortable and homely.

Bedrooms and communal areas were clean and tidy, though retained a welcoming and homely setting. The furnishings and equipment were in good condition and people's rooms were comfortable with personal decoration. Dementia friendly room signage is on order and clear name badges for staff are needed. Clothes labelling and laundry organisation needed to improve.

Current guidance states that cleaning products for sanitary fittings such as toilets and sinks need to be effective against Covid-19. The service had these in stock but were not always using them. There were arrangements in operation for maintenance of the premises and the equipment to ensure people are safe. This ensured people experienced an environment that has been adapted, equipped and furnished to meet their needs and wishes.

**How well is our care and support planned?****3 - Adequate**

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with personal planning.

People's personal plans detailed each area of care, for example, mobility, and set out any needs for support. Some personal plans had not been fully updated when the person's needs had changed. Daily care notes needed to be more detailed and personalised. Physical health issues of people experiencing care were being monitored and actions taken. This included people's nutritional needs, weight, falls risk assessments and skin integrity. This supported the service to respond to signs of deterioration in people's health. There has been managerial auditing of personal plans to improve the quality. Six monthly reviews (as required by legislation) were taking place with people experiencing care and their relatives. This ensured that personal plans remained right for people and that everyone had the opportunity for their views to be heard.

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

### Requirements

#### Requirement 1

By 3 January 2024, the provider must promote the health, welfare and safety of people experiencing care by ensuring that all personal plans, risk assessments and related recording tools are accurate and contain sufficient detail to inform staff of people's individual social, emotional and physical support needs in all aspects of daily living and that these needs are appropriately met. This must include, but is not limited to, ensuring that:

- a) Recording accurately reflects the current health, social and emotional care needs, preferences and abilities of each person experiencing care and the support required to meet those needs.
- b) Records accurately reflect any identified risks to the health of people experiencing care and includes an assessment of these risks and the steps that are to be taken to reduce and/or mitigate the identified risks.
- c) Records reflect the effectiveness of the implementation of the care required by people experiencing care as set out in their personal plans and other recording tools and this information is used to inform review.
- d) Regular reviews of personal plans, risk assessments and related recording tools are carried out when there is a change in the health, welfare or safety needs of people experiencing care and that the records of people experiencing care are updated accordingly.
- e) Demonstrate that staff will seek advice from relevant healthcare professionals promptly when residents require treatment or their health condition is not improving.

This is in order to comply with:

Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

Regulation 5(2)(b)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 19 October 2023.**

#### Action taken on previous requirement

People's personal plans detailed each area of care, for example, mobility, and set out any needs for support. Some personal plans had not been fully updated when the person's needs had changed. Daily care notes needed to be more detailed and personalised.



Physical health issues of people experiencing care were being monitored and actions taken. This included people's nutritional needs, weight, falls risk assessments and skin integrity. This supported the service to respond to signs of deterioration in people's health. There has been managerial auditing of personal plans to improve the quality. Six monthly reviews (as required by legislation) were taking place with people experiencing care and their relatives. This ensured that personal plans remained right for people and that everyone had the opportunity for their views to be heard. The personal plans have improved significantly since the last inspection completed on 25 January 2024. There is more improvement needed, but enough for this requirement to have been met.

## Met - outwith timescales

### Requirement 2

By 3 January 2024, the provider must ensure that people experiencing care receive a service which is well led and managed and which results in better outcomes for them, through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- a) Ensuring appropriate and effective leadership of the service.
- b) Ensuring that people experiencing care have their assessed care and support needs monitored, managed and met.
- c) Ensuring staff can demonstrate in their practice, a level of skill in, but not limited to:
  - the development and review of care planning appropriate to their role
  - how people's hydration and nutritional needs are assessed, monitored and risks identified and met
  - how people's skin integrity is monitored and any associated risk managed and reduced.
- d) Implementing effective action planning to address areas of required improvement that are identified by quality assurance processes. These should include appropriate timescales for completion and review of action to be undertaken, and ensuring staff are accountable for and carry out required remedial actions.

This is in order to comply with:

Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 19 November 2023.**

### Action taken on previous requirement

A thorough action plan had been put in place for the service to plan, make and measure the needed improvements. This was detailed with reasonable timescales and being implemented well. Audits were in place for areas such as medication administration, mealtimes and the environment which included actions to be followed up. The quality assurance system had started to analysis falls and accidents to see if patterns and learning could be gained.

There had been managerial auditing of personal plans to improve the quality. There were daily management meetings which included discussions of people's health and wellbeing. The training regarding people's hydration, nutritional needs and skin integrity had been received well by staff and is still ongoing. Therefore staff training has been carried forward to a new requirement specifically regarding training (see requirement one in 'How good is our staff team?' section). The rest of this requirement has been met.

## Met - outwith timescales

### Requirement 3

By 15 January 2024, the provider must ensure that the approach to managing falls is improved to keep people experiencing care safe and well.

To do this the provider must as a minimum:

- (a) Ensure that people's fall risk assessments and fall reduction plan are fully completed and frequently reviewed in accordance with the provider's fall prevention policy;
- (b) Risk control information must be made available to all staff members to ensure they have a knowledge of what support is required to be provided in order to minimise the fall risks. This assessment must also consider the use of appropriate aids;
- (c) Ensure that staff are aware of the information contained in Best Practice guidance "Managing falls and fractures in care homes for older people";
- (d) Ensure that the manager is involved in the monitoring and audit of falls and falls prevention plans, and for action to be taken in order to minimise risk;
- (e) Receive assessment of their condition immediately after a fall by a suitably qualified staff member;
- (f) Receive appropriate reassessments in line with good practice, seeking medical advice or treatment when this is required.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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 requirement was made on 22 November 2023.**

### Action taken on previous requirement

People had a falls risk assessment in place and mobility care plans were being updated after a fall. There were daily management meetings which included discussions of people's health and wellbeing. Management also undertook regular falls analysis in the care home to see if there were themes such as a certain person, time of day or location in the home where falls were re-occurring. People had access to suitable mobility aids and rails and equipment to assist moving people. The service was making referrals to health professionals when required to reduce people's falls risk.

The training regarding managing people's falls effectively had been received well by staff and is still ongoing. Therefore staff training has been carried forward to a new requirement specifically regarding training (see requirement one in 'How good is our staff team?' section). The rest of this requirement has been met.

**Met - outwith timescales**

#### Requirement 4

By 15 January 2024, the provider must be able to demonstrate that where a person experiencing care is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this.

To do this the provider must at a minimum:

- a) Implement, record and evaluate regular pain risk assessment tools to identify care, support or movements which may cause pain and discomfort;
- b) discuss the outcomes of pain assessments with the GP to ensure the prescription of effective pain relief medication where necessary;
- c) develop pain management care plans to provide guidance on how to best reduce the level of pain experienced during care and support;
- d) ensure that staff have the necessary skills and knowledge to identify and record potential signs of pain and distress to assist in the effective assessment and management of pain;
- e) ensure the manager has an oversight of the quality assurance of pain management documents and processes.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

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 requirement was made on 22 November 2023.**

#### Action taken on previous requirement

Where needed, people had pain management care plans in place. There was a detailed pain risk assessment tool being used. There were sufficient quality assurance checks and meetings at the service to make sure pain management is audited. The service was making referrals to health professionals when required to reduce people's pain. The training regarding managing people's pain effectively has been carried forward to a new requirement specifically regarding training (see requirement one in 'How good is our staff team?' section). The rest of this requirement has been met.

**Met - outwith timescales**

## Requirement 5

By 27 May 2024 the provider must ensure people are supported safely with their medication to support their health and wellbeing.

To do this the provider, must at a minimum:

- a) Ensure the medication administration systems and supporting policy, procedure and recording documents are safe, up-to-date and accurate and follows best practice.
- b) Ensure that each person has been appropriately assessed by a competent person to determine the support they require with their medication and the level of support is clearly recorded in care plans and associated risk assessments.
- c) Ensure staff receive medication training and ongoing refresher training in line with their roles and responsibilities and that is a system in place to assess staff competency on a regular basis.
- d) Ensure there is a competent person to follow up any concerns related to medication.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This is in order to comply with:

Section 64(1)(b) and section 64(3)(a) of the Public Services Reform (Scotland) Act 2010.

**This requirement was made on 20 March 2024.**

### Action taken on previous requirement

There were some medication errors such as missed and wrong doses. The service was recruiting more nurses, undertaking regular medication audits and changing the medication administration system to improve practice. This requirement has a completion date of 27 May 2024 and therefore the service has more time to undertake the necessary actions.

### Not assessed at this inspection

## Requirement 6

By 27 May 2024 the provider must ensure that management and staff have a clear understanding of their responsibilities to report incidents of harm when identified, in accordance with their adult protection procedures.

This should include, but is not limited to:

- a) The provider must ensure that staff have access to a safeguarding protocol.
- b) The provider must ensure that all staff can identify safeguarding concerns and have the confidence to report effectively.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with:  
Section 64(1)(b) and section 64(3)(a) of the Public Services Reform (Scotland) Act 2010.

**This requirement was made on 20 March 2024.**

#### Action taken on previous requirement

The service needed to increase the amount of staff that had completed adult protection training. This requirement has a completion date of 27 May 2024 and therefore the service has more time to undertake the necessary actions.

**Not assessed at this inspection**

## 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 support people's health and wellbeing and that people feel respected and listened to, the service should improve their response time to call bells from people experiencing care. The service should ensure that:

- a) Their response time to call bells from people experiencing care is improved
- b) Their call bell system is audited regularly to see when and where responses need improving and actions put in place to improve responses.

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

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

**This area for improvement was made on 30 May 2023.**

#### Action taken since then

We observed that staff worked together well and were responsive to people's call bells even though some units were short-staffed which meant that staff were struggling to attend to people's personal care in a timely manner in the mornings, meaning people were getting out of bed late in the morning. Staff had made sure that call bells were in reach of people. The service had carried out a number of call bell audits which showed good response times.

This area for improvement has been met.

#### Previous area for improvement 2

The service needs to support people to take part in meaningful activities to maintain their health and wellbeing. The service should ensure that:

- a) People are involved fully in developing and reviewing their choice of interests and activities.
- b) Social events, entertainment and group activities are available which meet people's choices and interests.
- c) One-to-one time with people is available to chat or undertake an activity, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors.
- d) A person's choice of activities is clearly recorded within the personal plan or activity planner which could include how the person enjoyed the activity and what involvement they contributed to the activity.

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

'I can maintain and develop my interests, activities, and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 30 May 2023.**

## Action taken since then

The staff interactions were kind and patient; they actively encouraged people to engage in meaningful activities. Staff were spending one-to-one time with people to chat or undertake an activity, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors. There were gentle exercises in the morning to assist people's flexibility and mobility. There were twice weekly outings using their minibus. The service was engaged with the local community having visits from the church and primary school and outings to the rugby club and rotary club. This kept people stimulated, engaged with interests and connected to the community. To ensure the activities are meaningful to people, the service was evaluating if people were attending and enjoying them or not.

This area for improvement has been met.

## Previous area for improvement 3

To ensure positive outcomes for people experiencing care, the provider should ensure that, prior to admission, people are adequately assessed by appropriately skilled and knowledgeable staff to identify any equipment required to meet their individual needs. They should ensure that this is sourced and available prior to the person moving in.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

**This area for improvement was made on 29 November 2023.**

## Action taken since then

People had access to the necessary equipment such as grab rails, shower chairs, wheelchairs, mobility aids and equipment to assist moving people. We checked personal plans for people who had recently been admitted and these were adequately completed.

This area for improvement has been met.

#### Previous area for improvement 4

To ensure positive outcomes for people experiencing care, the provider should ensure that medication administration systems include determining needs prior to admission. At the time of admission, the required medications should be checked in full; including for packaging and labelling in accordance with the service medication policy. Any errors noted should be rectified the same day.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 29 November 2023.**

#### Action taken since then

This was not assessed at this inspection. The service has a requirement regarding medication with a completion date of 27 May 2024 (see previous requirement 5). Therefore this area for improvement will be considered at the next inspection.

#### Previous area for improvement 5

To ensure positive outcomes for people, the service should ensure that all relevant health care plans, medication administration recording sheets and risk assessments are completed on the day of admission.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 29 November 2023.**

#### Action taken since then

We checked personal plans for people who had recently been admitted and these were adequately completed.

This area for improvement has been met.

#### Previous area for improvement 6

To ensure positive outcomes for people experiencing care, the provider should ensure that people have access to their clothing. This should include, creating an inventory of belongings on admission so that items can be traced and returned to people.

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

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

**This area for improvement was made on 18 October 2023.**

#### Action taken since then

There were some comments regarding clothes going missing and clothes in wardrobes that do not belong to them. The service is planning on purchasing a labelling machine.

This area for improvement has not been met.

## Previous area for improvement 7

In order to ensure positive outcomes for people experiencing care, the provider should continue to ensure that information regarding people's changing needs, for both long and short term care, are adequately communicated to staff. This should include, but is not limited to, ensuring information shared is documented and available to staff.

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

'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 22 November 2023.**

### Action taken since then

Communication to staff had improved at the service. There were daily management meetings with nurses and senior care assistants which included discussions of people's health and wellbeing. Clinical meetings had been introduced to review people with complex needs in more detail. There were handover meetings between day and night staff which management were attending to improve communication. The service continued to be supported through weekly visits by nurse practitioners from the East Lothian Health and Social Care Partnership.

This area for improvement has been met.

## Previous area for improvement 8

In order to ensure good outcomes for people, the provider should ensure a Specific, Measurable, Achievable, Realistic, and Timebound (SMART) action plan is developed and implemented to address any deficits or issues identified through any aspect of the quality assurance processes. This should include, but is not limited to, detailing what the impact of these improvements have been.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

**This area for improvement was made on 22 November 2023.**

### Action taken since then

A thorough action plan had been put in place for the service to plan, make and measure the needed improvements. This was detailed with reasonable timescales and being implemented well. Audits were in place for areas such as medication administration, mealtimes and the environment which included actions to be followed up.

This area for improvement has been met.



**Previous area for improvement 9**

The manager should ensure when changes are made to people's medication, there should be an ongoing assessment system in place to monitor the effectiveness and impact of the medication changes. This would provide a good overview and help professionals to decide if any further changes require to be made.

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

'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity' (HSCS 4.17).

**This area for improvement was made on 1 August 2023.**

**Action taken since then**

There were daily management meetings with nurses and senior care assistants which included discussions of people's medication. Clinical meetings had been introduced to review people with complex needs in more detail. There were handover meetings between day and night staff which management were attending to improve communication. There were some medication errors such as missed and wrong doses. The service continued to be supported through weekly visits by nurse practitioners from the East Lothian Health and Social Care Partnership. The service was recruiting more nurses, undertaking regular medication audits and changing the medication administration system to improve practice.

This area for improvement has been met.

**Previous area for improvement 10**

The manager should provide additional training to staff on the importance of values to ensure people are cared for in a dignified and compassionate way.

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

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

**This area for improvement was made on 19 October 2023.**

**Action taken since then**

The service needed to increase the amount of staff that had completed this training. This area for improvement has not been met. This will be inspected again when we visit the service regarding the training requirement which has a completion date of 3 June 2024 (see requirement one in 'How good is our staff team?' section).

**Previous area for improvement 11**

The service should have a quality assurance system in place where there is an overview of the complaints which have been received and how these are being managed.

This is to ensure 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).

**This area for improvement was made on 1 August 2023.**

## Action taken since then

We could evidence complaints being received by the service were being acknowledged, investigated and outcomes provided to the complainants. The record keeping had improved and provided more detail as to how the investigation was undertaken. We were confident the provider was adhering to its organisation's complaints policy.

This area for improvement has been met.

## Previous area for improvement 12

The manager should be undertaking English language assessments when assessing people for employment. Further support should be provided to staff to improve their language skills.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

**This area for improvement was made on 19 October 2023.**

## Action taken since then

Staff recruitment was organised and thorough. Safer recruitment checks had taken place including additional checks necessary for overseas staff.

This area for improvement has been met.

## Previous area for improvement 13

The manager should review how staff are informed and reminded of medication to be administered outwith the routine medication times.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 19 October 2023.**

## Action taken since then

This was not assessed at this inspection. The service has a requirement regarding medication with a completion date of 27 May 2024 (see previous requirement 5). Therefore this area for improvement will be considered at the next inspection.

## Previous area for improvement 14

In order to ensure good outcomes for people, the provider should ensure that nutritional care plans reflect individual dietary needs and preferences. This should be reviewed regularly. Appropriate records should be kept to detail discussion and actions agreed.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

**This area for improvement was made on 6 November 2023.**

#### Action taken since then

There were completed nutritional care plans in place with individual dietary needs and preferences. The kitchen had easy access to this information to prepare food and drinks appropriately. Audits were in place for mealtime experience and people's weights. When people were not eating or drinking well, the service used food and fluid charts to monitor this, special food and drinks were being prepared and referrals to professionals made.

This area for improvement has been met.

#### Previous area for improvement 15

To ensure good outcomes for people, the provider should ensure people can benefit from a culture of continuous improvements. This should include but is not limited to ensuring people have the opportunity to have concerns discussed and acted upon. Appropriate records should be kept to detail discussion and actions agreed.

This is to ensure 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).

**This area for improvement was made on 6 November 2023.**

#### Action taken since then

Recent complaints had been investigated promptly and thoroughly. There were apologies where necessary and appropriate actions undertaken to resolve the complaints and improve practice.

This area for improvement has been met.

#### Previous area for improvement 16

To ensure positive outcomes for people experiencing care, the provider should ensure that people have their living areas cleaned, tidied and well maintained on a daily basis. To do this the provider should ensure that there are sufficient housekeeping staff on the rota every day and all living areas should be audited for quality assurance. Appropriate records should be kept to detail discussions and actions agreed.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

**This area for improvement was made on 9 January 2024.**

#### Action taken since then

People's bedrooms, en suite rooms and communal areas were clean and tidy. There was enough housekeeping staff to maintain cleanliness and tidiness. A recording system was in place for effective cleaning of each room in the service. There were environmental audits taking place by management to check cleanliness and safety of the building.

This area for improvement has been met.

## Previous area for improvement 17

To support positive outcomes for people, the provider should ensure that people's environment is equipped to promote safety, dignity and independence. This should include but is not limited to grabrails.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

**This area for improvement was made on 9 January 2024.**

### Action taken since then

People had access to the necessary equipment such as grab rails, shower chairs, wheelchairs, mobility aids and equipment to assist moving people. We checked personal plans for people who had recently been admitted and these were adequately completed. There were environmental audits taking place by management to check cleanliness and safety of the building. There were arrangements in operation for maintenance of the premises and the equipment to ensure people are safe.

This area for improvement has been met.

## Previous area for improvement 18

To ensure positive outcomes for people, the provider should introduce a quality assurance system of all the night cleaning tasks. Appropriate records should be kept to detail discussion and actions agreed.

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

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

**This area for improvement was made on 9 January 2024.**

### Action taken since then

People's bedrooms, en suite rooms and communal areas were clean and tidy. A recording system was in place for the night cleaning tasks. This was presented at the morning handover to day staff and any issues addressed. There were environmental audits taking place by management to check cleanliness and safety of the building and equipment.

This area for improvement has been met.

## Previous area for improvement 19

To support positive outcomes for people the provider should ensure that topical medication is applied in accordance with best practice and that effective systems are in place to ensure supplies do not run out. Appropriate records should be kept to detail discussion and actions agreed.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 9 January 2024.**

**Action taken since then**

This was not assessed at this inspection. The service has a requirement regarding medication with a completion date of 27 May 2024 (see previous requirement 5). Therefore this area for improvement will be considered at the next inspection.

**Complaints**

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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