

Montrose House Care Home Service

Glencloy Road
Brodict
Isle of Arran
KA27 8HF

Telephone: 01770 302 131

Type of inspection:
Unannounced

Completed on:
20 June 2024

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Service no:
CS2003001167

About the service

Montrose House is a care home for older people situated in a residential area of Brodick on the Isle of Arran.

The service provides nursing and residential care for up to 20 older people and there were 16 people living in the home at the time of this inspection.

The modern and purpose-built home offers single room accommodation. All bedrooms are en suite. There are several lounges of varying sizes, dining rooms and a cosy lounge/diner. Large windows provide spectacular views of the local hills and countryside. An assisted bath is available to supplement the en-suite showers.

The home has large and well-maintained gardens with high quality patios.

About the inspection

This was an unannounced inspection which took place on 10-11 June 2024. The inspection was carried out by one inspector 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 four people using the service and two of their family and friends
- received 31 completed questionnaires
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- People praised the friendliness, kindness and helpfulness of staff and felt that they were working hard to meet people's needs.
- The service worked closely and effectively with external healthcare professionals to support people's health and wellbeing.
- People benefitted from a purpose-built environment that supported their independence.
- The processes for assessing, planning and evaluating staffing needed further improvement.
- Quality assurance and effective action planning needed further improvement.

From this inspection we evaluated this service as:

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

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

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

How well do we support people's wellbeing?

3 - Adequate

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

We spoke to people experiencing care and their families and received several completed questionnaires. The feedback we received was positive. People acknowledged that the service frequently had to use external staff, whilst trying to recruit more permanent staff. People found that this sometimes had an impact on the quality of relationships between staff, residents and families. However, families praised the kind, helpful and compassionate attitude of staff and were happy with the way staff kept them informed and involved. A relative told us that when caring for his relative "staff have her wellbeing at heart in everything they do for her". As a result, people felt confident about the service and how it supported people's health and wellbeing.

We saw some good examples of how the service listened to people and acted on their wishes and preferences. Examples included involving people in planning menus and regularly asking for their feedback on the food. People were also given opportunities to contribute choices and preferences to the ongoing refurbishment programme. This meant that people's opinions, experience and abilities were respected, which contributed to their sense of belonging and wellbeing.

People's legal rights and those of their representatives were respected. Relevant documentation was in place and correct legal information was included in people's care and support plans. This ensured that people's ability to make choices that were right for them was protected. However, we found that some parts of people's care and support plans needed to be improved to further strengthen people's role in shaping their, or their relatives, experiences and outcomes (**see section 'How well is our care and support planned?'**).

People told us that they were very pleased by the recent recruitment of an activity coordinator. People found that this provided a much needed boost to the quality of social stimulation and activities in and outside of the service. The activity coordinator was an additional resource that enabled people to experience a greater variety of things to do. They also helped to keep people connected with their local community by organising trips to local places of interest that people wanted to go to. A relative told us "They have now taken on a person to get more outside entertainment for the residents. My [relative] gets a lot of enjoyment seeing school children". This meant that the service improved its ability to support people to get the most out of life. We assessed an outstanding requirement for activities as met, because of the clear commitment by the provider to improve this area of practice (**see section 'What the service has done to meet any requirements we made at or since the last inspection'**).

We found that there was very little detail in people's care and support plans for activities. This meant that people had no clearly defined, and regularly evaluated, personal outcomes. As a result, there was no reliable evidence for how, and if, people's needs for meaningful occupation and stimulation were met. To support improvement, we made an area for improvement (**see section 'How well is our care and support planned?'**).

People benefitted from good external healthcare support. It was very encouraging and reassuring to see the level of engagement of the local community nursing staff and the GP. This supported the home with ensuring comprehensive and holistic health assessments, based on good practice and current guidance. As a result, people could feel confident about how the service supported their health.

A relative told us "My [relative] is being treated very well, she has put on weight since she went into Montrose House, and is generally healthier. She also has more engagement with people". We discussed with the manager that regular clinical governance meetings would be an opportunity to further strengthen this area of practice.

We found that people's medication was managed robustly. Quality assurance in this area of practice was also supported by experienced nursing staff from the local NHS services. This supported people's health and wellbeing and ensured that their medication met their current needs.

We assessed an outstanding area for improvement for the quality of mealtimes. We found that this had not been met and it will therefore stay in place (**see section 'What the service has done to meet any areas for improvement we made at or since the last inspection'**). However, we saw that staff and manager worked towards making the necessary improvements.

Supporting people to have good mealtime experiences is important for their physical and mental wellbeing. The current practice still lacked robust organisation and consistent standards. Although there were quality assurance processes and action plans for mealtimes, they did not drive improvement at the required pace. A relative stated "Mixed feelings; you tend to remember the times you weren't happy. More attention to how care is delivered for example how they support someone to eat- what if that was me? or my family member? I must stress my experience relates to just a couple of staff. The core team are caring and I feel they have a genuine warmth with [relative] and I see that in her interaction with them".

How good is our leadership?

3 - Adequate

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

We assessed an outstanding requirement for robust and effective quality assurance and found that it had not been met. Because the provider achieved some progress and was clearly committed to making the necessary improvements, we extended the timeline for the requirement (**see Requirement 1 and section 'What the service has done to meet any requirements we made at or since the last inspection'**).

It was encouraging to see that the manager received ongoing support by senior managers and experienced senior professionals from the local Health and Social Care Partnership (HSCP). This increased the services capacity to improve. As a result, there were regularly reviewed action plans and several examples of achieved improvements that had a positive impact on the quality of the service. We found that leaders had a clear understanding of what needed to improve, and which strengths could be further developed.

We discussed with the manager and senior staff who supported the service that further progress was still needed to ensure that audit tools, including observations, are fit for purpose, dynamic and effective. We also stressed the importance of ensuring an ongoing commitment to involving people, so that residents, staff, and families experience that their opinions matter and that they can influence improvement actions. To achieve this, the provider should look at the format and content of meetings, care reviews and staff supervisions.

It was positive to hear from people that they recognised and appreciated recent improvements of management and leadership of the service. People told us that they found the manager and senior staff responsive, approachable and visible. A relative told us: "Having dealt with most of the staff, I consider the manager and all the team leaders to be very approachable and they have always dealt with any queries in a timely manner".

Another relative stated "I love seeing [the manager] out and about on the floor and the engagement with the residents and her staff; she is visible and clearly wants to make the best out of Montrose House. Rarely do I go in and not see her and I can't remember when the office door was last closed when I was there".

Requirements

1. By 11 December 2023, the provider must ensure that robust and effective quality assurance processes are in place. They must ensure the identification of areas requiring action and the continuous improvement of the service. This should include but not be limited to:-
 - a) The registered manager has complete oversight of the service and ongoing key activities.
 - b) Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.
 - c) 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.
 - d) Service management have a clear overview of staff SSSC registration and training including identified gaps.

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

This requirement had not been met and we have agreed an extension until 21 October 2024.

How good is our staff team?

3 - Adequate

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

We assessed an outstanding requirement for the evidence-based assessment and planning of staffing and found that it had not been met. Because the provider achieved some progress and was clearly committed to making the necessary improvements, we extended the timeline for the requirement and re-stated it to reflect recent changes to staffing legislation. **(see Requirement 1 and section 'What the service has done to meet any requirements we made at or since the last inspection')**.

People told us that they could see some recent improvements of staffing, but still perceived staff to be rushed at times. People felt that staff were compassionate and caring, but that they at times struggled to spend meaningful time with people. A relative told us "I would like to see staff engaging one to one and not just when their task focused but throughout their shift". This meant that people did not feel fully confident in the planning of staffing.

Feedback we received from staff showed that they felt confident about the standard of care they were able to deliver, but they also felt pressured at times. Some staff felt that the frequent use of agency staff made work more difficult for them. However, some staff also pointed out that the way this was managed had recently improved.

We assessed an outstanding area for improvement for ensuring external staff have an adequate understanding of residents' support requirements (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection'). External staff meant agency workers and staff from the provider's other services who covered shifts at the service. Feedback we received from families and staff indicated that some problems in this area were still ongoing. We acknowledged that recent changes to rota planning had made a positive difference to the mix of permanent and external staff on most shifts. However, we continued this area for improvement and will assess it again at our next inspection.

We found that the provider worked hard on improving staffing in the service. Recruitment of more permanent staff was ongoing, and the recent addition of an activity coordinator already had a positive impact on staffing and people's outcomes. We acknowledged that the service's island location made recruitment challenging. However, our findings showed that better processes for the regular assessment and evaluation of staffing were needed. Our assessments of care and support plans and of regular care reviews showed that staff struggled to keep up with tasks and to complete them in a meaningful way. This meant that there was no robust link between the evaluation of people's outcomes and staffing. Managers also still needed to improve processes to ensure that quality assurance and clinical governance were effectively informing staffing decisions.

We were encouraged by the significant improvements made to the system for logging and planning staff training. This enabled the service to become more effective in ensuring that each staff member had the right and up-to-date skills for their role. We discussed with the manager that this should include improvements to the individual staff supervision process. Staff told us that they needed more regular time to discuss their work, training and wellbeing with their manager. We therefore made an area for improvement for supervisions (**see Area for Improvement 1**).

How good is our setting?

4 - Good

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

People benefitted from a modern building, designed to promote their independence. Good lighting, adaptations, wide corridors and the ground floor setting enabled people to walk safely and orientate themselves easily.

Technology, including smart speakers and tablet computers, were available to support activities and to keep people connected with their family and friends. This supported people's wellbeing.

There were examples of involving people meaningfully in decisions about upcoming refurbishments. This promoted people's abilities and made them feel valued and included. It was positive to find that the provider had assessed the environment and correctly identified priorities for refurbishment, such as the carpet in the communal lounge.

Regular access to a safe garden space promotes physical activity and mental health. The service's large garden was overall well maintained and included some opportunities to be active, such as raised beds. Additional gates were in place to use a large and easily observable part of the garden as a safe place for people to use as independently as possible. This part of the garden was accessible through a dining room door. We discussed that the service should work on a clearer system to ensure that the internal garden gates are closed, so that the garden door can be kept open most of the time. To support these improvements and to further encourage people's access to a safe, welcoming and stimulating garden space we made this an area for improvement (**see Area for Improvement 1**).

Although the environment was overall clean and tidy, we found that cleanliness in some communal areas fell below the expected standards. Examples included the underside of dining tables, communal fridges, as well as some cupboards and surface areas in the dining rooms. We assessed that an important factor for this was that the service had stopped using cleaning schedules. Effective cleaning schedules instruct staff on how and when to clean an area and are an important part of quality assurance. To support the effective use of cleaning schedules, we made an area for improvement (**see Area for Improvement 2**).

Areas for improvement

1.

To support people's access to a safe, welcoming and stimulating garden space the provider should implement a clearer system to ensure that the internal garden gates are closed, so that the garden door can be kept open most of the time.

This should include, but is not limited to, reviewing the garden setup to ensure that paths are even and safe to walk and that there are opportunities for people to be actively involved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I live in a care home, I can use a private garden' (HSCS 5.23), and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

2. To support a clean, tidy and safe environment for people, the provider should implement robust and regularly monitored cleaning schedules for all areas of the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned?

3 - Adequate

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

People's care and support plans were up-to-date and there was evidence that care plans were reviewed and adapted when people's needs changed. However, the care and support plans did not consistently inform all aspects of the care and support people experienced or needed. Two areas of care for which there were no sufficiently detailed plans in place were activities and anticipatory care. Care plans for activities should be based on people's interests, wishes, abilities and aspirations for getting the most out of life. Anticipatory care plans should record the preferred actions, interventions and responses the service should make following a clinical deterioration or a crisis in the person's care or support. A lack of care plans for these key areas of care meant that it was more likely for people to experience poor outcomes. The provider

acknowledged this and added the necessary actions to their action plan. To support these improvements, we made this an area for improvement (**see Area for Improvement 1**).

The service used an electronic care planning system that included some automatic quality assurance processes. For example, the system would alert staff and manager if a risk assessment was out of date, or if a planned care intervention had not been carried out. This was useful and supported people's safety and the quality of their care. However, we found that there was a lack of additional auditing to support the quality of the content of people's care and support plans. This contributed to a lack of well described personal outcomes for each plan, and a lack of meaningful evaluation. This meant that the existing quality assurance processes did not effectively identify weak practice and failed to sufficiently support the improvement of care and support plans. We discussed this with the manager and explained that improvements in this area should be part of meeting the outstanding requirement for quality assurance (**see Requirement 1 in section 'How good is our leadership?'**).

People felt that their rights were respected, and legal documentation was in place to ensure that staff were aware of who held legal rights for the people they supported. This helped to keep people safe and ensured that decision-making was inclusive and transparent.

People, or their representatives, should be fully involved in shaping their care and support plans. The service carried out six-monthly reviews of people's care plans. For most of the residents this involved a designated member of their family. However, we found that some of the reviews lacked detail and did not take an outcome focussed and evaluative approach. This meant that there was a lack of evidence that reviews were carried out effectively and in a meaningful way. To support the improvement of the six-monthly care review process, we made an area for improvement (**see Area for Improvement 2**).

Areas for improvement

1.

To support people with participating in a range of activities that meet their needs and wishes and to ensure that they can make informed choices affecting their health and wellbeing, the provider should improve people's care and support plans.

This should include, but is not limited to, implementing meaningful anticipatory care plans and regularly evaluated care plans for activities, with clearly defined personal outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services' (HSCS 1.28), and '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).

2.

To support people's, or their representative's, active and meaningful involvement in the regular evaluation of their care, the provider should improve the process for regular care reviews.

This should include, but is not limited to, ensuring that reviews are well prepared and based on a regular, meaningful evaluation of people's care plans, and that feedback and agreed actions are clearly captured.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17), and '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).

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

Requirements

Requirement 1

By 11 December 2023, the service provider should improve how people are supported to get the most out of life. This should include, but not limited to, regular planned activities, trips/outings and tailored sensory interventions for people with later stages of dementia to help enhance day to day life.

This is to comply with Regulation 4 (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 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 requirement was made on 19 June 2023.

Action taken on previous requirement

The recent recruitment of an activity coordinator had an immediate positive impact. This was reflected in people's feedback and in some of the sampled evidence, like meeting notes and evidence of recent outings.

The new activity coordinator was very motivated and had significant transferable skills from her previous jobs. We were reassured by her understanding of her role and of what needed to be improved.

The services plan of having a flexible, individualized and situation-based approach to daily activities matched people's needs and abilities. The service knew that this must go alongside some regular planned activities, in particular activities outside of the home.

A remaining weakness was the absence of regularly evaluated, person-centred and outcome focused care plans for activities. We addressed this by making an area for improvement (**see section 'How well is our care and support planned?'**)

Met - outwith timescales

Requirement 2

By 11 December 2023, the provider must ensure that effective methods are in place to support the evidence based assessment and planning of staffing levels and deployment.

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

- a) comprehensive, regularly updated and reviewed improvement plans are in place
- b) regular staffing assessments and planning are based on current guidance and take into account a variety of meaningful measurements, including quality assurance, care plan reviews and evaluations feedback from staff, residents and families
- c) staff deployment and skills mix are based on people's outcomes and needs
- d) staffing assessment and planning is transparent.

This is to comply with Regulation 15(a) and (b) (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 experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

This requirement was made on 25 July 2022.

Action taken on previous requirement

The provider did not make sufficient progress to meet this requirement. There was still no clear evidence of how staffing related data and information other than the service's dependency tool feed into an outcome focused, and evidence-based assessment, planning and evaluation of staffing.

The lack of meaningful evaluations of people's care plans meant that this very important part of evaluating the effectiveness of staffing was also missing.

However, we acknowledged the provider's willingness and motivation to improve this area of practice, and the fact that several important changes had been made with good effect. This included improvements to rota planning and adjustments to resident numbers.

Therefore, the timeline for meeting this requirement will be extended to 21 October 2024.

Not met

Requirement 3

By 11 December 2023, the provider must ensure that robust and effective quality assurance processes are in place. They must ensure the identification of areas requiring action and the continuous improvement of the service. This should include but not be limited to:-

- a) The registered manager has complete oversight of the service and ongoing key activities.
- b) Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.
- c) 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.

d) Service management have a clear overview of staff SSSC registration and training including identified gaps.

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 states that: "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 19 June 2023.

Action taken on previous requirement

There was insufficient evidence that the existing audits continually drove good practice in the service.

A range of audits were in place, but in some examples, they lacked the sensitivity to pick up obvious issues and in other areas they lacked a dynamic approach and evidence for acting effectively on audit outcomes.

However, the provider had organised significant external support for the manager, and this included support for quality assurance and action planning. This strengthened the service's capacity to make the required improvements.

Therefore, the timeline for meeting this requirement will be extended to 21 October 2024.

Not met

Requirement 4

By 11 December 2023, the provider must ensure that staff access an induction programme and training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported. To do this the provider must, at a minimum:

a) Ensure staff receive core training, as directed by the needs analysis - including stress/distress, adult support and protection, dementia and end of life training.

b) Monitor 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 comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (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 states 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 19 June 2023.

Action taken on previous requirement

The provider had developed a new system for the planning and tracking of the training for individual staff members. This provided the manager with a clear and dynamic overview and provide a link to quality assurance, staffing and individual supervisions.

Feedback we received from staff indicated that further improvements to the process for individual staff supervisions needed to be made. We addressed this by making an area for improvement (**see section 'How good is our staff team?'**).

Met - outwith 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 consistent support is provided, particularly with regular changes in staff, the provider should ensure external staff have an understanding of residents' support requirements. This should include but not be limited to information regarding residents daily routines, likes and dislikes and an overview of support to be provided.

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

"My care and support meets my needs and is right for me." (HSC1.19)

This area for improvement was made on 19 June 2023.

Action taken since then

We acknowledged that the provider made improvements to the mix or experienced, permanent staff and external staff when planning shifts.

However, feedback we received from people and staff indicated that the effectiveness of these measures needed further review and ongoing evaluation.

This area for improvement was not met and will remain in place.

Previous area for improvement 2

To enhance peoples' mealtime experience and support 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 19 June 2023.

Action taken since then

We did not see sufficient progress with enhancing people's mealtime experiences. People's feedback and our own observations showed that the pace of improvement was slow and inconsistent.

We assessed that this was partly due to a lack of effective quality assurance and action planning. We discussed this with the provider and explained that clear and consistent progress in this area of practice was important for people's outcomes and for staff morale.

We suggested a review of the existing quality assurance and action planning processes to ensure that they are effective, dynamic and able to measure and show progress over time.

However, we also acknowledged that regular mealtime observations were carried out and that this contributed to increased staff awareness of good practice.

This area for improvement was not met and will remain in place.

Previous area for improvement 3

To ensure the safety of people, the provider must develop a robust and effective on-call system. All staff should be aware of the process to follow, in the event of requiring support when there is no management within the building. This should include information in relation to support with "Just in case medication".

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

"My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event". (HSC4.14)

This area for improvement was made on 19 June 2023.

Action taken since then

There was clear evidence of strong external support for the home by the local HSCP. This included regular, structured, support by the community nursing team and the GP, including on-call services.

Instructive protocols for the use of 'as required' medications were in place.

Plans for further improvements, such as supporting regular clinical governance meetings in the service, were planned. This supported the quality of people's healthcare and the effectiveness of treatments.

This area for improvement was met.

Previous area for improvement 4

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 management team, as well as staff roles particularly given the upcoming changes to the management team.

This is to ensure 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." (HSC 3.19)

This area for improvement was made on 19 June 2023.

Action taken since then

The provider managed the changes to the management team effectively. Feedback received from families clearly indicated that they were happy with the changes and the approachability of the new manager.

The provider strengthened the external support network for the manager, which added additional expertise, resources and oversight.

Improvements to the mix of staff skills, experience and knowledge of the residents on the rotas were received positively by people and staff.

This area for improvement was 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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good

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

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