Cameron House (Care Home)
Care Home Service

Culduthel Road
Inverness
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Telephone: 01463 243 241

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Unannounced

Completed on:
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Service provided by:
Church of Scotland Trading as Crossreach

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About the service

Cameron House is a care home for older people situated in a residential area of Inverness. The service provides residential care for up to 30 people. The provider is Church of Scotland trading as Crossreach Care Home service. At the time of the inspection there were 30 people living in the care home.

The care home is situated in a purpose built building located in a quiet residential area approximately two miles from the centre of Inverness. The two storey building is set in extensive, well-maintained grounds

The accommodation comprises of 30 single bedrooms, all with en-suite toilet and wash hand basin. There are several communal seating areas; a main dining room/lounge, TV lounge and a quiet sitting room that residents can use to meet with visitors. There is also seating areas near the entrance of the building. Upstairs there is a seating area and a small kitchen where tea and coffee can be made. Access to the first floor is via a stairway and there is a lift which is suitable for use by people with disabilities.

There is an open courtyard area and garden grounds, with a seating area at the front. The grounds are enclosed and allow people using the service to access the gardens in comparative safety.

The aims of the service included:
- to provide a happy and caring environment; enabling residents to live as independently as possible;
- to provide residents with individually designed care plans to meet their needs, being always mindful of their rights and choices;
- to positively encourage open and good relationships with relatives, advocates, professional agencies and other professionals in the wider community.

About the inspection

This was an unannounced inspection which took place between 9 July and 9 August 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 four people using the service and 14 of their family/friends/representatives. Additionally, 18 family/friends/representatives completed our survey.
- spoke with eight staff and management, which included agency staff. Additionally, 21 staff completed our survey.
- toured the building.
- observed practice and daily life.
- reviewed documents.

Key messages

• We saw examples of kind and sensitive care and support provided with warmth and affection.
• Staffing levels and skill mix were not sufficient and people's basic care needs were not always being met
• Opportunities for meaningful activity and interaction with staff was limited.
• Key areas of practice such as supporting people with stress and distress needed to improve.
• Food was not always suitable and people did not always receive the right support to help them to eat and drink
• People's care plans did not accurately reflect the care and support they needed.
• Management oversight and governance, including quality assurance processes needed to improve.

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?	3 - Adequate
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 evaluated this key question as weak. This is because we found important weaknesses. Whilst there were identifiable strengths, the impact of these were significantly compromised.

We saw some supportive relationships between staff and people who lived at Cameron House and heard positive examples from relatives about the care and support people received, for example:

"They have a great rapport with (my relative), they know how to engage with them".
"There are some really fantastic carers there who show great patience and perseverance".
"I really trust the staff; they try to do their best".

However, some relatives told us:
"To be honest, they do not excel at anything, they just do their jobs".
"The dining room area is 'canteen-like' and not very welcoming".
"Sometimes carers miss small things such as my (relative) wearing socks or stained clothes.

We saw that opportunities for meaningful activity and interaction with staff were limited. The service had a part time activity coordinator who had arranged some interesting and stimulating activity for some people. However, we saw that at times, people were missing out on routine activity. For example, we saw that walks did not take place when it was raining; residents were sitting in the dining room and lounge areas for much of their day with little interactions and nothing to occupy them or provide a point of interest to engage in. We could find little evidence to support that people who remained in their rooms had regular, planned one to one time with staff. **(See area for improvement 1).**

We saw that meals did not provide a nutritionally balanced diet for people. There were no fresh vegetables to accompany meals, and the presentation did little to stimulate people's appetite; we did not see any evidence of fresh fruit available to residents throughout the day. Although snacks were available, there was no evidence that residents were accessing these. Some meals were unappetising and difficult for residents to eat; for example; one of the evening meals offered a choice of chicken and rice or quiche and spaghetti hoops. The chicken and rice dish contained mostly rice with very little chicken and insufficient sauce to moisten the rice to make it easier to swallow for people; the quiche was also dry and difficult to swallow for some people. This increased risks of choking. The lunch menu offered a choice of beef or gammon steaks with chips or chicken casserole. Both the beef and gammon steaks were difficult for people to cut, chew and digest, there was no gravy to moisten it and all dishes lacked a serving of vegetables. Some needed assistance to cut their steaks, but this was not provided and we saw that many people just left their meal mostly untouched.

Some people were receiving modified texture diets, but it was not clear from the support plans to what level people's food should be modified. For example one person's plan said it should be to level 4 or 5, but not which foods should be at level 4 and which at level 5. We observed modified meals were highly pureed. Some people were assisted to eat, but this was delivered in a rushed way and not at the person's own pace, which increased the risk of choking.

From the care files we sampled we saw that people were losing weight. Some had experienced significant weight loss, but there were no nutritional care plan in place to support people to increase their nutritional intake. We did not see that staff were routinely monitoring food and fluids for people at risk of

malnourishment. People who experience unplanned weight loss should have their nutritional intake monitored to ensure they are receiving sufficient nutrition to maintain health. **(See requirement 1).**

Generally, we found the service had supportive relationships with external health professionals including GPs; speech and language therapists; podiatrists, dentists and community nursing service. This helped ensure that people's general health was monitored and people were supported to access community health services when they needed this. However, we were concerned about the number of people experiencing stress and distress. The service had not developed personal support plans to manage this effectively for people. We saw that staff did not respond to people's distress in a person centred way. For example: we saw that some people were disorientated and seeking comfort, but staff were focused on tasks and did not always recognise this as a need. We saw the positive impact that a little one to one time can have in reducing distress for people. The provider needed to ensure that they access specialised health services such as the community mental health team or the stress and distress team to enable staff to provide appropriate care and support for people experiencing stress and distressed reactions. See Requirement 1 under Key Question 5 - How well is my care and support planned.

Residents' personal funds were not managed as robustly as they should be. For example: Transaction sheets did not include the cash balance brought forward from the previous sheets; income and expenditure was entered into the wrong columns; and receipts were incorrectly numbered. This means that the service did not have a clear audit trail to track people's spending and it was difficult to identify when errors occurred or to track when shortfalls in balance reconciliation occurred. **(See area for improvement 2).**

We had some concerns in relation to the medication management and recording systems: for example:
- the medication plans did not always detail the protocols for as required medication;
- we could not see evidence that pain assessments were used to determine when pain relief was required;
- there were no records of people's weights for medication given that required people to meet a minimum weight requirement;
- evaluations to ascertain effectiveness when as required medication was given were not undertaken;
- daily counts of medications were wrong for a number of people;
- risk assessments re known side effects when co-codamol is given were not in place.

This presents potential risks to people from unsafe practice. **(See requirement 2).**

Requirements

1. By 30 November 2024 the provider must ensure that people's health and wellbeing is promoted and people have sufficient nutrition to meet their needs.

In order to achieve this, they need to ensure, but not limited to:
a) People have their nutritional needs assessed by competent professionals.
b) Where people experience significant unplanned weight loss, referrals should be made to dietetic services for assessment and support.
c) Develop nutritional care plans that detail how nutritional needs will be met, including how meals will be fortified and this information is shared with catering staff.
d) Ensure there are calorie dense foods and snacks available and accessible at all times
e) All staff have training in promoting nutrition and hydration, including texturised modified diets and how to assist people to eat.
f) Meals are presented in an appealing way, including use of colours to help differentiate between foods, and support people to make informed choices about their meals.

g) That there are robust systems to quality assure the care being delivered to service users to ensure that their nutrition and hydration needs are being met at all times.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:
'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37); and
'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13)

2. By 30 October 2024, the provider must ensure safe management and administration of medication.

In order to achieve this they must ensure but is not limited to:
a) Protocols for as required medication are developed to include details of when and why medication is to be administered.
b) As required pain relief must be informed by a pain assessment.
c) The efficacy of pain relief medication is evaluated and any follow up action taken is recorded.
d) Medication audits are completed accurately, clearly identify errors and detail actions taken to reduce risk of recurrence.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 (Principles) and 4(1)(a) (Welfare of users)

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)
'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 support the health safety and wellbeing of people, the provider should ensure:
a) There are always sufficient staff available to support people to achieve their outcomes, through regular participation in activities and being supported to maintain their preferred routines and interests.
b) Opportunities for meaningful indoor and outdoor activities are maintained and links with the local community promoted.
c) Activities and interests, as identified in people's support plans, are evaluated, and reviewed with people, or their representatives, on a regular basis to ensure they remain relevant for each person.
d) Detailed risk assessments are completed for people. This included but is not limited to the recreational, social, and cultural activities for each person and group outings.
e) Risks are reviewed and updated regularly with the person and their representative to ensure control measures remain effective

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);
'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18).

2. To support safe handling of people's monies and ensure their welfare is promoted and protected, the provider should review their system for managing people's monies.

At a minimum they should but is not limited to ensuring:
a) Residents' personal monies and valuables are stored securely in individual sealed wallets.
b) Two members of staff are present and sign receipts for cash withdrawals, deposits and reconciliations.
c) Discrepancies in cash balances are reported to the manager.
d) Suspected theft must be reported to appropriate agencies including the Care Inspectorate.
e) Staff adhere to Crossreach's policy on managing people's finances.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:
'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20);
'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.5)

How good is our leadership? 2 - Weak

We evaluated this key question as weak. While we saw some strengths these were compromised by significant weaknesses which, taken together, substantially affect people's experiences or outcomes.

Managers were not a visible presence in the service. We saw this during our inspection visit and this was also identified as an issue by staff in response to our survey. Some staff said they did not feel supported or confident in carrying out their role, that things they brought up with the management team were not actioned and that management oversight needed to improve.

Although many relatives were positive about the leadership in the service, some said that the concerns and issues they raised had not been actioned.

Comments included:
• I feel (my relative's) mental wellbeing has declined and I'm not sure if this is being addressed as it should be.
• I can raise concerns, but I'm not sure how and if they are dealt with, I know on occasions comments and concerns do fall on deaf ears.
• Cares and concerns are not always acted upon.

The service had no provision for management cover over weekends when there were significant numbers of agency staff on shift. There were no formal on call systems to support staff in the event of an emergency and no policy or procedure for staff to follow if emergency contact was required. There was no formal on

call log system in place that would provide an overview of contacts made and actions taken. This indicates that management arrangements do not support the needs of the service.

The area manager confirmed there were only informal arrangements for on call where the managers work alternative weekends, which resulted in managers having to provide support outside of their working hours. This did not take account of the safer staffing legislation with regard to the well-being of staff; nor provide staff the reassurance and confidence of a named person to contact in an emergency. This means that there is no effective oversight and governance of the service to identify risks and ensure appropriate action is taken to improve outcomes for people. This includes leadership behaviours which create the right environment for safe quality care. **(See requirement 1).**

Quality assurance procedures were not effective in identifying what was working well and why; what was not effective and what action they were going to take to improve it. For example:
- Although accident and incident forms had been completed, we could not see evidence of an overview of accidents/incidents/adverse events or any analysis completed in relation to any accidents or incidents that would indicate that risks and risk reduction had been considered, and actions taken to mitigate those risks.
- Medication audits were not effective in making improvements in relation to the medication errors that we saw during our inspection. (See requirement 2 under Key Question 1).
- Housekeeping and cleaning audits were completed monthly. These showed that some deep cleaning and enhanced cleaning had not been completed over several months despite outbreaks of infection occurring.
- Staff competency assessments were completed but provided very little information on the staff member's competency in any area of their practice. Records did not give any detail of the practice being assessed or any evaluation of the observed practice.

The service had developed an improvement plan which identified areas where the service wanted to make improvements. Priorities were set as high, medium and low, but there were no timeframes detailed for improvement action to start or to be completed by. For example: a high priority for the service was to audit residents' personal support plans monthly. This had not been actioned and a review date to assess progress had not been set.

The outcomes from audits did not inform or update the improvement plan, and did not generate an action plan to improve service delivery or put in place measures to manage identified risks. This meant that the managers and the provider did not have an overview of the service's performance in key areas, including supporting the health, welfare and safety of people using their service. **(See requirement 1).**

Requirements

1. By 30 November 2024, the provider must ensure that there is effective governance at service level to; monitor and manage quality of care, oversee and provide guidance to management and staff, and effectively identify and drive improvements in the service.

In order to achieve this they need to ensure, but not limited to:
a) Develop a formal policy and procedure for on call for all staff and also to support the high use of agency staff.
b) There are systematic and effective quality management and quality assurance systems in place to drive improvement in the care service.
c) That, where improvements are identified, these are taken forward as a matter of urgency to address potential impacts on people's experiences.

d) That staff are led, directed and supported by suitably qualified, skilled, and compassionate leaders on each shift.

This is in order to comply with the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) S7(1) - Duty on care service providers to ensure appropriate staffing.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 3 (Principles) and Regulation 4(1)(a) (Welfare of users).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:
'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)
'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 evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

The staffing levels were not sufficient to meet people's current level of need. Staff told us that there were often insufficient care staff on shift to support people's safely. This was because there were significant vacancies and the service was heavily reliant on agency staff to cover shifts.

We saw there was a high level of agency staff, and whilst we were told the service tried to ensure agency staff members were on shift regularly, which supports consistency for residents; it did not always account for the needs and preferences of people using the service.

As staff resources were limited, we observed during the day only basic levels of interactions with people using the service, which meant that people were not always being supported to have a meaningful day or connect to their local community.

Some of the relatives also expressed concern about staffing levels and high level of agency staff used in the service.

Comments included
"Communication regarding (resident) is difficult when the majority of staff are agency".
"The staff are great, however, I do feel there should be more of them on duty through the day".
"Some of the staff lack experience".

Staff competency and skills mix had not been a consideration in developing staff rotas. This was because of the high level of staff vacancies and the service's reliance on agency staff being available. This meant that people were not getting the care they needed because skilled staff are vital in providing positive outcomes for people.

We did not see any evidence that the service had taken account of:
- the needs of residents and fluctuating dependency levels;
- forward planning for leave and staff training;
- support to residents living with dementia;
- contingency for unplanned absence;
- layout of the building and deployment of staff;
- staff wellbeing.

Staff did not always respond appropriately to people calling out with signs of stress and distress. We saw that people were left on their own for much of the time and some expressed boredom. We observed many residents sitting at dining tables or walking aimlessly around with no interactions due to limited staffing. Staff told us that only the able, vocal residents were included in activities; some relatives felt that their loved one was 'bored and lonely'. Some of the relatives we spoke with reported a lack of attention to people's personal appearance; for example, they had noticed stained clothing and items of clothing not returned from the laundry.

We saw from the staff rotas, that there were less staff than planned in June and July. This was evident on day shift and night shift. This meant that the service was not appropriately staffed safely to meet the health and wellbeing of residents. **(See requirement 1).**

As highlighted elsewhere in this report, we had concerns with regards to staff knowledge and skills in relation to moving and assisting people, first aid, stress and distress, nutrition and hydration. Training plans over the last year showed some essential training had been delivered including:
- medication;
- moving and handling;
- nutrition;
- safeguarding;
- First Aid.

Staff training records indicated that few staff had completed these training events, and we did not see any evaluations to support that training had improved knowledge and practice for staff.

There were no training needs analysis for individual staff members that could be used to inform a training plan. **(See area for improvement 1).**

We did not see evidence through staff competency assessments, direct practice observations, reflective accounts or supervisions that training had improved staff practice or knowledge.
Competency assessments that we sampled, were poorly completed and did not include a description of the practice being observed or assessed or objective evaluation of their practice. Competency assessments did not inform supervisions; training needs analysis; or provide information to enable the manager to ensure shifts were covered with an appropriate mix of skills and experience.

Requirements

1. By 30 October 2024, the provider must ensure that people are supported at all times by sufficient numbers of suitably skilled staff to meet their health, safety and wellbeing needs. This must include, but is not limited to, ensuring people's emotional wellbeing needs are met, particularly people who experience stress and distress.

In particular you must ensure that;
a) Staffing levels and skill mix are informed by an effective process for assessing each service users' care and support needs and how many staff hours are needed to meet service users' needs, including when there is a significant change in those needs.
b) There are enough suitably qualified, knowledgeable and skilled staff on shift at all times to meet service users' care and wellbeing needs as well as their preferences, at all times.
c) That staff are conversant with service users' needs and are deployed effectively throughout the care service according to their skill set.
d) That staff have the right knowledge, competence and skills to safely care and support service users. This includes but is not limited to; moving and assisting, First Aid, nutrition and hydration, and managing stress and distress.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) (Welfare of users) and sections 7 and 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

This is to ensure care and support are 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);
'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18)

Areas for improvement

1. The provider should ensure that staff are consistently supported in their role. In order to achieve this, they should ensure that they implement a formal process of professional support, reflection and learning for staff that contributes to their professional development.

In order to achieve this, the provider should ensure:
a) Competency assessments accurately reflect the skills, knowledge and practice demonstrated and identifies any gaps in staff practice.
b) Develop individual training needs analysis for each member of the care team based on the outcomes from competency assessments.
c) Training needs analysis informs meaningful annual training plans for the service.
d) The impact of training on staff is evaluated to support their professional development.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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);
'I use a service and organisation that are well led and managed'. (HSCS 4.23).

How good is our setting? 3 - Adequate

We evaluated this key question as adequate. There were some strengths, but these just outweigh weaknesses and the likelihood of achieving consistently positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Relatives have commented positively on the homely environment and welcoming atmosphere. Comments included:
- "I find it very welcoming, it's a very personal place".
- "The charitable status of the home means it is much more homely".
- "The home is always clean, and ... has a lovely room".
- "The dining room area is 'canteen-like' and not very welcoming".
- "It's the friendliness and family-ness of the place that is great".
- "The building a is a bit tired and could be spruced up a bit".
- "the cleaning staff work so hard to keep the place in good order".

The home looks cleaner and brighter following the deep cleaning from the outbreak of Covid-19. We sampled the cleaning records and cleaning audits. This showed that there were days when cleaning was not completed and enhanced cleaning was not in place during the outbreaks of infection. This means that people were not protected from the spread of infection because cleaning schedules and regimes are not based on good practice guidance or carried out when needed. **(See requirement 1).**

The home benefits from the service of a handyperson to keep on top of repairs and maintenance. Requests for repairs and routine maintenance are recorded in the handyman's notebook, but there is no record of when these were actioned and completed. Records and record keeping needed to improve so that there are complete records of what action was taken, when it was requested, when it was completed and who completed the repair, or serviced, or assessed as irreparable and the date of disposal.

We saw that the home looked tired and in need of updating and refurbishment. Some of this work was underway and we were advised that there had been a new boiler installed and windows were being replaced. The service had developed a refurbishment plan to keep oversight of the work and identify priorities for upgrade.

Staff told us that some of the rooms can be very hot or very cold. The radiators did not have the facilities to enable temperatures to be regulated and room temperatures were not being monitored. This meant that some people were not able to enjoy a comfortable temperature in their rooms. At the time of the our visit, the manager agreed to organise room thermometers. However, there needs to be guidance for staff to follow regarding what the room temperature should be, the residents' choice regarding their preference of temperature and what actions are to be taken if the room temperature is not appropriate.

At the last inspection we made an area for improvement to ensure that maintenance that has the potential to affect people's safety, is prioritised and rectified in a timely manner. During our visit we observed areas in the home that were obviously in need of repair. This included worn worktops around the sink where residents were supported to wash their hands. The wear had exposed the underside of the sink where dirt and grime had gathered, presenting a risk of spread of infection. The flooring was also significantly worn. The flooring in front of the external door in the dining area was uneven. and there were several potholes in the driveway presenting a trip hazard. Windows did not always close. Although there was a plan to replace old windows, these should be checked regularly.
The area for improvement had not been met, and we saw that the potential risk to residents had increased. **(See requirement 1).**

The refurbishment plan dated from 2022. While some projects had been completed, many still had not started or were only partly completed. There did not appear to be anything identified or completed in 2024. The manager should be reviewing and updating this annually.

Requirements

1. By 30 November 2024, the provider must ensure that people's health, welfare and safety are promoted and protected. The provider must ensure that repairs and maintenance that have the potential to affect people's safety are actioned and completed as a priority.

This must include but is not limited to:
a) Ensure infection prevention and control is effective, monitored and evaluated to ensure best practice.
b) Damaged fixtures and fittings that have potential to harbour bacteria and germs are repaired or replaced as a priority.
c) Any internal and external maintenance and repairs having the potential to cause harm to residents are actioned as a priority.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 10 (Fitness of premises) and Regulation 4(1)(a) (Welfare of users).

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 well is our care and support planned? 2 - Weak

We evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

We sampled a number of care plans and found that the information recorded did not fully reflect the person's needs. The format of the care plan was not straightforward and analysis was lacking to ensure there was clear guidance on how care staff were to support people.

We were not confident that staff understood the legal documentation regarding Welfare Guardianship and Power of Attorney. There was conflicting information regarding a person's capacity, and we were not confident that the term "capacity" was well understood. This meant that it was not clear from the care plans what support people required.

For example, one care plan stated the person had capacity to make their own decisions and staff should gain consent before offering support. However, we also saw that there was an incapacity certificate in place for that person. The care plan detailed a number of areas where they were deemed to be independent, including with personal care, but from our observation they were clearly unable to manage tasks without a significant level of staff support.

Care plans were written in a person centred way, but they did not identify outcomes for people and they did not clearly set out how people's health, wellbeing and safety needs would be met. We found that staff knew about people's needs and preferences, but these were not recorded in their care plans. For example, the care plan for one person who required a modified diet, contained ambiguous information so it was unclear of the type of meal they required. We learned from staff that their preferences for food had changed but this was not reflected in their care plan. This means that staff who are new to the service or had been off

work for a while would not have the relevant information to support people in the right way to meet their health, wellbeing and safety needs.

Assessment, care planning and evaluation were not being effectively used to ensure people received the right care. We were not confident that the provider and staff had a good understanding of people's needs or the care that they required to feel safe, happy and well.
(See requirement 1).

Requirements

1. By 30 November 2024 the provider must ensure that service users experience safe and compassionate care and treatment that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with nutrition, falls, stress and distress, and moving safely.

In particular, but not exclusively, you must ensure that:
a) Service users' assessments, care plans and any relevant supporting documents set out service users' health, safety and wellbeing needs and preferences and detail how they should be met, including when there is a significant change to those needs.
b) Staff responsible for clinical oversight have the necessary skills and knowledge to assess service users' health, safety and wellbeing needs, including when there is a significant change in those needs.
c) Staff at all levels must take appropriate actions as are necessary to ensure that service users consistently experience safe and compassionate care, ensuring service users receive assistance that meets their care needs and preferences at all times.
d) Managers, nursing and care staff understand and fulfil their roles and responsibilities in relation to promptly identifying, reporting and responding when there are changes in service users' health, wellbeing or safety needs, including when service users may be unhappy or at risk of harm.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210); Regulation 4(1)(a); and Regulation 4(2) (Welfare of users); Regulation 5(1;) and Regulation 5(2)(b)(ii) (Personal plans).

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)
'I am assessed by a qualified person, who involves other people and professionals as required'. (HSCS 1.13)

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 support people's health and wellbeing, the provider should improve how they communicate concerns about people's health and wellbeing, in particular when someone is isolating due to an infectious illness.

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 area for improvement was made on 25 April 2022.

Action taken since then

We received some notifications with regards to the recent outbreaks of vomiting and diarrhoea and Covid-19; but the manager needed prompting to submit them in a timely manner. The number of notifications received did not match the information we received from Public Health or from staff.

The area for improvement is **NOT MET .**

Previous area for improvement 2

To support the safety of the environment, the provider should ensure that maintenance that has the potential to affect people's safety, is prioritised and rectified in a timely manner.

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).

This area for improvement was made on 25 April 2022.

Action taken since then

Actions agreed at the last inspection were met, however, since then there have been other maintenance issues that compromise the health and safety of residents and these had not been identified on the service improvement plan or the refurbishment plan.
We have made a requirement in relation to these.

(See requirement 1 under key question 4).

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?	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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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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