Holy Rosary Care Home
Care Home Service

Holy Rosary Residence
44 Union Street
Greenock
PA16 8DP

Telephone: 01475 722 465

Type of inspection:
Unannounced

Completed on:
8 May 2024

Service provided by:
Little Sisters of the Poor Greenock a Scottish Charitable Incorporated Organisation

Service provider number:
SP2017013024

Service no:
CS2017362463

About the service

Holy Rosary Care Home is a service for older people situated in a residential area of Greenock. The care home is close to transport links, shops and community services. The service provides nursing and residential care for up to 28 people. There were 26 people living in the home at the time of inspection.

The service provides accommodation on an upper floor, in single bedrooms, all with en suite facilities. There are smaller lounges and dining areas available for residents. Downstairs there is a large dining room, library, tearoom, computer room, shop, physiotherapy room and a chapel. These facilities are shared with the people who live in the flats attached to the care home (the flats are a separate registered support service). There is a large well-tended garden and outside space which is not fully secure.

About the inspection

This was an unannounced inspection which took place on the 8 and 9 May 2024 between the hours of 08:00 until 19:00. This was a follow-up inspection focussing on the requirements made at a previous inspection completed on 16 January 2024.

The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, observations of daily life, reviewed documents and information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with:

- four people using the service and three of their family
- nine staff and management
- three visiting professionals.

Key messages

- The service worked in partnership with external health professionals to meet people's needs.
- Staff development had improved to support people with stress and distress.
- Medication management systems were safe and effective.
- There were good systems in place to support people with their nutritional needs.
- People were supported by skilled and knowledgeable staff who knew them well.
- People's care needs were reviewed and re-assessed to identify changing needs.
- Improvements were needed to reporting of notifiable events to ensure lessons were learned from any accidents or incidents.

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 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

Please see the section below, what the service has done to meet any requirements we made at or since the last inspection. Due to improvements that have been made in the service this key question has been re-evaluated from weak to adequate.

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

Please see the section below, what the service has done to meet any requirements we made at or since the last inspection. Due to improvements that have been made in the service this key question has been re-evaluated from weak to adequate.

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

Requirements

Requirement 1

By 30 April 2024, the provider must ensure they have a clear plan in place to ensure all staff have the necessary knowledge and skills to meet the needs of people with dementia. To do this, at a minimum, the provider must evidence that:

a) They have identified what level of dementia training each staff member in the service has undertaken.

b) Reviewed the Scottish Government's Dementia Strategy "Promoting Excellence 2021", and align all staff within the home, individually against one of the four levels of specific knowledge and skill needed to carry out their role within the care home.

c) Identify an appropriate dementia training provider.

d) Create a training plan for all staff to receive dementia training appropriate to their role within the home.

e) Ensure that the training plan is monitored regularly and updated, ensuring any new staff receive training appropriate to their role.

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

This is to ensure 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 requirement was made on 24 January 2024.

Action taken on previous requirement

The service had been responsive and engaged with support provided by the care home collaborative. This included the facilitation of training for care staff on how to understand and help support people with signs of stress and distress, particularly those who have cognitive impairments and/or dementia. We were assured by speaking to staff who spoke positively about the benefits of this training and how they had applied learning to practice. This had given staff a greater understanding of the challenges faced by people living with dementia and enabled staff to demonstrate empathy and compassion.

At the time of inspection all care staff and non care staff, as well as some volunteers had completed dementia awareness training. Eleven staff were currently completing modules on the NHS TURAS training website at a skilled level. The depute manager had also completed enhanced level dementia training. We were satisfied that the service had reviewed the Scottish Governments Dementia Strategy and had aligned this with the roles and responsibilities of staff within the home. This was evidenced on the service's training matrix. The matrix is regularly reviewed by the training coordinator who reports to the management team on compliance levels during daily flash meetings.

We were told about plans to develop strategies and interventions for people who may present with stress and distress. The plans to develop these protocols included the input of staff who provide direct care. This assured us that people's needs were being assessed by people who knew them well.

Met - within timescales

Requirement 2

By 12 March 2024, the provider must ensure it reviews its medication management processes to ensure staff administering medication have clear guidelines and protocols which enable safe management of and accountability for medication.

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

a) Protocols are in place for the administration of PRN medications which should include but not be limited to, staff recording the outcome of all as required medications given.

b) Protocols are in place for ordering and reordering of medication.

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

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

This requirement was made on 24 January 2024.

Action taken on previous requirement

The service has developed a robust protocol for the management of medication. This sets out clear practice guidance for all staff responsible for medication duties. The protocol details the process for ordering, receiving, and administering medication. In order to measure the effectiveness of this protocol in practice, we sampled medication records. Sampling of these demonstrated significant improvement had been made in relation to recording medication stock balances as well as records of medication administered. This had enabled the service to take responsive action where medication supplies may be running low to ensure that people received their medication correctly. We were satisfied from sampling medication ordering systems that improvement had been made in this area to safeguard people using the service.

Monitoring was in place, for example where people required support with bowel management medication to be given as and when required. This included carrying out clinical review and assessment where any concerns were highlighted. Actions were being taken where concerns were flagged by the online care planning system used for monitoring people's health. This assured us that the service was taking the appropriate action to support people safely. We asked the service to develop bowel management plans further to ensure these clearly set out support required and when escalation to external health professionals would be made. This is to ensure that all staff are fully aware of the appropriate action to take to ensure people receive responsive medical care.

PRN protocols had been developed for people who required medication to be given 'as and when required'. Protocols sampled recorded the name of each medication, directions for when this should be given and further action to be taken if the medication does not have the desired effect. Where PRN medication had been administered we were able to see evidence of staff recording the effectiveness of the medication given. This is important as it allows for prescribers to review the benefits and impact medication has on each individual. The service is engaged in partnership working with the Community Mental Health Team to develop PRN protocols further. This will include using a traffic light system to develop positive behaviour support plans (PBS plans). PBS plans will allow for personalised strategies and interventions to be developed for people who may exhibit stress and distress behaviours. Progress on PBS planning can be reviewed at a future inspection.

Met - within timescales

Requirement 3

By 30 April 2024, the provider must demonstrate that menus are nutritionally balanced and prepared in a manner that meets dietary needs.

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

a) All staff responsible for the preparation of food have been trained on the International Dysphagia Diet Standardisation Initiative (IDDSI).

b) Clear records are kept where food is prepared, to remind staff of the type of modified diets people require.

c) Staff assisting in dining rooms are made aware of people whose meals cannot be altered after leaving the kitchen.

d) Menus are balanced and evaluated to ensure they meet the needs of the people in the home. This can be done either by a qualified dietician or the use of a recognised nutritional analysis tool.

e) If speech and language therapists carried out an assessment of need in relation to eating and drinking, this must be within the individuals care plan and kitchen staff should be made aware of its details.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

This requirement was made on 24 January 2024.

Action taken on previous requirement

The service has worked well to meet the improvements required in this area. A balanced and healthy diet is particularly important for older people in the prevention of health problems and helping people to stay active. A new menu plan has been devised by the head chef using guidance from the Care Inspectorates nutritional toolkit. The choice and variety of food on offer to people using the service was plentiful and nutritionally balanced.

All kitchen staff as well as dining room assistants have completed training on the International Dysphagia Diet Standardisation Initiative (IDDSI) and planned to attend further session facilitated by Care Home Collaborative in the coming weeks. Good practice guidance from (IDDSI) was on display in dining areas for servers and kitchen staff. This provided a visual reminder and prompt of the various levels of textured diets. Kitchen staff we spoke with had good knowledge of people who required support with textured diets. Updates were received via daily flash meetings if changes were required to how food should be prepared or modified. We sampled the monthly nutritional overview which gives information on people who require modified diets. This also includes any recent input from speech and language therapists or dietitians. This information is shared with kitchen staff and dining room assistants to ensure there is a reduced risk of people being given food that could be a choking risk.

We sampled assessments from speech and language whereby support was required with modified diets and could see this information clearly documented within care plans. This ensured that all staff were aware of people's support with eating and drinking in order to carry this out safely.

At the time of inspection there were two nutritional champions in post who have attended nutritional training facilitated by the Care Home Collaborative in recent months. This has provided champions with a greater knowledge and awareness of modified diets and learning had been put into practice. We saw good use of tools setting out people's likes, dislikes and preferences. These were very personalised and detailed including where people required assistance. Examples of assistance included people's preferred food and drink, specialised cutlery used and where people may have sensory impairments. This meant that support arrangements could be adapted to meet people's needs and preferences.

We sampled records of observations carried out assessing people's experiences at mealtimes. This is good practice as it enables the service to highlight any improvements that could be made by evaluating peoples experience. Nutritional champions we spoke with were passionate and proactive in their role, this included making suggestions for improvement where observations had been carried out. Staff we spoke with were positive about the improvements to how people were supported with eating and drinking. Significant improvements had been made by the service to safeguard people and promoted people's rights and choices.

Met - within timescales

Requirement 4

By the 30 March 2024, the provider must ensure that there is an effective system in place to ensure that they comply with their notification obligations as set out in the document entitled "Records that all registered care services (except childminding) must keep and guidance on notification reporting". This includes, but is not limited to, ensuring that an appropriate number of senior staff members are authorised to make notifications within the expected time frame.

This is to comply with Regulation 21 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

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 provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

This requirement was made on 24 January 2024.

Action taken on previous requirement

We reviewed the service's internal accidents and incidents records to assess if the service was notifying the relevant bodies including the care inspectorate in line with guidance. We found that there were some events that were notifiable to the care inspectorate and the local authority that had not been reported. These were in relation to incidents whereby minor injury was sustained during a fall. We were assured by sampling internal reporting that measures had been taken to review falls assessments and identified further mitigation to safeguard people from harm. However, we reiterated the service's duty to report in line with care inspectorates guidance "Records that all registered care services (except childminding) must keep and guidance on notification reporting". Formal reporting and recording of specific accidents and incidents is important for safeguarding. Reporting also offers opportunity for reflection and learning for stakeholders and demonstrates service's commitment to continuous improvement.

Not met

Requirement 5

By the 30 April 2024, the provider must ensure that nursing staff are confident and competent to take decisions relating to the health and care of the people supported by the service. To support this, there must be clear lines of responsibility and accountability around decision making within the home. In order to achieve this the provider must, at a minimum:

a) Clearly record what decisions clinical staff are responsible for and what decisions sisters are responsible for.

b) Be clear who assesses if the home is able or not, to meet an individuals' needs.

c) Ensure nursing staff are aware what they are accountable for and what decisions should be passed to the clinical lead.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed." (HSCS 4.23)

This requirement was made on 24 January 2024.

Action taken on previous requirement

Staff should be led by a management team who have the knowledge and skills to offer leadership and guidance in line with their roles and responsibilities. The service has developed and reviewed the staffing structure which includes all departmental staff. This has been discussed at team meetings and with individual staff during one-to-one sessions. Staff we spoke with were clear on their direct line management

support and were actively seeking advice appropriately in line with this structure. This included clinical staff in the absence of the registered manager and depute manager. Leaders were confident in their decision making abilities and offering support appropriately to their subordinates in line with the staffing structure. The staff structure now in place should benefit the service to enhance stability and drive continuous improvement.

During the inspection we discussed responsibility for decision making around any future admissions to the service. We were advised that the depute manager is responsible for carrying out clinical assessments of people's care needs. The registered manager, Mother Superior has responsibility around making ethical and moral decisions that aligns with the ethos of the service.

The service benefits from volunteers in various roles, this includes sisters who have roles to support people with their spiritual needs and guidance and to assist with specific tasks. Volunteers are also used to support the activity team and offer support in the dining room. We sampled the volunteer policy and found this needed some review to set out roles and responsibilities of all volunteers clearly. This should include any learning, knowledge and support required for specific volunteer roles. We discussed our findings during the inspection with the management team, who agreed to review the policy.

Clinical staff had a good overview of people's health and were responsive to making clinical decisions to benefits people's health. Monitoring alerts on the electronic care planning system are used to flag were clinical assessment is required. On viewing historical alerts which had been actioned it was evident that clinical staff were taking account of their professional duties to keep people safe.

Met - within timescales

Requirement 6

By 30 April 2024, the provider must have a clear plan to ensure all staff training is up to date and regularly reviewed. In order to achieve this the provider must:

a) Carry out a training audit of all essential training, including refresher training. This should include; moving and assisting, adult protection, fire safety, health and safety and infection prevention and control (IPC).

b) Put a training plan in place, prioritising training for new staff and core training which has lapsed for existing staff.

c) Monitor the training plan to ensure it is kept up to date and any remedial action required is taken.

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

This is to ensure 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 requirement was made on 24 January 2024.

Action taken on previous requirement

The service training plan clearly sets out learning needs for all staff specific to their job roles. This included mandatory and core training such as adult support and protection, moving and handling and infection

prevention and control, fire safety and health and safety. The plan also included specific training relevant to staff job roles, for example diabetes and dementia training. Sampling of training completed demonstrated compliance levels across the service were high for all mandatory training. The training plan clearly sets out when staff are due to refresh training to ensure knowledge and competency is achieved to fulfil their roles. Staff had undertaken relevant training which was up to date to ensure they had the right skills and knowledge to support people safely.

The service has been engaged in external support from the Care Home Collaborative who have facilitated dementia training, stress and distress training as well as supporting people with their nutrition. Staff spoke positively about the training they had recently completed which enabled them to reflect on their own practice to improve the quality of care they provided to people using the service.

We were told about plans for the training coordinator to complete training which would allow them to deliver in-house moving and handling training to staff more readily. The service is currently sourcing a training provider who can facilitate this need.

Met - within timescales

Requirement 7

By 30 April 2024, the provider must evidence they have plans in place to review the needs and wishes of people who use the service in consultation with people who are important to them. In order to achieve this the provider must:

a) Evidence care reviews are planned and held every six months and if delayed the reasons why must be recorded.

b) Ask people who they wish to be involved in their review if they have capacity. If they do not have capacity their next of kin should always be involved and if not, the reasons why must be recorded.

c) If someone is being cared for in bed the review must include a re-assessment of this decision, to ensure wherever in place it is safe and people are encouraged and supported to be out of bed for part of the day to support their overall health and well-being.

This is to comply with Regulation 5 (1) (iii) (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12), and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8).

This requirement was made on 24 January 2024.

Action taken on previous requirement

Almost all residents within the home had a review of their care needs within the last three months, with dates planned for those still outstanding. Sampling of reviews evidenced that families or their representatives had attended the meeting and shared their input. This is important to ensure that a collaborative approach is taken to meet people's changing needs with people supported being at the

forefront of decision making. We asked the service to revisit their review paperwork to ensure this clearly details the roles and responsibilities of each person who attended the review meeting. This is so that the service can demonstrate clearly their responsibilities to ensure people, their families and other professionals have participated in reviews and actions are followed up. We suggested the service keep a record of reviews carried out and planned in digital format to ensure this was easily accessible.

Care plans were sampled for people who were primarily being supported in bed. These detailed support to encourage people to have time out of their bed to benefit their health and wellbeing as well as reduce the risk of isolation. Evidence of input from other professionals was detailed in relation to referrals which had been made for specialised seating for example. This is to ensure people are supported safely when not in bed. Risk assessments in relation to moving and handling were in place and had been reviewed. These detailed positional changes required for people supported in bed to prevent breakdown and deterioration in their skin. Monitoring charts were in place to flag any concerns in relation to people's health, for example where people were at risk of pressure sores. Measures to review people supported in bed provided assurances that people's need were continually assessed to promote their health and wellbeing.

Met - within timescales

Requirement 8

By 30 of April 2024, the provider must evidence that prior to any admission a full and up-to-date assessment of need is carried out. This should confirm the service's ability to meet the individual's needs. In order to do this the provider should ensure as a minimum;

a) Pre-admission assessments are completed no more than a month prior to an individual's admission to the home, to ensure evaluations of the initial assessment remain accurate.

b) Pre-admission assessments must consider the ability to support an individual safely within an environment which is not secure.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14).

This requirement was made on 24 January 2024.

Action taken on previous requirement

There had been a recent admission to the service, which provided the opportunity for the service to improve how they carried out the assessment process. Sampling of assessments carried out demonstrated good evidence of family and social work involvement prior to admission. Clinical assessment was carried out by the depute manager prior to admission which reflected accurately the support required. This allowed the service to consider whether the service was equipped to meet the needs of the individual. Consideration was given in regard to the service's ethos around people having unrestricted freedom of movement. The assessment concluded there was no risk in relation to the individual leaving the premises unsupervised. We could see that the assessment was completed efficiently and effectively prior to the planned move to the service. Appropriate referrals had been made to other health professionals prior to admission. This enabled the service to ensure they had assessed what support they were able to provide and arranged input from other professionals out with their expertise.

We discussed the provider groups admission and pre-admission paperwork which we found to be more robust than the current admission paperwork used. This offers a more holistic approach to assessment including plans to review care needs. We suggested this is used going forward for new admissions. It was agreed by the service that some further improvement could be made to the admission process by adapting the service agreement/service handbook. We suggested ways in which the the ethos of the service could be set out within these documents to promote people having freedom of movement. This will help people who express an interest in the service to make decisions on the suitability of the service to meet both their current and future needs.

Met - within timescales

Requirement 9

By the 30 April 2024, the provider must ensure staff are consistently recording the care and support needs of people they support. In order to achieve this the provider must:

a) Ensure all staff responsible for recording care and support information are familiar and competent with the use of the electronic care plan recording system.

b) Ensure that clinical staff are all familiar with how the alert system works on the electronic care recording system and their responsibility to respond appropriately to alerts.

c) Leaders should carry out regular quality assurance of the use of the care recording systems in place.

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

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

This requirement was made on 24 January 2024.

Action taken on previous requirement

The service had reviewed the alert system used for monitoring people's health using the electronic care planning system to ensure these were appropriate to people's needs. For example where some people required monitoring with their fluid intake due to risk of dehydration. This had significantly reduced the volume of false alerts the system had previously displayed. During the inspection we were satisfied that alerts that were flagged on the electronic care planner were being actioned appropriately. Historic alerts viewed demonstrated that nursing staff were responsive to make clinical decisions around people's healthcare. This included seeking input from GP's, mental health teams and dieticians where they had identified a decline in people's health.

Staff we spoke with including clinical staff and care assistants told us they were confident using the electronic system to update people's daily progress notes and health records. Training on 'icare' the electronic care planning system was completed by all staff who accessed this and mentoring support was made available from colleagues. Leaders told us that they had identified improvements to clinical recordings when carrying out quality assurance checks. We were assured that leaders were taking responsibility to monitor the quality of recordings and updates to care plans by carrying out spot checks as

well as regular audits. It was acknowledged that some development of the software is required which will allow clearer oversight of monitoring and reporting. The service was actively taking steps to address and resolve any issues with reporting directly with the software company.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people experiencing care can enjoy stimulating and meaningful engagement, the provider should develop its activity programme to meet the needs, preferences and abilities of everyone within the service. All care staff should be encouraged to support meaningful engagement. A record of all activities should be maintained.

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)

This area for improvement was made on 24 January 2024.

Action taken since then

The home benefits from having it's own activity team which is supported by activities volunteers. There is a full activity planner in place and we saw plans being made to take people out on various day trips. People were involved in decision making about planning day trips and suggestions were shared with the activities team to facilitate these. There was good evidence of activities that had taken place both in writing and displayed visually using photographs of people enjoying a range of these.

Activities workers were now working over weekends which enabled more people to be involved in organised activities as well as visiting family and friends. People told us there were lots of activities on offer and they could choose to take part or not. Where people opted to stay in their rooms for most of the day, one-to-one activities took place. This included playing board games, having their nails and hair done or having some quality time to talk. This reduced the risk of people becoming bored and isolated.

Rooms that were not previously used by the home were now being used to benefit the people living in the service. This included the 'namaste room' where people can visit to have aromatherapy and relaxation sessions. An interactive digital projector for game play had been purchased which people and their families can access. This provided stimulation for people with a range of abilities.

The activities coordinators told us about plans to organise activities based on people's shared interests and matching people with other like minded people. This promoted a more person-centred and inclusive approach to planning activities.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure effective quality assurance systems are in place and underpinned by a culture of continuous improvement. The service improvement plan should continue to support developments, informed by a programme of audits, feedback, and other quality assurance activity.

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 24 January 2024.

Action taken since then

The service has worked well to develop new quality assurance systems, however many of these had not yet commenced and will take time to embed to evaluate their effectiveness.

This area for improvement has not been met.

Previous area for improvement 3

Staff should be supported to reflect on their personal and professional development within their roles and identify any training needs they have. In order to achieve this the provider should.

a) Create a supervision and appraisal policy which provides clarity regarding the frequency and purpose of supervision and appraisals and share this with staff.

b) Monitor that supervision and appraisals takes place in line with the policy.

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 24 January 2024.

Action taken since then

The management team had started to carry out annual appraisals and there was evidence of these being carried out on an appraisal tracker for all staff. However there is still significant improvement to be made in this area to ensure all staff are being supported with their professional and personal development.

This area for improvement has not been met.

Previous area for improvement 4

People should be safe to wander within their home. To support this the provider should consider options available to make the home more secure, without imposing unnecessary restrictions. Options to consider should include; key pads and assistive technology, such as alarms or tracking devices, for example smart watches.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can independently access the parts of the premises I use, and the environment has been designed to promote this," and "My environment is secure and safe." (HSCS 5.19)

This is also in keeping with best practice guidance from the Mental Welfare Commission for Scotland; "Rights Risks and Limits to Freedom, good practice guidance," March 2021.

This area for improvement was made on 24 January 2024.

Action taken since then

We were told about plans to re-purpose a door alert system from another home. This has not yet progressed to inform any assessment in relation to this area for improvement.

Therefore, this area for improvement has not been met.

Previous area for improvement 5

Orientation within the home should be supported with suitable dementia friendly signage. The provider should install appropriate signage around the home.

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

This area for improvement was made on 24 January 2024.

Action taken since then

We were unable to evidence any additional dementia friendly signage throughout the home since the last inspection. The service has not made any improvement in this area.

This area for improvement has not been met.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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