Mains House
Care Home Service

Main's House
Main Street
NEWTONMORE
PH20 1DF

Telephone: 01540 673888

Type of inspection:
Unannounced

Completed on:
24 May 2024

Service provided by:
NHS Highland

Service provider number:
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Service no:
CS2023000319

About the service

Mains House is registered to provide a care service to a maximum of 29 older people, some of whom may require nursing care. The service is provided by NHS Highland.

The home is a three storey converted Victorian hotel situated in Newtonmore. All bedrooms are single occupancy with en-suite facilities. Large assisted bathrooms are available on every floor. There is a spacious dining room downstairs and a communal lounge on the ground floor. A lift enables people using the service to access the dining room and upstairs bedrooms which is suitable for use by people with disabilities. The home sits within private grounds.

About the inspection

This was an unannounced inspection which took place on 21 and 22 May 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:
- Spoke with seven people using the service and six of their family
- Spoke with nine staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- The service had worked hard and was on an improvement journey.
- People's care was good and the home had a relaxed atmosphere.
- The staff worked well as a team, carrying out care in a kind and respectful manner.
- Quality assurance processes needed to improve further.
- Reviews of care plans needed to be more informative and evaluative.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	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? 4 - Good

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

People were looking well, and there was a relaxed atmosphere within the home. There were a number of systems in place to monitor people's wellbeing and promote good health.

Staff were attentive and carrying out personal care in a kind and respectful manner. Families felt they were well informed about changes to their loved ones health and their views were sought re health interventions. There were weekly meetings with the GP to discuss any areas of concern and to find a way forward. The service made relevant referrals to ensure people's wellbeing was promoted, for example podiatrist, optician, dentist and G.P. This ensured people were getting the right care at the right time.

Staff understood the importance of people keeping hydrated and were actively encouraging people to increase their fluid intake. This was especially relevant as the weather had been very hot and the need to keep people hydrated was a priority. People were enjoying the choice of drinks, for examples smoothies, tea, coffee, juice and fruit salad.

An area for improvement made at the last inspection included completing fluid charts correctly. Unfortunately there had been little progress. There were no goals for people's daily fluid intake, staff were not adding up total daily fluids, nor signing to say they had given fluids and there was no evaluation of what the next step should be if fluid goals were not being reached. We discussed with the management team that now they have a base line for people living in the service there was no need to keep fluid charts for everyone and this should be on a needs led basis. The service was responsive to us highlighting this and had amended forms to record the correct information. It is important the fluid charts are part of the service's quality assurance so they can identify if staff need further support to complete the documents correctly (please refer to area for improvement 1 under 'How good is our leadership?').

The recording on people's topical medication administration sheets (T Mars) also required further attention. Body maps of people needed to be more specific as to where creams should be applied, how often and staff signing to say they had done so. The effectiveness of the use of as required medication (paracetamol) needed to be regularly evaluated. This will be part of an area for improvement so people can be confident staff are completing the documents correctly, thus evidencing they are providing the right care and support (please refer to area for improvement 1 under key question 2, 'How good is our leadership?').

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths, while important, only just outweighed weaknesses.

People would benefit from information and instruction from management being prominent so that it is easy for staff to know what is expected of them. Individual records in people's rooms gave information about where to apply prescribed creams, for example. However these records did not always say how often the cream should be applied. Fluid charts were also lacking in information, as described under 'How well do we support people's wellbeing?' The management team should ensure individual records clearly document care

and that all records are included when auditing a person's planned care and support to ensure their preferred outcomes are being met (**see area for improvement 1**).

The service made some progress to a requirement made at the previous inspection where we identified specific training staff must undertake. Staff were more confident and competent in these areas and told us there had been a recent increase in training. One staff member said, "There is more support from management than before. There is more training too, now we have access to TURAS." Observation of staff practice was being regularly undertaken, including personal care activities, medicines administration and moving and assisting. However there were gaps within the staff training overview. The manager told us not all of the learning that staff had completed on TURAS had been documented in the overview sheet but was unable to demonstrate the majority of staff had completed it. We discussed the importance of the manager being aware of the training needs of staff in order to focus attention on learning that needed to be updated or refreshed. As progress had been made we removed the requirement and made an area for improvement about the parts of the requirement that had not been fully met (**see area for improvement 2**).

The service improvement plan should be a dynamic document that is informed by a self-evaluation process. The improvement plan we saw reflected actions from the previous inspection report but did not have any updates so it was difficult to know what progress had been made and what was still to be completed.

The manager had not long been in post and had made good relationships with people experiencing care, their families and staff. We heard many positive comments including:

"The management team are good, they are open and you can talk about anything."

"Communication with the manager is good and better than what it has been previously. We are aware of relatives meetings and attend when possible."

The quality assurance systems in place to monitor service delivery needed further improvements to ensure standards of good practice were adhered to. Overview sheets that identified areas of concern did not have action plans attached. If no actions result from an overview sheet then it looks like a static document that is not working to the benefit of people experiencing care. The environment improvement plan would benefit from including more specific information which we discuss under 'How good is our setting?' (**see area for improvement 3**). We spoke with the management team about reviewing their quality assurance system and they told us about some good ideas to drive change and improvement where necessary.

Areas for improvement

1.
So that people living in the service experience the right care and support and the manager can identify if staff require further support to complete documents correctly, the manager should have oversight of and ensure, at a minimum, but not limited to:

a) Full instructions are recorded on people's topical medicine administration recording sheets, including accurate body maps of where medicines are to be applied, the frequency of application, updated records to show the most current prescription and
ensure staff are signing and dating to say when this has been carried out.

b) Fluid charts have daily fluid intake goals clearly identified, staff document daily the sum of fluids taken, sign to say when fluids have been taken and record next steps if fluid goals are not being reached.

c) Staff are recording people's outcomes on the designated area in each paracetamol medication administration recording sheet, with a reference to what action was taken if the desired effect was consistently not being achieved.

d) The documents mentioned above are included within the service's regular quality assurance processes.

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).

2.
To ensure people living in the service benefit from a culture of continuous improvement, the manager should further develop the service's quality assurance processes to include, but not be limited to the following:

a) Overview sheets that are part of the audit process should contain all relevant information, specifically, relevant staff training completed on individual digital accounts is included in the overview sheet.

b) An overview sheet to identify which care plan audits have been carried out each month.

c) Action plans result from each overview.

d) As appropriate, people experiencing care, their nominated representatives and staff are involved in discussions about quality assurance and their views help to inform action plans.

e) As a minimum, action plans record the date, the action, who is responsible, a timeframe for completion and what the outcomes were.

f) Relevant action plans should be available to staff so that it is easy for staff to know what is expected of them.

g) The action plans and a self-evaluation, which includes hearing people's views, informs the wider service improvement plan.

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); and
'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

3.
So that people experience an environment that is well maintained the service should progress the environment improvement plan to include, but not be limited to, actions required, dates when planning to achieve them by, who is involved and have regular evaluations of progress. The plan should explain any delays in carrying out actions and identify what the next step is. The service should update people living in the service, their nominated representative and staff on the progress of the environment action plan.

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' (HSCS 5.24).

How good is our staff team? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was an effective process for assessing how many staff hours were needed. Individual records in people's care plans summarised their support needs and indicated which category of need they belonged to, although the assessment did not include consideration of the layout of the building, which was over three floors. Although no formal staffing tool was in use it was clear the service knew how many staff were required to meet people's needs and the duty rota showed planned staffing numbers were consistently met. The manager gave examples of when they had used professional judgement to increase staffing levels to ensure people were safe.

Staff worked well together to the benefit of people experiencing care. Staff spoke favourably of their teamwork; comments included:

"I get along with everyone, the teamwork is good." and

"We have a good team; one hundred percent supportive. I can rely on my colleagues."

Although agency staff were in regular use, the manager had worked hard to ensure there was consistency and staff appreciated the necessity of agency staff while recruitment was underway. We witnessed staff checking in with each other in a caring way which helped to create a friendly atmosphere and ensure care and support was consistent and stable.
Communication between staff, residents and their families was good. People we spoke with told us:

"All the staff know (relative) really well. It is really easy to talk with staff; they are visible." and

"I like my room and can get staff if I want through the buzzer."

We conducted a short observational framework for inspections (SOFI 2) at this inspection. One person experiencing care who was a bit restless, left the room three times and on each occasion had a warm and respectful communication with different staff members who enquired about her needs and responded well to them. This meant people could be confident they would be greeted warmly by staff, thus encouraging positive interactions and relationships.

How good is our setting? 3 - Adequate

We evaluated this key question as adequate, where strengths, while important, only just outweighed weaknesses.

While the layout of the building was not ideal as a care home, the service had made improvements to make it look homely. Notices containing clinical information that were in place in communal areas during the previous inspection had been removed and there was wall art in place. There was access to the garden, and

as it was a warm day, people were enjoying sitting in the sun and playing games with staff. This meant people were benefitting from a comfortable and welcoming environment with the option to be outdoors in the fresh air.

The service's environment improvement plan needed more detail. It was linked to areas for improvement noted as a legal condition of the service's registration. The service had undertaken a King's fund tool assessment and identified a few areas of improvement which had been passed to the central Estates Team for approval. The tool had no signature or date and there were no progress notes or action plan so we could not see how the areas identified had been progressed. We knew a number of areas had been met at the previous inspection but had not been recorded as such.

There was a plan from Estates with larger environmental improvements, for example refurbishment of bathrooms and the garden which detailed costings. The plan needed to be more specific, identifying priorities and timescales with clear evidence of regular reviews. We made an area for improvement (see area for improvement 3 under 'How good is our leadership?').

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

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service was working towards outcome focused care planning. There was sufficient information in care plans to care for individuals the way they would choose. One page profiles contained relevant and informative information. Unfortunately they were not signed or dated thus the area for improvement made at the last inspection will be re-iterated (**see area for improvement 1**).

People were involved in their care planning and, where appropriate, the service involved families and friends. A good example of this was one person who had a diagnosis of dementia and was unable to tell staff how they wanted to be supported. Staff had a number of formal and informal conversations with family which allowed them to provide support in the way the person would have wanted. Their family felt very involved and listened to, and this helped them feel reassured that their relative was getting good care where their dignity and wishes were being promoted.

A not so good example of involving people in some aspects of their care and support was in relation to two people where restrictive practices were involved. There was insufficient information in both care plans and one page profiles reflecting the restrictions that were in place and how staff were to sensitively manage these. We discussed this at length with the manager and appreciate they did not have all the information they should have. The manager has a duty to ensure people's rights are promoted and safeguarded. There was no safety plan in one person's care records who had a guardianship order in place.

When restrictive practices are in place, there must be the appropriate legal documentation, which must be the least restrictive, and if the person does not have an advocate to help them understand why restrictions are in place then independent advocacy should be sought. There must also be tight time frames to review and evaluate any restrictive practices to ensure they remain the least restrictive (**see area for improvement 2**).

Staff need to be supported to understand how the monthly evaluation, reviews and outcome focused care plans all link together and consistently inform all aspects of the care and support people experience. The service involved people and their families, where relevant, when they undertook reviews of people's care.

The reviews we looked at were quite short with basic information. People's monthly care plan evaluations were similar and staff had got into the habit of writing "no change" or nothing except a signature. This was not an effective evaluation. The manager suggested a review of how evaluations are completed to focus on the holistic needs of individuals and promote wellbeing. We made an area for improvement linked to auditing the quality of information relating to care plans (see area for improvement 2 under 'How good is our leadership?).

Areas for improvement

1. To support positive outcomes for people who use the service, the provider should continue to sustain the improvements made in care planning and related documentation. This should include:

People's one page profiles being signed and dated and being part of the reviewing system.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. People's human rights should be promoted and protected at all times. When restrictive practices are being considered the following documentation and processes should be in place:

a) A copy of appropriate legal documentation in the care plan.

b) Evidence that the restrictions are the least restrictive.

c) Evidence that the person has had support to understand why restrictive practices are in place.

d) Clear details in the person's care plans of what the restrictions are and when they will be reviewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'If my independence, control and choice are restricted this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

3. To support positive outcomes for people who use the service, the provider should continue and sustain the improvements made in care planning and related documentation.

To achieve this, the service should ensure as a minimum, but not limited to:

a) People's support plans and one page profiles are always signed and kept up to date.

b) Where people are at risk from dehydration, fluid balance charts are accurately maintained.

c) Regular audit is undertaken to ensure standards in care planning and documentation are maintained.

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

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

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

Requirements

Requirement 1

By 15 April 2024, the provider must ensure people benefit from a service which is well led and managed. To do this, the provider must, as a minimum but not limited to, ensure:

a) The provision of robust and effective local management and leadership arrangements; and
b) A culture of continuous improvement, to include self-evaluation processes are embedded to timeously identify and action areas for improvement.

This is to comply with Regulations 3 and 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 am confident that people respond quickly, including when I ask for help' (HSCS 3.17); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 24 November 2023.

Action taken on previous requirement

Part a) of this requirement was met. Local management arrangements were settled and a permanent manager was in place. Staff made positive comments about the current management team being approachable.

We could see that improvements in quality assurance had been made and audits were being regularly carried out. However, further improvement was needed in the oversight from management. We discussed this with management and they agreed a review of the quality assurance system would bring benefits for people. For further information please refer to 'How good is our leadership?' We decided to remove this requirement and made an area for improvement to address the outstanding issues (see area for improvement 2 under 'How good is our leadership?').

Met - within timescales

Requirement 2

By 15 April 2024, the provider must ensure people living within the service can have confidence in the staff to provide care and support in a safe and person centred manner.

To do this, the provider must, as a minimum, but not limited to, ensure:

a) All care staff, are provided with the necessary skills, knowledge, and competence to include, but not limited to training in:
- Skin care
- Nutrition and hydration
- Adult support and protection.

b) The above is achieved, systems for monitoring training uptake and staff competence are implemented; and

c) Where there are indications of poor practice, this is recognised, and prompt action is taken to address this.

This is to comply with Regulation 15 (b) (i) (Staffing) 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 November 2023.

Action taken on previous requirement

Progress had been made towards staff training and staff told us that training had increased. We saw a training overview that detailed the completed training, however there were gaps that included skin care and nutrition and hydration. Staff were more confident and competent in these areas however so we decided to remove this requirement and make a new area for improvement to address the outstanding areas (see area for improvement 1 under 'How good is our leadership?'). Please refer to 'How good is our leadership?' for further information.

Met - within timescales

Requirement 3

By 15 April 2024, the provider must ensure Mains House is a safe and well-maintained setting for the people who live there, both indoors and outside. To do this, the provider must ensure, as a minimum, but not limited to:

a) Any planned environmental improvements should take account of good practice guidance such as the 'King's Fund' tool for people living with dementia.

b) This assessment is used to inform the service improvement plan to include a plan for independent access to a safe outdoor space in the near future; and

c) People living in Mains House are involved in decisions about the improvements in ways which are meaningful to them.

This is to comply with Regulation 10 (2) (a), (b) and (d) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1); and
'If I live in a care home, I can use a private garden' (HSCS 5.25).

This requirement was made on 24 November 2023.

Action taken on previous requirement

We have reported on this requirement in 'How good is our setting?' and made an area for improvement (see area for improvement 3 under 'How good is our leadership?').

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

People who experience care should have the opportunity to participate in activities as per their choice. To achieve this, the provider should ensure staff make the most of opportunities to engage all people in meaningful activities and exercise as part of their day to day lives.

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); and
'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 24 November 2023.

Action taken since then

It was clear people were benefitting from and enjoying the activities on offer. Staff had more time to spend with people experiencing care and were taking the opportunity to sit with them, chat and generally spend time getting to know people. One example of this was a staff member sitting, looking through family photos with one person which helped them to relax. Staff accompanied people out for walks.

The staff member responsible for organising activities was trying hard to involve the local community, for instance, the local school and was continuing to develop opportunities such as pet therapy and local events to help people feel connected.

A new document was in place to evaluate people's experiences, however it did not highlight the next step if someone did not enjoy activities. We discussed the benefit of returning to the older document the service had been using as they were more relevant to building on people's likes and dislikes, making sure the activity was benefitting them and held their interest.

This area for improvement has been met.

Previous area for improvement 2

To make sure people receive the most appropriate support by the right person at the right time to maintain their health and wellbeing, for example, but not limited to foot health, the provider should ensure, as a minimum:

a) People living in Mains House have access to a regular professional foot care service (such as podiatry).

b) Where this is not possible, staff should be provided with training on how to manage foot care safely.

c) There is an ongoing monitoring of people's foot health; and

d) Where there are indications of poor practice, this is recognised, and the service continues to take prompt action to address this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13); and
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 24 November 2023.

Action taken since then

All people living in the service had podiatry reviews in place. Staff checked people's feet when providing personal care and would seek assistance from the nurse if required. People were given the opportunity to pay for private podiatry. There were no incidences of poor practice with regards to foot health.

This area for improvement has been met.

Previous area for improvement 3

To ensure that staff ensure people's medical needs are met, the provider should ensure as a minimum but not limited to:

a) Effective quality assurance systems are maintained to ensure there is a safe, well managed medication system in place.

b) The correct medications are always administered/applied as prescribed and intended to people at the right time by trained and competent staff.

c) Record keeping, including topical medication records (TMARS) are completed accurately at all times.

d) There is an ongoing assessment of staff competence and skills in relation to medication administration; and

e) Where there are indications of poor practice, this is recognised, and the service continues to take prompt action to address this.

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

This area for improvement was made on 24 November 2023.

Action taken since then

Medication records were accurate and the correct medicines had been administered as prescribed. Staff told us about regular observed practice when administering medicines and we saw records of this. We did not see any incidences of poor practice and the management team told us they had not identified any.

We reported on the topical medication records under 'How well do we support people's wellbeing?'

This area for improvement has been met.

Previous area for improvement 4

To ensure people living within the service can have confidence in the staff to provide care and support in a safe and person centred manner, the provider should, at a minimum but not limited to, ensure:

a) Efficient induction for agency staff, to include immediate fire safety training, is completed.

b) All new staff benefit from a robust induction that includes a suite of essential training.

c) There is an ongoing audit and observation of staff competence, skills and record keeping.

d) The above is achieved, systems for monitoring the uptake and staff competence are implemented; and

e) Where there are indications of poor practice, this is recognised, and prompt action is taken to address this.

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 November 2023.

Action taken since then

Inductions had been completed for agency staff that included fire safety training. It was difficult to assess inductions for permanent staff as the checks were being carried out centrally. Some staff had confirmation of this in their files and others didn't. We discussed this with the senior management team and they explained it would not be possible for staff to be employed with NHS Highland until all mandatory checks and training is completed but would have a conversation with the relevant people regarding how the service can demonstrate this.

Newer staff were able to tell us about their induction process and described the training they had attended online and in person. They also told us about shadow shifts they had completed.

The recording of signatures on induction documents and the audit process around this area needed to improve. We discussed this with the manager. We will remove this area for improvement and add the parts that are not quite met to a new area for improvement made under 'How good is our leadership?'

Previous area for improvement 5

To ensure people living in Mains House live in a warm, welcoming, and homely environment. The service should include but not limited to:

a) Ensure attention to standards, such as homely touches in communal areas, for example the lounge area; and

b) Undertake a review of the number of posters and information displayed in communal areas.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My environment is relaxed, welcoming, peaceful, and free from avoidable and intrusive noise and smells (HSCS 5.20); and
'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 24 November 2023.

Action taken since then

The service had made an effort to make the environment more welcoming and homely. Tables were set nicely and there were colourful pictures on walls and people's bedrooms were decorated to their taste.

Guidance for staff was no longer displayed in communal areas but kept within the staff area.

This area for improvement has been met.

Previous area for improvement 6

To support positive outcomes for people who use the service, the provider should continue and sustain the improvements made in care planning and related documentation.

To achieve this, the service should ensure as a minimum, but not limited to:

a) People's support plans and one page profiles are always signed and kept up to date.

b) Where people are at risk from dehydration, fluid balance charts are accurately maintained.

c) Regular audit is undertaken to ensure standards in care planning and documentation are maintained; and

d) There is evidence of discussion with family or a person's legal representative who should be fully involved in people's twice-yearly reviews.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 24 November 2023.

Action taken since then

There was evidence of discussion with families or legal guardians as part of reviews of care and ongoing care planning.

The majority of this area for improvement has not been met. We reported on this under 'How well do we support people's wellbeing?', 'How good is our leadership?' and 'How well is our care and support planned?' Please refer to these sections for further information.

The majority of this area for improvement has not been met so we have modified and repeated it under 'How well is our care and support planned?'

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	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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