

# Banff Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 July 2024

**Service provided by:**  
Banff Care Limited

**Service provider number:**  
SP2004006637

**Service no:**  
CS2003014166

## About the service

Banff Care Home is registered to provide a care service to a maximum of 56 people; and 10 of those places can be provided to adults with a learning disability. At the time of the inspection there were 53 people living in the home.

The care home is a large purpose-built property on two floors, with gardens to the side and rear. There are shared lounge and dining facilities on both floors. The home is located on the edge of the coastal town of Banff.

## About the inspection

This was an unannounced inspection which took place on 15 and 16 June 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 14 people using the service and six of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed responses from 30 surveys, submitted by people, their families, staff and visiting professionals.

## Key messages

- The environment was unsatisfactory, resulting in poor living conditions for people.
- Improvements had been made to the dining experience.
- Improvements are required to support people who have lost weight.
- People living with dementia did not always lead active or fulfilling lives.
- Improvements are needed to ensure that people are treated with dignity and respect.
- Quality and assurance tools and procedures did not result in positive outcomes for people.
- Staff were not appropriately trained to meet people's needs.
- Care plans did not always reflect people's current needs.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	1 - Unsatisfactory
How well is our care and support planned?	2 - Weak

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

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

2 - Weak

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

We felt that most people had been assisted with their washing and grooming needs to a good standard. However, some people needed more support to help them look their best. Some people, particularly those with more complex needs, required more support with their grooming and dressing. One person requested a shower and staff failed to assist this person. As a result, they remained looking unkempt. Leaders need to have better oversight of standards to ensure that there are no inconsistencies in the standards of care and support people receive.

Most people's bedrooms were clean and odour free, however, we directed staff to two malodorous rooms. In one of these rooms the mattress was very malodorous; however, staff had remade the bed without appropriate cleaning or replacement taking place. It is not respectful or dignified for people to live in malodorous rooms.

We observed some lovely interactions between staff and people. These engagements were warm and friendly and often resulted in laughter. However, we felt that this was inconsistent. There were instances where some staff walked past people without engaging. One person buzzed for assistance and staff silenced this alarm and left the room without engaging with the person and addressing their need. This meant that the care need was not met and did not demonstrate respect or compassion. **(See Requirement 1)**

As identified in section 'How good is our setting?' the damage to people's bedrooms caused by water ingress was unsatisfactory. It is not satisfactory for people to live in conditions that impact on health, wellbeing and comfort. This is not respectful, dignified or compassionate care. (See Improvement notice on our website)

People who had recently been admitted to the care home, had not had pre-admission assessments completed. This meant that managers could not make an informed decision about the ability to meet the persons care and support needs. It also meant that the person was not involved in deciding where they wanted to live. It was concerning that the impact of the failure to complete these assessments had been raised by a health professional and improvements had not been made. This resulted in two people being unsuitably placed in the home. This has a detrimental effect on the health and wellbeing of people. Managers must ensure that pre-admission assessments are completed that involve the person and the people supporting them. This will ensure that informed decision making takes place. We will monitor this area of concern in future inspections.

Improvements had been made to the dining experience. More people were supported to enjoy their meal in the dining room. This helped enhance the social aspect of the meal and meant that staff were more readily available. People said that the quality of the meals had improved and we felt they looked appetising. People had a choice of meals and could select from a list of alternatives if they wished. This contributed to the improved satisfaction expressed by people.

Improvements are needed to ensure that people who have lost weight or who are at risk of weight loss, are supported to eat the additional calories that will help stabilise their weight. Meals were not fortified at the point of service and snacks were not readily available. People who had lost weight had care plans that documented what care and support they needed to help increase their weight, however, these actions were not evident. **(See Area for improvement 1)**

People who required diets that were of an altered texture had the appropriate care plan in place. However, there were inconsistencies in ensuring that they always received the diet that was right for them. Staff awareness of the prescribed diets for people was inconsistent. This meant that one person was eating foods that were unsuitable and without the appropriate support. This increased the risks of them choking. Improvements are needed to ensure that people are supported to eat the meals and snacks that are right for them. **(See Area for improvement 1)**

Staff's knowledge and experience on how to support people live with dementia varied. This resulted in some staffs approach and support for people could contribute to their anxiety and distress. Care plans were not always in place and this meant that triggers for distress and measures needed to support the person were not available. Detailed plans could have prevented the escalation of some instances of distress. Records were completed appropriately when an episode of distress occurred. However, these did not then inform changes to staffs practices or approach. Some people living with dementia did not lead active or stimulating lives. Boredom is a trigger for distress. It was concerning that only a third of staff had completed dementia awareness training. It is important for staff to have the necessary skills and knowledge to help inform their practices and to help people live well with dementia. **(See Requirement 2)**

The appropriate input from supporting professionals had been sought to help inform wound care. Wound care plans and assessments were in place and these were accurate and easy to follow. This helped ensure that wounds would get the care and treatment that helped with wound healing.

Improvements are needed to the care and support provided when a risk of skin breakdown has been identified. Risk assessments had been completed and these helped identify the frequency of position change and skin care. However, the supporting documents did not always reflect this identified need. As a result, there were large gaps where the necessary care and support was not provided. This increased the risks of skin breakdown. Topical medications prescribed to help keep people's skin healthy were not always applied as prescribed. This increased the risk of skin irritation and skin breakdown.

The activities provision has been strengthened with the addition of new activities staff. A programme of planned activities was in place and it was clear that people who attended these, enjoyed the activity. However, improvements should be made to the activity and engagement opportunities for people who spend time in their bedrooms. People who were less able to join in the group activities were not supported to pass their time in a meaningful way. This resulted in them being isolated and unoccupied. (See 'What the service has done to meet any requirements we made at or since the last inspection')

It is important for people's health and wellbeing to spend time outdoors. Staff should be supporting people to access the outdoors. The weather was good; however, no-one was supported with a walk or time in the gardens. Some people's care plans highlighted that this was something that they enjoyed. It is important that staff are aware of their role in supporting people to spend time outdoors.

One person had serious allergies that could result in complex health concerns. Medication was prescribed to help treat the effects of any allergic reaction. However, there was not a detailed protocol in place that would help inform staff of the management and administration of this medication. This could result in a delay or the incorrect administration of the medication. Improvements are needed to ensure that there is an appropriate protocol in place to ensure that treatment and management of this health need is met appropriately. **(See Area for improvement 2)**

It is important that measures that may be considered restrictive are used appropriately. Many people had call mats in place. These had not always been assessed appropriately for the person. This meant that there could be a risk of tripping and unnecessary restriction. Managers should consider creating a restraint register. This will ensure that managers have an overview of restrictive measures and help them monitor the appropriateness of them.

## Requirements

1. By 30 September 2024, the provider must ensure that people are treated with compassion, dignity and respect.

In order to do this, the provider must at a minimum:

- a) Ensure people get the care and support when they want and need it.
- b) Ensure staff take the necessary actions when there are malodours that impact on the comfort and dignity of people.
- c) Ensure improved engagement with everyone living in the service, in particular in shared areas and those people who spend time in their bedrooms.
- d) Improve staff knowledge in their role and responsibility in treating people with dignity and respect.
- e) Ensure leaders have improved oversight of the quality of people's experiences and to take supportive corrective measures to improve outcomes.

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

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me' (HSCS 3.9).

2. By 30 September 2024, the provider must ensure service users who are living with dementia receive safe and enabling care that promotes their health, independence and wellbeing.

In order to do this, the provider must at a minimum:

- a) Ensure relevant care plans and assessments are person centred and used to inform staff on how best to support service users who are living with dementia.
- b) Ensure any known triggers that contribute to stress and distress are documented and known by staff.
- c) Ensure staff have the knowledge and skills to support service users who experience stress and distress.
- d) Ensure service users are supported to remain healthy and well by ensuring that they are supported with their wellbeing needs, including social needs.
- e) Ensure there is oversight and ongoing assessment of staff competencies to enable them to support service users to live well with dementia.

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

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

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

## Areas for improvement

1. Improvements should be made to ensure that people received the diet that was right for them.

In order to do this the provider should:

- a) Ensure that information on people's prescribed altered textured diets, is known by staff and that staff support people to eat meals and snacks that are the right texture.
- b) Improve the fortifying of meals at the point of service.
- c) Improved provision of high calorie snacks and drinks to people who have lost weight or who are at risk of losing weight.
- d) Improve the availability of snacks in the home to enable people to help themselves to snacks when they want.

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 meets my needs and is right for me' (HSCS 1.19); and

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

2. Improvements are needed to ensure that effective protocols, used to inform individuals medication management, are in place.

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 meets my needs and is right for me' (HSCS 1.19); and

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

## How good is our leadership?

2 - Weak

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

Audits were not completed regularly, resulting in a lack of oversight into how the service was meeting people's needs. Environmental audits were not in place resulting in people living in poor conditions, for example, one person had mould on their bedroom ceiling. This had not been highlighted to leaders and therefore corrective action had not been taken. The provider must ensure that audits are meaningful and identify deficits in care, people's experiences and the environment, so that these can inform improvements. **(See Requirement 1)**

The Service Improvement Plan (SIP) did not always result in actions to improve people's health, safety and wellbeing. For example, leaders had identified that the number of staff who were appropriately trained did not meet the service's own minimum requirements for basic training. It was a significant concern that the leadership team had identified a concern about levels of staff training but had not taken effective action to address this. This meant that people could not be confident that their needs were being met by staff who had appropriate training to do their job properly. Some people told us they, "did not have input" into decisions around the home. The SIP did not include input from people or families. The provider should ensure that that SIP results in service improvements, whilst reflecting the input of people, family and staff. **(See Requirement 1)**

Unplanned events, such as accidents, incidents and medication errors, were recorded by the service. Leaders did not consistently investigate these events and learning was not shared within the team to support improvement. Some staff told us they were not informed if care plans had changed, in response to incidents. Appropriate notifications following unplanned events, such as to the Care Inspectorate or the Adult Protection team, were not always made. We highlighted our guidance for 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. People did not benefit from a culture of learning and ongoing improvement. The service should ensure that unplanned events are investigated, reported to appropriate people and learning shared with all relevant staff. **(See Requirement 2)**



Senior care staff were visible during busy periods of the day, for example, at mealtimes. However, they did not always identify deficits in care. For example, where people were not receiving regular welfare checks or where mattress and bed frames required improvement. People did not benefit from staff who were well led. This meant that leaders were not evaluating people's care needs and experiences throughout the day, which increased risks to them. Improvements are required to ensure that poor outcomes are identified and improved. (See 'What the service has done to meet any requirements we made at or since the last inspection')

## Requirements

1. By 30 September 2024, the provider must ensure that people benefit from effective quality assurance processes.

To do this the provider must, at a minimum:

- a) Review current quality assurance processes and tools, to ensure they meet the needs of the service. This should include but is not limited to, environmental audits and effective maintenance of the building and equipment.
- b) Ensure audits are completed by sufficiently trained individuals.
- c) Review audit frequency, to ensure they meet the needs of the service.
- d) Ensure quality assurance processes seek feedback from and are used, to improve people's experiences and outcomes.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

2. By 30 September 2024, the provider must ensure that people benefit from a culture of improvement and reflection.

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

- a) All unplanned events, such as accidents, incidents and medication errors, are fully investigated by the leadership team.
- b) Relevant notifications are made when accidents, incidents and medication errors occur.
- c) Learning is shared with the staff team in a timely manner, to ensure staff implement learning from these events.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

2 - Weak

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

Staff skill mix was considered when creating rotas. Each shift had a nurse and a senior carer per floor, working alongside care staff. This was further supported by activity, maintenance and domestic staff. Leaders did not always respond when they identified deficits in the skill mix. For example, we were told that some shifts would benefit from more experienced staff to improve outcomes for people; however, no corrective action had been taken. The service should review how it monitors outcomes for people, in relation to staffing and modify the deployment of staff accordingly. **(See Area for improvement 1)**

The service used a staffing tool to identify how much care and support people needed. This should inform staffing numbers, to ensure sufficient staff are available to meet all people's needs. This had not been reviewed regularly. Some staff told us that they, "felt rushed" when providing care. The provider should continually assess and review people's needs and experiences to ensure there are sufficient staff, who are deployed effectively, to meet their needs. **(See Area for improvement 1)**

Staff competency and training records required significant improvement. Leaders had only observed the practice of two staff members during 2024. This meant people could not be confident that leaders were observing staff practice regularly to ensure the quality of people's care. Staff training records showed that less than 50 percent of staff had completed training in key areas such as but not limited to, adult protection, dementia, dysphagia, health and safety, moving and handling, and stress and distress. We were not confident that people were cared for by suitably trained and skilled care staff. **(See Requirement 1)**

New staff were inducted by more experienced staff members, with a period of shadow shifts. It was positive that their performance was reviewed throughout the induction period by leaders. However, agency staff did not receive sufficient information about people's needs prior to commencing their shift. The handover tool that should inform staff about vital needs, for example Speech and Language Therapy guidance, did not always reflect people's current needs. This could result in inconsistent care and support. The service should review how it communicates people's needs to less familiar staff. We highlighted this to leaders at inspection who gave assurances that this document would be reviewed. We will review this at future inspections.

Team meetings took place and it was positive that meetings were made relevant to staff roles, for example, a meeting took place specifically for nurses. Care staff meetings were poorly attended. The service should review how it engages with staff to encourage attendance to team meetings and ensure that the information discussed is made available to all staff. Staff meetings did not always focus on improvements, for example, there was no discussion about learning from unplanned events. This could result in delays to changes in people's care and support. (See Requirement 2 in section 'How good is our leadership?')

The service had made efforts to improve staff wellbeing in recent months, with the introduction of a health and wellbeing initiative. Staff reported that several team building events had taken place and that they felt a direct benefit to their general and workplace wellbeing since its introduction. The service should continue to consider how it can positively impact on staff wellbeing, which in turn, could impact positively on people's outcomes.

## Requirements

1. By 30 September 2024, the provider must ensure that people are cared for by staff that are suitably trained for their role. To do this the provider must review the training needs of all staff roles, enable staff to complete the necessary training and assess staff competency regularly.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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).

## Areas for improvement

1. To ensure that people have sufficient staff to meet their needs the provider should ensure it uses their chosen staffing tool and/or method to inform decisions around staffing, based on the current needs of individual people and the skill mix of the staff team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

## How good is our setting?

### 1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found significant weaknesses which compromised the safety and wellbeing of people.

We identified serious concerns with the living conditions within the home. Many bedrooms and shared areas on the first floor were significantly affected by water damage. We requested that an audit of all bedrooms and shared areas was undertaken, this helped establish an accurate picture of the extent of the damage.

Most of the bedrooms upstairs were impacted. Water staining was visible on ceilings, down walls and in one person's bedroom there appeared to be black mould. We had serious concerns about the impact that living in an environment that had areas of damp and mould had on people's health and wellbeing. We had serious concerns that people had been living in these conditions for considerable time, this is not respectful or dignified care.

We instructed that managers facilitate moving the person who was residing in the room with apparent mould on the ceiling. It is a significant concern that the service had not recognised the need for this person to live in a safe environment.

Water damage had compromised electrics in some areas. This had made these light fittings unusable until the damage was addressed by an electrician. Three dining rooms upstairs had historic damage to light fittings that has resulted in these rooms having two lights disabled since water damage last year. This indicated that the provider had not carried out essential repairs in a timely manner. Although these rooms were still useable, it is important for fixtures and fittings to be fit for purpose.

The recent rain fall had impacted on fire safety measures. Although these had been repaired by an electrician, at the time of the damage one smoke detector and emergency light was disabled. This had the potential to compromise the health and safety of people because of the impact on fire safety measures and the fire risk assessment.

Throughout the home there was new damage due to recent exceptional rainfall, as well as historic damage from water that had come into the building through the roof. Whilst we appreciate that the provider had taken some remedial actions, it is a serious concern that the provider had not taken the necessary actions to ensure that the roof was in a good state. This would have prevented further damage and unsatisfactory impact on people's wellbeing. (See the Improvement Notice on our website under the service name)

Some essential maintenance and safety checks were not completed. Moving and handling equipment and slings were not checked appropriately on a regular basis. This resulted in the six-monthly servicing identifying slings and one piece of moving and handling equipment to be unsafe and removed from use. The necessary checks should be completed by staff to ensure that unsafe equipment and slings are identified and removed from use. Using unsafe equipment increases the risks of harm and injury to people. (See Requirement 1 in section 'How good is our leadership?')

Guidance in regard to the checking of bedrails was not followed. This included measuring gaps between rails, the gaps between the rails and the mattress. Effective checking ensures that bedrails are safely fitted and reduce the risks of entrapment. We requested the service to remove one set of unsafe bedrails on one person's bed. There was no cover in place and the gaps between the rails were too wide and this was an entrapment risk for this person. Improvements must be made to bedrail checking and use, to ensure that there are no risks to the health and safety of people. (See Requirement 1 in section 'How good is our leadership?')

It is important for staff to work in safe working conditions. We noted that temperatures in the laundry were high. The provider should review the risk reduction measures in place to ensure that temperatures in this area provide a safe and comfortable working environment for staff. We signposted the Health and Safety Guidance for Care Homes as a resource to help inform the necessary actions.

It was positive to see that replacement flooring was being laid in the large dining/lounge downstairs. This would improve the appearance of this room. We felt that the consideration taken by managers as to how this area was used, helped to inform the times for the works to be completed. This helped minimise the disruption to people's use of the room.

## How well is our care and support planned?

2 - Weak

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

Care plans were in place for all people and were accessible to staff. They included anticipatory care plans and, where applicable, necessary legal documentation to support welfare guardianships and power of attorneys. Staff should be able to use these to direct care.

Care plans were reviewed inconsistently when changes in health occurred. Staff were not always made aware of changes in the care plan. For example, where one person had lost weight, staff were not aware of when to offer additional snacks to support the person maintain a healthy weight. This could result in inconsistent care and support. The service should ensure that care plans are reviewed when people's needs change and changes communicated with staff. **(See Area for improvement 1)**

People did not always receive care that was informed by their care plan. For example, where care plans stated that people should receive four hourly skin checks, records evidenced that this was not the case. One person's care plan stated they needed two staff to walk safely; however, we saw them unsupported and walking down the hall. Recordings of people's care, such as welfare checks and personal care charts, were completed inconsistently. This meant people's care could not be accurately monitored to ensure that current care plans were meeting their needs. The service should ensure that recordings that inform care are completed consistently and as per the care plan, for all people.

### Areas for improvement

1. To ensure people benefit from care that meets their current needs, the service should ensure that when people's health needs change, care plans are updated and that these changes are communicated with staff.

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); and

'My care and support meets my needs and is right for me' (HSCS 1.19).

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

### Requirements

#### Requirement 1

By 12 February 2024, the provider must ensure that people are given the opportunity and are supported to lead meaningful and fulfilling lives.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity of service 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 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 requirement was made on 6 November 2023.**

#### Action taken on previous requirement

Activity attendance had improved. An activity we observed, was well received by the people attending. The service had reviewed how activity staff were deployed, allowing for activities over the weekend. People had more opportunities to access activities.

At times, activities offered were inflexible. For example, we observed people indoors taking part in exercise when the weather was favourable. Staff did not offer people any opportunity to spend time outdoors. People should be offered the opportunity to spend time outdoors, should they wish.

Activity records and trackers showed some improvement compared to last inspection. However, there were still large gaps where people went several days without any activity or interaction out with their basic care routine. For example, one person's records showed that in two weeks, only two activities had been offered. Some people told us they could not spend time doing things they enjoyed. The service should ensure that activity staff review the frequency of activities for all people and ensure that all people have equal access to the activity provision.

This requirement is not met and will be reinstated. We have agreed an extension until 30 September 2024.

**Not met**

#### Requirement 2

By 12 February 2024, improvements must be made to the leadership and direction of staff to ensure that any deficits in care and poor outcomes are identified and corrective measures can then be taken.

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

This 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 requirement was made on 6 November 2023.**

#### Action taken on previous requirement

Senior carers were visible and directed staff during busier times such as, mealtimes. However, audits carried out by leaders were not used effectively, for example, bed condition checks. We saw several bed sides in a poor state of repair. There was no action taken to improve safety, despite this being a known risk. This could result in serious injury if improvements are not made.

At previous inspections, senior care staff were delegated responsibility to ensure that welfare checks were completed and ensuring paperwork was completed to reflect this. At our previous inspection in March, this had improved. However, this improvement has not been sustained. Several care charts, that should direct care staff, did not reflect the recommended plan of care. Care charts were not being completed consistently, meaning they could not be used to monitor people's health needs accurately. People were not benefitting from staff who were directed to care for them, consistently.

This requirement is not met and will be reinstated. We have agreed an extension until 30 September 2024.

**Not met**

## 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 reduce the risk of skin breakdown, the service should ensure that all people are offered opportunities to maximise movement.

To do this the provider should, at a minimum:

- a) Offer choice and encourage people to spend time out of bed and outside their room.
- b) Where people choose to spend time in their rooms more frequently, review this regularly and ensure people have sufficient opportunity to maximise movement.
- c) Enhance the service's activity offering so that it offers opportunities to maximise movement.

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

'I have enough physical space to meet my needs and wishes' (HSCS 5.22); 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).

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

### Action taken since then

We saw improvements in people using the dining space and lounge for both meals and activities. More people were seen to be out of bed and sitting in their chairs in their rooms. This meant more people were encouraged to move from bed.

We observed an activity, incorporating exercise, which saw lots of participation, movement and people reported that they had enjoyed this. When reviewing the activity record for last two weeks, there was some physical activities. The service should continue to review and improve their activity offering to continue to maximise movement.

**This area for improvement has 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](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	1 - Unsatisfactory
4.1 People experience high quality facilities	1 - Unsatisfactory
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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