

Cumnor Hall Care Home Service

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Ayr
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Telephone: 01292 266 450

Type of inspection:
Unannounced

Completed on:
21 May 2024

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003001313

About the service

Cumnor Hall is registered to provide a care home service to a maximum of 31 older people living with dementia. The provider is Church of Scotland Trading as Crossreach.

The property is a detached villa which is situated close to Ayr town centre, with substantial enclosed gardens. There is easy access to a range of community resources. All bedrooms are single occupancy with one double bedroom for use by people with a significant relationship. There is a passenger lift, to access the first floor.

At the time of inspection 27 residents were living in the home.

About the inspection

This was an unannounced inspection which took place on 14, 15, 17 and 21 May 24. 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 six relatives of people using the service
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff cared for people with kindness and compassion.
- Family members felt involved, well informed and they were happy with the care and support provided.
- Recording and monitoring information required to be improved across the service.
- Quality assurance systems required to be improved to drive service improvements and developments.
- The service needs to recruit and deploy more staff to ensure that the needs of residents are met to a higher standard.

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 made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We saw warm relationships between people living in the home and the staff supporting them. The staff were kind and patient. They spoke to people in a friendly and respectful manner.

People were well presented, and we saw that staff took care to support people with their personal appearance. This helped to promote people's dignity.

Residents' families told us they were happy with the care and support their loved one received. Families also said that the service were responsive to any changes in their loved one's health and well-being. They were well communicated with and felt involved in any decisions. We saw evidence of the service seeking the right healthcare timeously.

Medication was managed safely with good systems and processes in place. However, when supporting people to manage episodes of stress and distress, using corresponding records would improve people's outcomes. Staff involved should be given the opportunity to debrief incidents and learn from them. See area for improvement 1.

It is important that an appropriate personal plan is in place for particular areas of a persons care and support. It is equally important that the team follow guidance given by health professionals. Failure to do so could result in people's healthcare needs not reliably being followed through. This may result in people experiencing reactive or disjointed care and support, which could impact on health outcomes.

To ensure that people's health and wellbeing is being monitored well, the recording of information in relation to residents' weight must be improved. We found inconsistencies in how this was recorded and audited. We looked at an overview of weights and nutritional risk assessments, we were concerned that several people had lost weight over that period. We could not determine that the service had used the information in the overview to inform care or reduce the risk of weight loss. The lack of effective assessment and monitoring of risk could not ensure that the correct decisions were being taken to minimise nutritional risks and support peoples health. This does not safeguard people from harm. See requirement 1.

We spent time observing mealtimes, we saw that more staff were required during these key times. Improved planning and deployment of staff who were knowledgeable with people's dietary needs was required. People needing assistance to eat, and drink often had to wait. We also learned about issues with residents not being assisted up in time for breakfast due to there not being enough staff. This needs to be reviewed to ensure that there are not long gaps between meals and peoples nutrition and hydration needs are being fully supported.

It is important that the mealtime experience is relaxed and enjoyed by all residents. The process of recording what people eat and drink must be appropriately monitored. See requirement 2.

Requirements

1. By 18 June 2024, the provider must improve the management of individuals nutrition and hydration needs to support their health. To do this, the provider must, at a minimum:

- a) ensure staff have training to ensure they know how to complete nutritional risk assessments and fluid charts accurately
- b) implement clinical governance systems to ensure that the outcome of nutritional risk assessments and fluid charts inform action to manage these risks effectively
- c) ensure that personal plans reflect the measures in place to support peoples nutritional and hydration needs
- d) review the number of staff on shift and how they are deployed to ensure that people are supported to eat and drink
- f) ensure that all staff are appropriately trained and understand the importance of good record keeping.

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).

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

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

2. By 18 June 2024, the provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met. To do this, the provider must, at a minimum:

- a) ensure risk assessments for skin care are carried out for all residents are accurate and kept up to date
- b) ensure outcomes of risk assessments are used to inform plans of care to manage risks effectively
- c) ensure that all senior staff have the relevant training to support people confidently
- d) implement clinical governance systems to ensure that risk action is taken promptly to address this, and a record is maintained of all improvements made.

This is in order to comply with Regulation 4(1)(a) and Regulation 5(1) 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 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).

Areas for improvement

1. To keep people safe, and promote their health and wellbeing, the provider should improve communication and recording of stress and distress needs to improve.

This should include, but not limited to;

a) completion of behaviour monitoring charts and using learning from incidents to improve outcomes for people

b) managers should debrief any incidents or periods of stress and distress to record any learning and how sharing that could impact on improving peoples outcomes.

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

'I experience high quality care and support because people have the necessary information and resources' (HSC 4.27).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

It is important that services have effective systems to assess and monitor the quality of service provision. This helps to drive service improvement which results in better outcomes for people living in the home. The provider had some quality assurance systems which included audit tools to assess and monitor the quality of service provision including medication, care planning, infection prevention and control, and the environment. There was a lack of clarity regarding the purpose of some audits, resulting in no action plans, therefore minimal improvements were meaningfully tracked.

We have detailed in Key Question 1 that there was a lack of clinical governance systems to ensure that people's healthcare needs were being managed effectively and that people were safeguarded from harm. This does not reflect a culture of continuous development. Leaders didn't motivate staff and seniors to participate in robust quality assurance processes and systems. Therefore, the lack of information regarding the rationale and need for improvement did not result in change.

The culture within Cumnor Hall meant that everyone was reactive rather than proactive. This meant all staff dealt with problems as they arose rather than planning to avoid them. Oversight and audits of key functions were not in place or not understood and any data gathered was not meaningful and lacked depth. We saw there was insufficient capacity to support improvement activities effectively and to embed changes in practice. Leaders must be more proactive at ensuring quality care is in place.

We had difficulty gathering information about how people's assessed needs were being managed. Although audits were being done, they clearly needed to be reviewed and more prescriptive. For example what is the purpose of the audit, are we asking the right things to get results from the process, to identify improvements.

Quality assurance processes, including work on previous areas for improvements, self-evaluation and improvement plans, were ineffective. The approaches taken were not sufficiently detailed to demonstrate the impact of any planned improvement. This meant that any changes happened as the result of crisis management rather than through robust quality assurance and self-evaluation.

Leaders need to demonstrate a clearer understanding about what was working well and what improvements were needed. The needs, outcomes and wishes of people living in the service were not consistently met the service should identify the primary drivers for change using audits. There was a lack of analysis of incidents and limited efforts to learn from them.

There was a need to re-establish the quality assurance systems to ensure that the quality of service provision meets standards of good practice and drives change and improvement where necessary. The outcome of audits should be reflected into a service improvement plan to ensure that action is taken on any issues identified. The improvement plan should also take account of the outcome of complaints and adverse events. See requirement 1.

To improve the consistency of support for people, the provider should explore and clearly define roles and responsibilities for all staff. This should include the functions of managers, seniors and staff roles. Leaders at all levels must have a robust and clear understanding of their role in monitoring practice and identifying, directing and supporting improvement activities. There must be clear systems for monitoring standards of care including clinical and care governance. See requirement 1.

We did not have access to the improvement plan or training records during this inspection.

Requirements

1. By 21 August 2024, the provider must demonstrate that people living in the home are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led. To do this, the provider must, at a minimum:

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service
- b) use feedback from people living in the home, their families and staff to inform service development
- c) ensure that outcomes of audits, people's views and adverse events are used to inform a service improvement plan
- d) review the service improvement plan regularly to ensure that actions detailed are effectively improving outcomes for people living in the home
- e) improve communication pathways between staff teams and management
- f) define the roles and responsibilities of all staff, detailing their function and the parameters within that.

This is to comply with Regulation 4(1)(d) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

To ensure the skill mix, numbers and deployment of staff meet the needs of residents, managers should use a tool to calculate the necessary time required to meet them. The numbers of staff are at times insufficient to fully meet the needs of people living in the service. Staff work under pressure and some aspects of care and support may be missed, affecting outcomes for people.

The pressure on staff leads them to stick to their designated tasks as there is no capacity to respond to other demands. Despite the best efforts of staff, care and support is provided at a basic level, often to the detriment of their own welfare. Staff were working hard to meet the needs of residents but as needs increased the number of staff required was not reviewed or adjusted to meet that. Assessment of staffing arrangements were narrow in focus and did not consider the increased need of the resident group. Nor did it consider the layout of the building including the amount of lounges staff were required to supervise.

In order to determine the confidence and competence of staff, managers should conduct observations of staffs practice. Following training sessions it is good practice to ensure that competency checks are done to ensure staffs skills and knowledge have been enhanced.

There was also a need to ensure that competency assessments and direct observations of practice were taking place to determine that training was positively impacting on staff practice and improving outcomes for people. See area for improvement 1.

Methods to assess staffing were limited and did not take a structured approach or consider the wellbeing of staff. Approaches were not informed by the latest guidance or the views of staff.

We saw an over reliance on agency staff, which lead to people experiencing a lack of consistency and stability in how their care and support was provided; this limited their ability to build trusting relationships with staff members.

However, we saw that staff worked as well as they could together to ensure that the needs of the residents were met, the fact that important areas had been missed was in part due to the lack of structure and routine. See requirement 1.

Effective communication pathways between staff and management are key to ensuring the smooth running of the home. All teams need to be kept fully informed about daily events and of any issues that may impact on the care and support of people in the home. We saw that handovers, supervisions and team meetings had not taken place consistently. This resulted in information not being passed on which had negatively impacted on outcomes for people in the home. It is important that staff are given the opportunity to meet to share learning and good practice. See requirement 2.

Healthy, engaged and well supported staff are better equipped to provide safe and high quality care. This involves creating a culture of openness, continuous improvement and good communication. Feedback from staff was on the whole good, comments included "I love it! I get on with everyone, there is good teamwork. The managers are good to work for, very open, approachable and supportive." "It's fine, it can be stressful at times with the increased needs of residents." "I love working here. It can be stressful when short staffed but know the managers are doing their best to recruit." " Love working here. It's been hard going recently due to staffing."

Requirements

1. By 18th June 2024, the provider must ensure that staffing arrangements are right, and all staff work well together. To do this, the provider must, at a minimum:

a) the provider must use a staffing level tool to determine appropriate staffing levels that are appropriate to the care and support needs of residents.

b) the provider must ensure that sufficient numbers and availability of suitably trained and competent staff is in place at all times

c) managers must consider overall numbers of staff in addition to the knowledge, skills, values and experience of staff to enable high quality care.

d) managers must create structure and routine within the home to help establish improved outcomes for people.

This is to comply with Regulation 4(1)(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 state that: 'My needs are met by the right number of people. (HSCS 3.15).

2. By 18th June 2024, the provider must ensure that opportunities for effective communication is in place for all staff. To do this the provider must, at a minimum:

a) ensure that handovers take place daily to inform staff of the relevant information they need to fully meet the care and support needs of those in their care

b) all staff receive regular meaningful supervision that considers their well-being and workload. This should include the opportunity to reflect on their practice and learning

c) team meetings must take place to give staff the opportunity to effectively share learning and information and to reflect on practice as a team

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).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (3.14).

Areas for improvement

1. To ensure that staff have the skills, knowledge and understanding to fulfil their role; the provider should ensure that observations of staff practice and competency checks are done at regular intervals.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The home was welcoming, with the large foyer leading off to the many spaces within the home. We could see that improvements had been made across the home, the décor had recently been updated in some areas. We also saw improvements in residents' bedrooms, they were more personalised with a poster on their door to signify it was their room; this was made up of points of interests to them.

The large dining room, was open and spacious giving residents and their families the opportunity to dine together. This led off to a large lounge with two other lounges available for residents to spend time if they chose to but that was dependent on the availability of staffing.

The shared bathrooms were clean, well maintained and had been newly decorated. However, bathrooms were at times untidy with moving and assisting equipment or residents belongings not being cared for and left behind. It is important to treat people's belongings with care and respect.

For the setting to be safe, clean and well maintained, it is important that the manager does a daily walkaround of the home and garden. We found several areas of concern during our inspection however when brought to the attention of the manager, they were acted upon.

We would have expected to see systems for the ongoing maintenance of the home environment and garden, however, we saw that any work was reactive and not proactive.

The home was untidy and cluttered with almost every corner or space cluttered with items.

A lack of organisation, staff being too busy or not enough staff meant that they had become task orientated and not person centred.

Although the domestic staff were knowledgeable and knew what was expected of them. People were not protected from the spread of infection because cleaning schedules and regimes were not always carried out when needed. This was because there were not enough domestic staff, or because they were over reliant on agency staff. There was a need for improved planning, systems and robust procedures for the home to be maintained safely and kept clean at all times. See requirement 1.

Storage areas across the home, required to be organised and decluttered. For example, The moving and assisting cupboard remained open, when it should be locked for safety. We also observed when walking around the building, continence products, placed in a variety of areas around the home. Residents who have been assessed as requiring products should have their property stored in their rooms, and not communal areas.

The housekeeping cupboard and paperwork had been improved. However, all storage areas should be free from clutter, with equipment regularly cleaned and easily accessible. See requirement 1.

The extensive enclosed garden is regularly maintained by a gardener. There is now a schedule in place to clean the garden furniture ensuring that the garden is welcoming to residents and their guests. We suggested to managers and staff to be more positive in risk taking decisions to encourage residents to go outside and use the garden space independently (where appropriate). See area for improvement 1.

There was good availability of PPE, which was well stocked and checked regularly. We saw that mattress check recordings had improved. The laundry area continues to work well for the home, it is well laid out, with a clear pathway for dirty to clean laundry to minimise any risk of infection.

Requirements

1. By 18 June 2024 the provider must ensure the facilities are of a high standard.

To do this the provider must, at a minimum;

- a) ensure peoples belongings and space around the home must be treated respectfully
- b) the manager must do a daily walkaround to assess the safety, cleanliness and maintenance of the home and garden, acting promptly on any findings
- c) Planning, systems and procedures for the home to be decluttered, maintained and kept clean, after agreeing and sharing this plan with the team
- d) Seek to be less risk averse and make the garden more freely accessible to residents

This is to comply with Regulation 14 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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

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

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Care plans should routinely be used to inform staff practice and approaches to care and support. Meaning people should have a care plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual taking a consistent and agreed approach. On reviewing care plans, we saw a good level of information about the person's life including who and what's important to them.

Care plans contained information of individuals preferences and wishes. This helped guide staff to respect people's choices and wishes but there were gaps in significant areas of care and support. Care plans were not always in place for important aspects of peoples care and support, for example stress and distress, catheter care and skin integrity. This information is required to guide staff on how best to support the resident needs fully. We could not be assured that information in care plans would effectively guide staff to provide the right care and support to meet people's needs and ensure good outcomes. See requirement 1.

There was minimal information about the outcomes of healthcare professional visits reflected in care plans. We could not determine if advice and directions from healthcare professionals were being followed to support people's health needs.

Care plans were not consistently being evaluated regularly to ensure that they were effectively supporting people's needs. This does not ensure that staff have accurate and up to date information to provide people with agreed and consistent care to meet their needs.

The standard of care and support planning was inconsistent and not supported by strong leadership, staff competence and quality assurance processes.

Requirements

1. By 21 August 2024 the provider must ensure that personal plans clearly set out how individuals health, welfare and safety needs are to be managed and met, as well as their wishes and choices. To do this, the provider must, at a minimum ensure:

a) care plans accurately record the management of health, welfare, and safety needs and how these will be managed, guiding staff to support people effectively

b) personal plans fully reflect that advice from healthcare professionals has been followed;

c) evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices;

d) systems are in place to ensure that the quality and accuracy of information in personal plans is regularly assessed.

This is to comply with Regulation with Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

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

'My personal plan is right for me because it sets out how my needs are to 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

The manager should ensure:

- . when people are admitted to hospital, they have access to their own personal belongings
- . communication with families/next of kin is improved regarding people's personal belongings when living at the home, or when hospital admission is required.

This is to ensure that 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 area for improvement was made on 17 November 2023.

Action taken since then

Should a person need to attend hospital, there will be adequate provisions sent with them in the event they may be admitted. This has been recorded within residents individual care plans, detailing what is important to them. Communication with families is discussed at the time of admission and recorded in the care plan who to contact and how this will be maintained. For residents already living at Cumnor Hall this information has also been recorded.

This area for improvement has been met.

Previous area for improvement 2

The manager should ensure:

- . care plans are fully implemented to keep people safe. the service must be able to clearly evidence the input from staff to keep people safe.

This is to ensure that care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 17 November 2023.

Action taken since then

Care plans had been improved. However, we found that individual care plans for specific areas in relation to people's health and well-being were not always in place.

We also found that the service was not always able to clearly evidence staffs input to keep people safe. Particularly recording food and fluid charts.

This area for improvement is no longer in place and has now been made a requirement. See requirement under key question 1 and 5.

Previous area for improvement 3

To further the improvement journey, the service should continue to develop and embed their quality assurance system. This should include, but not be restricted to:

- . internal quality assurance systems effectively identify any issues that have a potential negative impact on the health and welfare of people supported, and ensure these are timeously addressed
- . quality audits and action plans, including care planning, finance and medication, must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay
- . systems for the monitoring of practice such as supervision, appraisal, and practice development are implemented in accordance with organisational policies
- . service management have a clear overview of staff training, including identified gaps.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 1 September 2023.

Action taken since then

- . Internal quality assurance systems were not effective.
- . Quality audits did not lead to action planning.
- . We did not see systems for monitoring practice.
- . We did not see training information during this inspection process.

This area for improvement is no longer in place and has now been made a requirement. See requirement under key question 2.

Previous area for improvement 4

The service provider must ensure all staff receive training appropriate to their role and have been assessed as skilled and competent. To do this the provider must, at a minimum, ensure:

- a) Staff receive induction and training relevant to their role and the needs of residents.
- b) Monitoring of staff competence through training, supervision, and direct observations of staff practice.
- c) Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

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

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

This area for improvement was made on 1 September 2023.

Action taken since then

We were not able to assess this area for improvement as training records were not made available during the inspection process.

This area for improvement has been not been assessed and will remain in place.

Previous area for improvement 5

To keep people safe, and promote their health and wellbeing, communication and recording in relation to health and wellbeing needs should be consistent across the service.

This should include, but not be restricted to, monitoring charts being fully completed, detailing information in relation to food and fluid charts, why they are in place, actions required, and evidence of action being taken if targets not achieved.

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

'I experience high quality care and support because people have the necessary information and resources' (HSC 4.27).

This area for improvement was made on 31 May 2023.

Action taken since then

We found the recording and monitoring of food and fluid charts to be inconsistent. Staff did not seem to understand the actions required of them and managers had not taken action in response to this.

The service did respond to missed meals by some residents by planning a nutrition masterclass for staff. Although some staff attended this training there was no evidence of measuring how this had impacted on outcomes for people.

This area for improvement is no longer in place and has now been made a requirement. See requirement under key question 1.

Previous area for improvement 6

To support people's nutrition and hydration needs effectively, the provider should review and develop the management of mealtimes.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

This area for improvement was made on 31 May 2023.

Action taken since then

We could not be assured that people's nutrition and hydration needs were met effectively.

Although the provider had reviewed the management of mealtimes, further development and assurances were required.

This area for improvement is no longer in place and has now been made a requirement. See requirement under key question 1.

Previous area for improvement 7

To improve the consistency of support for people, the provider should explore and clearly define roles and responsibilities for each grade of staff. This should include the functions of the keyworker, as well as management and staff roles.

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 is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 31 May 2023.

Action taken since then

We did not see any change in this area for improvement, the home is very busy and the team including managers are reactive to what is happening.

This area for improvement is no longer in place and has now been made a requirement. See requirement under key question 1.

Previous area for improvement 8

In order to maximise the use of the garden facilities, the provider should ensure the garden is resident ready.

This should include, but is not limited to, putting in place a schedule for cleaning furniture, ensuring it is clean and free from stains.

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

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

This area for improvement was made on 31 May 2023.

Action taken since then

We saw improvements had been made in the garden with plants and shrubs adding colour and smell, a gardener maintains the garden. However, we saw lots of random items lying around.

Currently people only get access when staff are with them, due to there being an exit from the garden that residents may be able to use. It is important that the service explore ways to enable people to get safely out in the garden by encouraging positive risk taking.

This area for improvement is no longer in place and has now been made a requirement. See requirement under key question 4.

Previous area for improvement 9

To protect people from the risk of infection, the provider should assess the storage of housekeeping equipment and related paperwork, ensuring the identified space is fit for purpose and able to be effectively cleaned. All storage areas should be free from clutter, with equipment regularly cleaned and easily accessible.

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

'My environment is secure and safe' (HSCS 5.17).

This area for improvement was made on 31 May 2023.

Action taken since then

Although we did see some improvements in this area for improvement it is no longer in place and has now been made a requirement. See requirement under key question 4.

Previous area for improvement 10

The provider should ensure personal plans are up to date, responsive, person-centred, and take account of choices and preferences. Information should be clear and consistent, giving guidance on support to be provided.

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

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

This area for improvement was made on 31 May 2023.

Action taken since then

Care plans had been improved. However, we found that individual care plans for specific areas in relation to people's health and well-being were not always in place.

This area for improvement is no longer in place and has now been made a requirement. See requirement under key question 5.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	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

To find out more

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

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

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