

# Hillview Care Home Care Home Service

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Clydebank  
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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Advinia Care Homes Limited

**Service provider number:**  
SP2017013002

**Service no:**  
CS2017361014

## About the service

Hillview Care Home is a purpose-built care home in the Dalmuir area of Clydebank. Good public transport provides 15-20 minute links to the main Clydebank shopping centre. The care home is close to local shops and facilities.

The care home is registered to provide support for up to 150 older people, including eight with physical disabilities. Five houses, accommodating 30 people each, provide ensuite bedrooms as well as communal areas and dining rooms. A separate building houses the main kitchen, laundry and administration offices.

The service has extensive communal garden areas and people living on the ground floors of the five houses are usually able to access garden space directly from their bedrooms.

130 people were living in the service during the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on site on 20, 21 and 22 August 2024 between the hours of 07:00 and 19:00. We continued to collect evidence electronically and remotely on 23 and 26 August 2024. The inspection was carried out by four 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 ten people using the service and received six questionnaires
- spoke with eight relatives who were visiting and received feedback from another 20 family members through our questionnaires
- spoke with 25 staff members and management and received feedback from a further 40 staff through our questionnaires
- observed practice and daily life
- reviewed documents
- received feedback from two visiting professionals.

## Key messages

People were treated with kindness and respect.

The provider and staff have good working relationships with external health professionals.

Activity and meaningful structure for people needs to be improved to support wellbeing.

Staffing numbers are not always enough to meet the needs of people.

The home is progressing with the environment refurbishments.

As part of this inspection, we assessed the service's self-evaluation of key areas.

We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support 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?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

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

## 3 - Adequate

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

Key external health professionals were involved with people's care appropriately and effectively. Professionals told us that staff followed advice given to them to support people to remain as well as they could with appropriate referrals being made to them. We heard that communication was good and that positive working relationships had been formed. This ensured that people's health needs were being monitored and responded to.

We found that care plans highlighted key information on how people should be supported in most instances. The staff team responded to people's individual health needs well, this included nutritional needs, wound care and the provision of equipment to support people to remain safe and well. Risk assessments were updated regularly and appropriately. People received their medication safely and at the time it was required. Residents and relatives we spoke with told us staff treated them with kindness, dignity and respect.

Care plans we looked at in some instances had gaps with regard to personal care recording, some comments in returned questionnaires also indicated this area could improve. We spoke with some relatives who were visiting and who were happy with the personal care provision. We have repeated a previous area for improvement and will re-visit this at a future inspection. **(See area for improvement 1).**

The mealtime experience for people across the units was variable, with some units supporting residents well and meeting people's needs. We observed kind and attentive interactions from staff towards residents.

Menus had recently changed across the units and we heard that a lot of the choices were not enjoyed. Textured diets were not well presented for some people. People should be involved in discussions with kitchen staff and their preferences considered. **(See area for improvement 2).**

Menu choices were also variable with some units being offered more choice and being supported to make their preferences known. For people in units who were living with dementia, we found that staff shortages impacted on people's experience in that not enough staff were available to support residents at the time they needed it. A number of residents were leaving the table frequently before their meal was eaten. In some instances, we did not see people being supported to return to the table as staff were already assisting others. **(See area for improvement 2).** We have discussed staffing numbers later in our report under 3.3 "Staffing arrangements are right, and staff work well together."

People should be offered activity that is of particular interest to them by linking this to their life histories and likes and dislikes. Attempts by the provider had been made to provide activity and for one unit in particular, the strength and balance programme had resulted in improved mobility for some people. However, not everyone in the other units had opportunities to be socially active. A common theme from relatives, staff and resident feedback indicated there was not enough meaningful activity provided. This can result in low mood, boredom and social isolation. We received numerous notifications about residents being distressed, in particular for the units where people were living with dementia. We have discussed this further under key question 5 "How well is our care and support planned?" The provider is currently actively seeking staff to co-ordinate and provide meaningful activity to support people. Currently there are limited

hours of activity provision. We have extended the date on the requirement we made previously in this regard. **(See requirement 1).**

We received relevant notifications from the service in most instances about the wellbeing of residents. We found during the inspection two incidents that had not been reported to us. We need to have an accurate record of such incidents so we have opportunities to explore further when necessary to ensure residents are kept safe from potential harm. We have repeated a previous area for improvement we made in this regard. **(See area for improvement 3).**

## Requirements

1. By 25 November 2024, extended from 12 August 2024, the provider is required to make proper provision for social events, entertainment and activities which meet the assessed need and choice of people who use the service and are in line with good practice. The provision of activities must be clearly recorded within the personal plan of the individual resident as well as the activity planner.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: principle 3 - promoting respect and choice.

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).

## Areas for improvement

1. People should be supported with personal care as per their preference and choice. Specific details should be recorded and made known to support staff.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

2. The mealtime service in the units where people live with dementia should improve with enough staff being available to assist people who need it. People should be offered plated options and be supported to make their choice.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" (HSCS 1.34) and "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33).

3. The service provider should ensure notifications are submitted to the Care Inspectorate in accordance with the guidance on notification reporting.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty." (HSCS 3:18)

## How good is our leadership?

## 3 - Adequate

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

The quality assurance systems evidenced oversight of the principal areas we would expect to see. These areas included the clinical needs of people such as wound care, weight loss, nutrition and infection. We could see that current and ongoing concerns in these areas were monitored well with corrective action identified where required. This ensured people remained safe and well.

Other key areas such as incidents, falls, and resident altercations were also recorded and monitored. The service should further analyse the findings of these audits and cross reference staffing levels with the incidents to support staff deployment. We have discussed resident altercations and falls reduction later in our report under key question 5 "How well is our care and support planned?". Complaints and concerns were recorded well and relevant timely responses with identified actions carried out.

The management team evidenced observations of staff practice at various times of the day and night. The findings supported staff practice and training. There was a development plan in place that captured the overviews and relevant improvement actions for each of the five units. In some instances, we did not see how quickly matters had been resolved as there appeared to be a standard response period for actions, some of which we felt could have been resolved quickly. We noted that the manager had taken on board numerous tasks that could be delegated to others to support the development of the service. The audits would be strengthened further by involving the wider staff team and delegating areas of responsibility that would also enhance their knowledge and practice. **(See area for improvement 1).**

We concluded that some of the identified actions within the audits could be difficult to implement. An example of this was the expectation of staff to support residents displaying distress by undertaking and providing an activity. Our assessment was that at times the full staffing arrangements were not always provided that would allow for this. Further feedback from staff surveys returned to us indicated that a third of the staff felt rushed in their day-to-day tasks making it difficult to find the time to take on activity work. This is further highlighted under key question 3 "How good is our staff team?".

Staff told us they felt well supported by the management team and the majority of staff received regular supervision. The records we sampled were variable, not all showed if actions had been followed through. Not all supervision records used a standard template. Attempts had been made to have staff meetings; however, these did not always take place and previous actions, or current actions were not clearly evidenced in some of the paperwork that we sampled.

There were limited opportunities for relatives and residents to provide feedback on the service. Meetings arranged in the units had not been well attended. We asked that the service progress with gathering of feedback from residents and relatives in particular, with regard to their care and support and the meal time experience. **(See area for improvement 2).**

### Areas for improvement

1.

In order to ensure people have the best quality of care and support, everyone should have the opportunity to be involved in improvement activities. Audits should be delegated to the wider staff team to ensure timeous actions are completed to support the management team.

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.  
In order for improvements to be identified and acted upon, people or their representatives should have regular and meaningful opportunities to provide their views on the service they receive.

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 give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8).

## How good is our staff team?

## 3 - Adequate

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

Staff should have the knowledge and training to support people well.

We observed kind, patient and responsive practice from staff towards residents they supported. We also heard very positive feedback from relatives and residents we spoke with. Comments from health professionals included the following;

"Many members of staff are aware of current issues affecting residents health and wellbeing , and are proactive, seeking advice and support from external health professionals when required" and "I observe interactions between staff and residents living in the care home are warm and it is clear that staff know each resident well ."

Returned questionnaires from relatives indicated that there was a high level of satisfaction with regard to staff knowledge and how people's needs were met. Comments included:

"I feel staff are very helpful, always happy to help check on me a lot and I can speak to staff about anything at anytime."

"The staff are always helpful when I need them."

"My mum has both good and bad days, but all the staff in the unit are so caring, and very professional, I know she is more than well looked after."

We sampled staff records of people who had been recruited most recently and their inductions. We were not able to see why candidates had been selected for their posts as interview notes were brief. The inductions were not fully available for us to see as new booklets were being implemented as previous booklets had not been well recorded. We could not see how staff were being supported by the management team or peers throughout their induction period, or if discussions had taken place regarding their knowledge and competencies. We did see induction training records that had been completed. We have repeated an area for improvement previously made. **(See area for improvement 1)**. We were advised by the provider these processes have been reviewed and will be improved and implemented going forward for new staff. We will continue to monitor this.

Training records evidenced that staff had completed all mandatory and expected training. The majority of this was electronic learning. Feedback from staff indicated other types of training would be welcomed. The training in place for dementia was not at the skilled level we would expect to see or in line with the Promoting Excellence Framework promoted by the Scottish Social Services Council (SSSC). The provider told us they had also recognised this and were in the process of arranging further training opportunities. We advised that all staff working in the units that supported people with dementia should be prioritised with regard to stress and distress training with external training being explored to support staff development. We will continue to monitor this. **(See area for improvement 2).** We were provided with assurance from an external health professional who told us staff supported people living with dementia well, had long and good relationships with residents and made appropriate referrals in this regard to try and alleviate stress and distress.

People should be supported at the time that they need it by sufficient staffing levels being in place. We have previously highlighted staffing shortages earlier in our report that impacted on mealtime experiences. We completed a detailed observation of staff engagement with residents living with dementia over a 40 minute period. Our findings told us that for some people, there was a lack of staff interaction. We shared our findings with the management team. **(See area for improvement 3).**

We did not think the provider calculations evidenced sufficient staffing levels. No allowances had been made for staff involvement with supervisions, training, family discussions or hospital appointments that all take time away from direct care provision. Additionally, we did not see that peak care times such as mornings and lunch times indicated sufficient staff numbers. We have asked that the provider revisit this area and take these additional factors into account. We signposted the provider to the Safer Staffing legislation and guidance that consider tools and methods. **(See area from improvement 3).**

There is a high level of absence that impacts on the staff team, with at times cover not being able to sourced despite very good efforts by the management team. We heard very strongly from the staff comments we gathered that this can make their day more stressful and rushed. A high percentage of relatives and staff themselves were also concerned about staffing levels. We have asked the management team to consider the mix and deployment of staff throughout the home to ensure the units with the highest care need is prioritised. **(See area for improvement 3.)** There is a high use of both agency and care staff due to these factors alongside current vacancies but we heard that new care staff and nursing staff are in the process of being recruited. We will continue to monitor this.

We signposted the management team to refer to information to support this area: [www.gov.scot/publications/health-care-staffing-scotland-act-2019-statutory-guidance](http://www.gov.scot/publications/health-care-staffing-scotland-act-2019-statutory-guidance) and [hub.careinspectorate.com/how-we-support-improvement/quality-improvement-programmes-and-topics/staffing-method-framework](http://hub.careinspectorate.com/how-we-support-improvement/quality-improvement-programmes-and-topics/staffing-method-framework).

## Areas for improvement

1. The provider should ensure all staff recruitment follows the provider's own recruitment policy.

This is in order to comply with Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24).

2. In order to support people living with dementia, staff should have the appropriate level of training in line with the Promoting Excellence framework as highlighted by the Scottish Social Services Council (SSSC).



This is in order to comply 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).

3. To support positive outcomes for people, the provider should ensure there are suitably qualified, skilled and experienced staff working in the service in such numbers that are appropriate for the health and wellbeing of people experiencing care.

This is in order to comply with Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "People have to support and care for me and to speak with me." (HSCS 3.16).

## How good is our setting?

### 3 - Adequate

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

The provider had re-furnished one of the five units to a high standard. This included fresh and contrasting decor, flooring and signage to support people with orientation. One relative told us "The new renovations are gorgeous and a fantastic improvement."

Comments regarding other units in the home included, "the home is tired and needs an upgrade, decorated and new furniture in the rooms." There are plans to upgrade the remaining units to the same standard. People were able to personalise their bedrooms and we noted that equipment provided such as sensor alarms and call bells were in good working order. The home will continue to consider the King Fund tool to support the remainder of the environment. **(See area for improvement 1).**

The cleaning records were well recorded and we had no concerns about the cleanliness of the units and equipment that people used. We were able to see well stocked PPE (personal protective equipment) stations and infection control processes were adhered to.

There were smaller quieter rooms within the main lounges that could be utilised further, for example to support mealtimes for some people who would benefit from a less busy environment. A hairdressing salon was also in place and this service was enjoyed by the residents. A comment we received with regard to the outside area stated "upkeep of the gardens is poor. Grass needs cut regularly." We saw that plans had been identified to address the outside space, such as raised flower beds and other actions.

All documentation was in place with regard to the environment including statutory, safety and maintenance checks for key areas to keep people safe.

### Areas for improvement

1. The provider should make use of the Kings Fund assessments and tools with view to improving the design of the care home and the environment for people with dementia and other cognitive challenges.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

## How well is our care and support planned?

## 3 - Adequate

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

Care planning evidenced in the majority of cases, up-to-date information to direct staff, including updated risk assessments to assist with minimising risks identified. These plans helped to inform reviews that took place when changes took place, as well as the formal six-monthly reviews.

We found that information with regard to stress and distressed behaviours was recorded, but was at times, fragmented throughout different areas of care plans. It was not clearly evidenced in one co-ordinated plan what could trigger an individual's distress, or the particular de-escalation interventions to support them. Charts to monitor patterns of distress had been completed for key professionals, however these had not been retained for staff to refer to. This could have the potential for opportunities to support people to be missed, in particular, when agency staff are on duty who do not know people well. **(See area for improvement 1).**

Reviews should support staff interventions and future planned care. The six-monthly reviews were recorded inconsistently. Some were detailed with relevant information whilst others were brief. Some of the reviews did not include feedback from relatives or representatives, in particular for people who could not articulate their own views. **(See area for improvement 2).** We were assured from feedback from relative questionnaires that they felt involved in decisions about their relative's care and support and were kept informed of any changes or incidents.

We saw referrals being made for people who had injuries after a fall, however there were long waits for people to be seen. People were provided with equipment where this was required, but it was not clearly evident what plans were in place to support people to regain strength and confidence. We suggested that the service look at other resources and sources of support to people going forward and to consider the principles of the Care about Physical Activity (CAPA) programme developed by the Care Inspectorate. This helps people to keep mobile and as active as possible. **(See area for improvement 3).** We heard that the service is planning to roll out the strength and balance programme to the units that would benefit from this. We will continue to monitor this.

### Areas for improvement

1. In order for people to be supported consistently, people living with dementia should have clear plans of support outlining how distress can be prevented or de-escalated.

This is in order to comply with the Health and Social Care Standard (HSCS) that state "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

2. People who are unable to articulate their own views should have their appointed person included in the review process to ensure the best plan of care is fully recorded and acted upon.

This is in order to comply with the Health and Social Care Standards (HSCS) that state "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12) and "My future care and support needs are anticipated as part of my assessment" (HSCS 1.13).

3. People should be supported and encouraged to regain their confidence, strength and mobility after falls to the best of their potential.

This is in order to comply with the Health and Social Care Standard (HSCS) that state "I am confident that people are encouraged to be innovative in the way they support and care for me" (HSCS 4.24).

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

### Requirements

#### Requirement 1

By 10 July 2022, the provider must ensure that the approach to quality assurance, including audits and observations, is reviewed and improved. This must include the development of clear action plans, detailing the areas for attention, staff responsible, timescales for action and outcomes for people.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; 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 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).

The deadline for this requirement had been extended to 1 August 2023. It has been further extended until 22 April 2024. Deadline revised to 12 August 2024

**This requirement was made on 1 April 2022.**

#### Action taken on previous requirement

Reference is made to the improvements we saw under the heading "How good is our leadership?"

**Met - outwith timescales**

#### Requirement 2

By 15 March 2024, the provider must promote the health, welfare and safety of people experiencing care by ensuring that all personal plans, risk assessments and related recording tools are accurate and contain sufficient detail to inform staff of people's individual social, emotional and physical support needs in all aspects of daily living and that these needs are appropriately met.

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

- a) each person receiving care and support has a detailed personal plan, which reflects a person-centred and outcome focused approach.
- b) personal plans contain accurate and up-to-date information, which directs staff on how to meet people's care and support needs.
- c) personal plans contain accurate and up-to-date risk assessments, which direct staff on current/potential

risks and risk management strategies to assist in minimising the risks identified.

d) records reflect the effectiveness of the implementation of the care and support being received by people, as set out in their personal plans and other recording tools, and this information is used to inform reviews.

e) personal plans are regularly reviewed and updated, with involvement from relatives and advocates.

f) detailed six monthly care reviews are undertaken which reflect people's care needs and preferences.

This is in order to comply with:

Health and Social Care Standard 1.15: 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.

Regulation 5(3)(a)(iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 4 January 2024.**

#### Action taken on previous requirement

Element (b) of this requirement is unmet reflected in area for improvement 1 under the heading "How well do we support people's wellbeing?". Element (f) of this requirement is also unmet and has been reflected in area for improvement 2 under the heading "How well is our care and support planned?" The remaining areas have been met and are discussed further under these headings.

#### Met - outwith timescales

### Requirement 3

By 15 March 2024 the provider must ensure people are safe and receive care and support that meets their needs.

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

a) people's skin integrity is assessed and monitored and when a risk is identified, an appropriate prevention and management plan is in place which reflects this, and details what measures are put in place to minimise the risks

b) the treatment plan is followed, ongoing monitoring is undertaken and recorded to allow further assessment and details any amendment to the treatment plan

c) care staff are trained and knowledgeable in skin care and integrity

d) where people have developed a moisture lesion, pressure ulcer or wound, staff record and monitor progress and seek external professional support and advice when necessary.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 4 January 2024.**

### Action taken on previous requirement

We sampled care plans for individuals who required wound care. We saw evidence of advice being sought from key health professionals and plan of care being followed. Tape measures to track improvement or deterioration had been purchased, photographs were also taken. Equipment was provided to people who were assessed as needing this such as air flow mattress and repose boots. Charts were overall well recorded. Records also indicated people were supported with hydration and nutrition to support wound healing.

This requirement has been fully met.

**Met - outwith timescales**

## Requirement 4

By 12 August 2024, the provider is required to make proper provision for social events, entertainment and activities which meet the assessed need and choice of people who use the service and are in line with good practice. The provision of activities must be clearly recorded within the personal plan of the individual resident as well as the activity planner.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: principle 3 - requirement about promoting respect and choice.

**This requirement was made on 14 June 2024.**

### Action taken on previous requirement

We have made reference to activity provision under "How well do we support people's wellbeing?". We have extended the date for this to be met to 25 November 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

The provider should ensure all staff recruitment follows the provider's own recruitment policy.

This is in order to comply with: Health and Social Care Standards (HSCS): 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

**This area for improvement was made on 13 March 2023.**

#### Action taken since then

This area for improvement has not been met and is referred to and repeated under the heading "How good is our staffing?".

#### Previous area for improvement 2

The provider should make use of the Kings Fund assessments and tools with view to improving the design of the care home and the environment for people with dementia and other cognitive challenges.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

**This area for improvement was made on 13 March 2023.**

#### Action taken since then

This area for improvement has not been met and is referred to and repeated under the heading "How good is our setting?"

#### Previous area for improvement 3

People should be supported with personal care as per their preference and choice. Specific details should be recorded and made known to support staff.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

**This area for improvement was made on 4 January 2024.**

#### Action taken since then

This area for improvement has not been met and is referred to and repeated under the heading "How well do we support people's wellbeing?" of this report.

#### Previous area for improvement 4

The service provider should ensure they have an accurate record of all staff who worked in each unit of the care home including agency staff.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

**This area for improvement was made on 8 May 2024.**

#### Action taken since then

We were provided with the names of the staffing including agency staff, throughout our inspection. We also were advised that there are electronic registers in place that record staff on daily duty. This area for improvement has been met.

## Previous area for improvement 5

The service provider should ensure notifications are submitted to the Care Inspectorate in accordance with the guidance on notification reporting.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

**This area for improvement was made on 8 May 2024.**

### Action taken since then

This area has not been met and has been repeated in our report under the heading "How well do we support people's wellbeing?".

## Previous area for improvement 6

The service provider should ensure people experiencing care have ongoing monitoring for signs of further deterioration when they become unwell and when necessary, external medical input should be obtained without delay.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

**This area for improvement was made on 8 May 2024.**

### Action taken since then

We were able to see that external professionals had been contacted when a person's health declined. We could see advice had been followed to support people remaining well. This area for improvement has been met.

## Previous area for improvement 7

To support positive outcomes for people experiencing care and support the provider should effectively monitor people's health and seek prompt health care guidance in accordance with the organisation's medication procedures.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

**This area for improvement was made on 11 July 2024.**

### Action taken since then

We saw regular medication and antibiotics were provided to residents at the right time for people and in line with prescribing instructions. This area for improvement has been met.

## Previous area for improvement 8

To support positive outcomes for people experiencing care and support the provider should ensure the management team have a clear understanding of their organisation's complaints procedure and how to effectively manage complaints within agreed timescales.



This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

**This area for improvement was made on 8 July 2024.**

#### Action taken since then

Complaints and concerns were accurately recorded, with actions being evidenced to resolve. This area for improvement has been met.

#### Previous area for improvement 9

To support positive outcomes for people, the provider should ensure there are suitably qualified, skilled and experienced staff working in the service in such numbers that are appropriate for the health and wellbeing of people experiencing care.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 8 July 2024.**

#### Action taken since then

We did not think there was sufficient staff numbers to meet the needs of people. We have repeated this improvement under the heading "How good is our staff team?"

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How 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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

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## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.