

Carlingwark House Care Home Service

Carlingwark Street
CASTLE DOUGLAS
DG7 1TH

Telephone: 01556 505060

Type of inspection:
Unannounced

Completed on:
30 August 2024

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000288

About the service

Carlingwark House is registered to provide a non-nursing care service to a maximum of 30 older people over the age of 65 years. The provider is Park Homes (UK) Limited.

The service is located close to Castle Douglas town centre. Local amenities are within walking distance of the home.

The home is a Victorian style building. All bedrooms have en-suite toilet and sink facilities. There are three bathing facilities and one shower. The shower was not available to be used by people.

Communal lounges are available throughout the home along with a dining and kitchen area.

The home has two floors serviced by a passenger lift and a staircase. The upper floor is currently not in use. All accommodation is provided on the ground floor of the building. There is an enclosed garden with seating and a car park is available to visitors.

At the time of the inspection there were 28 people living at the service.

About the inspection

This was an unannounced inspection which took place on 27, 28 and 29 August 2024 between 08:15 and 19:30. Feedback was provided to the service on 30 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 10 people using the service and six relatives
- for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with 14 staff and management
- spoke with four visiting health professionals
- observed practice and daily life
- reviewed documents; and
- reviewed questionnaire feedback.

Due to serious concerns identified at this inspection we issued an Improvement Notice on 6 September 2024. A copy of the Improvement Notice can be accessed via the Care Inspectorate website Find care ([careinspectorate.com](https://www.careinspectorate.com)). We have referenced the requirements of the Improvement Notice throughout the associated sections of this report.

Key messages

- People told us staff were kind to them.
- Improvement must be made to monitoring the health needs of people.
- The provider must ensure improvements to personal plans and assessments of people's needs in order to improve outcomes for people experiencing care.
- Improvement to addressing infection prevention control, maintenance and building needs must be made to ensure the setting is maintained to a high standard.
- Staffing arrangements must be reviewed to ensure responsive care to people.
- Staff recruitment and induction requires improvement.
- Meaningful interaction opportunities for people must be increased.
- The provider must improve their quality assurance system in order to achieve oversight and analysis of the service.
- The provider must make improvements to incident recording and investigations, including communication with other relevant bodies.
- 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.
- The service had not met the two requirements and 11 areas for improvement identified at the previous inspections.
- An Improvement Notice with six required improvements was issued to the provider on 6 September 2024. Six requirements have also been made in this report that are not included in the Improvement Notice.

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?	2 - Weak

How well is our care and support planned?	2 - Weak
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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

1.3 People's health and wellbeing benefits from their care and support.

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

Staff were kind, helpful, and people expressed they had positive relationships with some staff members. People we spoke to told us they liked the staff. Comments included, "I get on well with them all", and "All staff are very helpful". This ensures people are treated with compassion.

However, some people shared concerns over staff engagement and responsive care. For example, "No one asks you about your needs", and "Don't know what to do with myself, don't do anything just sit here all-day bored stiff". This highlighted a risk to people's mental and physical wellbeing, due to the negative impact from not experiencing meaningful connections.

People's needs were not being assessed effectively by the staff team to ensure the right care at the right time for people. Assessments did not include up to date information for people relating to their health and wellbeing. Examples of staff practice demonstrated a task driven approach and acceptance of poor standards of care whereby the status quo was accepted and not questioned. This raised concerns about the culture in the home and positive role modelling. When a visiting professional had completed an assessment with actions for staff to promote independence and dignity, there were situations when this was not carried out by staff. As a result, these experiences placed people at risk of serious consequences. This is now subject to an Improvement Notice which we issued on 6 September 2024.

Written recording of care provided by staff to people was not effective. Daily notes of support were seen to be incomplete and lacked health monitoring and person-centred detail. This meant staff and management communications about people's needs were not based on the most up to date information support that had taken place for people. This places people at risk of harm if they do not receive the right support that is responsive and representative of current need. This is now subject to an Improvement Notice which we issued on 6 September 2024.

The service had recently appointed an activity coordinator. We observed people enjoying music, singing and quiz groups in the communal areas. At the times when the activity coordinator was not present, there was limited opportunity for people to be supported with activities and meaningful engagement. We observed people sitting in their rooms with little interaction throughout the day. People told us there were no opportunities for outings from the home. Some people told us "Staff are nice but don't have time to spend with people." To benefit people's mental, social and physical health, opportunities for meaningful connections and engagement must be increased. (See requirement 1)

People's dining experiences should be improved. Some people were seen to enjoy their meals in the dining room, although several people stayed in their rooms to eat. A food forum had been carried out by the service to gain feedback from people on the meal and snack options provided in the home. However, this did not include people's dining experiences. There was a missed opportunity to gather greater and more representative feedback on dining experiences and to understand preferences and why so many people take meals in their room. This risked people not being heard and not feeling valued.

Communication and monitoring of people's nutritional needs between staff did not always take place. Personal plans were not clear on nutritional support including dietician advice, and frequency of weight monitoring included inconsistent recordings. There was limited communication between care staff and cooks in relation to people's dietary requirements and preferences. Recording and monitoring of food and fluid for people was not consistent or in line with best practice (See Care Inspectorate best practice guidance "Eating and drinking well in care: good practice guidance for older people" and "Promoting good nutritional care in care homes: practice note"). This placed people at unnecessary risk of not getting the nutritional support they required, which could have serious consequences. (See requirement 2)

Medication recording systems and protocols for "as required" medication were in place. Regular checks were being carried out including daily checks for controlled medication. Where people were supported to apply topical medication, the process of recording this was unclear as senior staff recorded this on behalf of care staff. There were no labels on creams or ointments detailing when they had been opened. This placed people at risk of not receiving the right medication at the right time. (See requirement 3)

Management of medication was not always reflective of good practice (see "Professional guidance on the safe and secure handling of medicines", Royal Pharmaceutical Society, 2018). Areas of stock control and storage of medication required to improve. For example, some medications were not stored within locked cupboards and temperature checks were not carried out. Prescriptions for supplemental oxygen were not available and associated details of safe storage. This puts people at unnecessary risk to their health, wellbeing and safety. People having lockable medicine cabinets in their bedroom would promote person-led care and independence. (See "Care Homes for Adults - The Design Guide" page 53, Care Inspectorate, 2022). (See requirement 3)

Requirements

1. By 27 December 2024, the provider must ensure people benefit from meaningful activity and person-centred support in order to meet their mental, social, physical needs. To do this, the provider must, at a minimum:

- a) develop a personalised programme of activities as part of individual care planning
- b) account should be taken of the abilities, life histories and preferences of individuals
- c) increase opportunity for meaningful interaction outwith group activities; and
- d) increase opportunities for outings in the community.

This is to comply with Regulation 4(1)a (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/201).

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)

2. Requirement 2 unmet from previous complaint inspection extended to 25 October 2024.

By 25 October 2024, the provider must demonstrate that the nutritional needs of people experiencing care are met in line with policy and procedural guidance. To do this the provider must, at a minimum:

- a) demonstrate that nutritional risk assessment information (MUST) is being accurately completed and used to identify people at nutritional risk
- b) develop and review nutritional care plans to identify how people's nutritional needs will be met and managed
- c) seek timely advice from relevant healthcare services where concerns are identified with people's nutrition and/or weight loss
- d) record people's dietary requirements and preferences
- e) ensure systems are in place to support effective communication between kitchen and care staff
- f) ensure all staff are familiar with and follow the service policy and procedure on nutrition.

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 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).

3. By 27 December 2024, the provider must ensure that there is a safe system and processes for medication management in the home in order to support and protect the health and welfare of the residents. To do this the provider must, at a minimum:

- a) ensure Topical Medication Administration Records (TMARS) are completed accurately and in line with best practice;
- b) records are maintained to evidence that prescribed topical creams are applied
- c) medication must be stored and managed in line with best practice
- d) there must be relevant risk assessments in place in relation to the safe storage and use of medications.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which 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 "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

How good is our leadership?

2 - Weak

2.2 Quality assurance and improvement is led well

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

We received mixed feedback on the management and leadership within the service. Some people told us they felt they could openly speak with management, while others did not feel confident to raise concerns. People told us management were not visible in the service to provide support. This could create a negative impact on relationships and outcomes for people. Some staff shared that they did not have confidence in using the organisation's whistleblowing policy, as they did not believe action would be taken. This further supported the need to address significant cultural issues in the service as highlighted earlier on this report. The provider advised us that the profile and use of the whistleblowing policy would be addressed as part of the action plan to support priority improvements.

A service improvement plan was in place. However, several areas for improvement identified by the service and at previous inspections had not yet been achieved. This slow pace of change demonstrated a lack of capacity by the management team towards continuous improvement. Examples of negatively impacting on people's outcomes have been highlighted in this report as a result of delayed actions from the improvement plan.

It is important that through feedback process, services seek the views of people, their representatives and staff, and this informs any changes identified. Approaches to this were not effective. For example, questionnaires had been made available in the entrance of the home; however, these were not visible for people, and none had been completed. Limited resident and relatives' meetings had taken place with no other methods of gaining feedback being in place. As part of the service's quality assurance, identified actions must address the involvement of key stakeholders in assessing the service's performance. This will support better outcomes for people through a culture of continuous improvement. This is now subject to an Improvement Notice which we issued on 6 September 2024.

Whilst there was a range of audits in place to provide oversight of the service, these were not being used to their full potential. There was no structure or overall analysis of audits carried out. This had resulted in some improvements not being identified or actioned. For example, identifying themes and trends from analysing falls within the home. This places people at risk, if necessary improvements are not identified or actioned. This is now subject to an Improvement Notice which we issued on 6 September 2024.

There had been serious incidents in the service since the last inspection. For example, people who were vulnerable and at risk had left the home on their own without support to protect their safety, and this was unknown to staff. We were concerned there was an absence of clear recording and oversight of events that occurred. As such there was a lack of recorded investigations into the circumstances of the events and therefore a potential risk of missed learning and preventative actions. Some other incidents within the service had not been notified as required to the Care Inspectorate. The submission of such notifications can provide us with assurance that incidents are being managed and reported correctly to us, and other relevant bodies. This gave us serious concerns regarding the management and oversight of people's health, safety and welfare. This is now subject to an Improvement Notice which we issued on 6 September 2024.

The provider had a complaints policy in place; however, we could not see that the guidance was consistently being followed. There were limited records of concerns raised, although we were made aware of concerns that had been made by people to the service that were not recorded. Where complaints had been investigated it was not clear of the findings; if these were upheld or not, the outcomes of actions taken and reviews of these taking place with people. The service must ensure there is a clear complaints procedure available that all staff, supported people and relatives are aware of. Any concerns raised must be addressed in line with organisational policy. This ensures people feel listened to and reassured that the service is led well. (See requirement 1).

We found some environment improvements that had taken significantly longer to action or had yet to be completed. These had either been identified at previous inspections or through the home's action plan. For example, areas of redecoration and lighting. (See further details under Key Question 4 - "How good is our setting?").

When the service was registered on 8 October 2021 the provider agreed to a condition: "To complete the required improvements within the timescales as agreed with the Care Inspectorate detailed in the home's Improvement Plan, which must be publicly displayed within the care home". There remained outstanding actions from this condition. (See further details under Key Question 4 - "How good is our setting?").

The significance to serious concerns and associated themes identified in this report, highlight that quality assurance and governance is key to performance improvements that are required. Whilst a service improvement plan was in place, consideration should be given to the use of self-evaluation tools to assess what is working well and what needs to improve (see "Self-evaluation in adult care services" (careinspectorate.com)). This will support the priority work as part of the Improvement Notice, and other areas of improvement we have identified in this report.

It is crucial that the local and external management team demonstrate a proactive leadership approach to identifying improvements and capacity to mitigate risk. This will positively impact on the safety of people and the quality of their experiences to have better outcomes.

Requirements

1. By 27 December 2024, the provider must support better outcomes for people through a culture of continuous improvement. The provider must review, implement, and adhere to the organisation's complaints policy. To do this the provider must, at a minimum:

- a) detail a clear procedure on the handling of complaints and related staff responsibilities which are publicly displayed;
- b) maintain a clear record of all complaints and concerns raised within the service;
- c) respond to all complaints in line with the policy and procedure; and
- d) fully investigate complaints under the complaint's procedure recording any actions taken and the investigation outcome.

This is in order to comply with: Regulation 18(2) of The Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard 4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice."

How good is our staff team?

2 - Weak

3.1: Staff have been recruited well and 3.3: Staffing arrangements are right, and staff work well together

We found the performance of the service in relation to these quality indicators was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses.

The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

A dependency tool was used to determine the number of staff and skills needed to meet people's care needs. However, we found examples that showed people's assessed needs were not accurate. The deployment of staff was not effective, and did not take account of the layout of the building. We could see people waiting extended periods of time for assistance and several people sitting alone in their rooms. People told us they were lonely, and whilst staff worked hard, they did not have enough time to meet the overall needs of people. We discussed this with the management team and suggested the service refer to The Care Inspectorate's "Safe Staffing and Self Evaluation" to allow for compassionate care and meaningful interactions with people (see safe staffing programme: "Information for adult services" Care Inspectorate Hub). This would enhance people's experiences and sense of wellbeing. Earlier in this report we have referred to people being at risk due to ineffective assessment of needs, and the consequential poor quality of care experienced by some people. This is now subject to an Improvement Notice which we issued on 6 September 2024.

The process of safer recruitment in line with good practice was not always being followed. Where restrictions and risk assessments were required for staff following employment law, these were not always in place. Where staff had changed job role, we could not see recruitment documentation to support this. This puts people at risk of not being protected if staff have not been safely and appropriately recruited. (See requirement 1)

We found that staff inductions did not always prepare staff for their role. The support provided to staff during their induction was unclear. It is important staff receive regular supervision during their probationary period to recognise any further support or training needs required. This risks not improving practice and supporting outcomes for people. (See requirement 1)

Supervision and observations of staff practice was not taking place on a regular basis. It is important that this happens, as it contributes to safe and consistent standards of practice as part of ongoing quality assurance. The weaknesses in current management approaches to oversee staffing, placed people at risk, if necessary, staff performance improvements are not proactively identified or actioned. (See requirement 1)

Staff did not benefit from professional wellbeing support. We found that staff morale had been low due to the lack of opportunities for regular forums to discuss their workload, share ideas or any concerns. This meant that we had concerns that staff wellbeing combined with limited support arrangements from management processes to maintain resilience, could impact on the quality of care for people.

Requirements

1. By 27 December 2024, the provider must ensure that staff are suitably recruited, inducted and trained to carry out their job role. To do this the provider must, at a minimum:
 - a) follow safer recruitment guidelines by ensuring interview documentation, references and required risk assessments are in place;
 - b) provide an induction that is suitable to prepare staff for their role;
 - c) staff training must prepare staff with the right skills and knowledge to meet people's support needs;
 - d) through supervision and observation of practice management should evaluate whether training is being implemented in practice; and

e) demonstrate that further training is provided to staff where there are identified deficits in knowledge, skills and practice.

This is in order to comply with Regulation 4 Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 and section 8(1)(a) 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)

How good is our setting?

2 - Weak

4.1: People experience high quality facilities

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

Staff were aware of and had received training in the principals of infection prevention and control. However, there were periods when there was not enough housekeeping staff scheduled to work to do what was needed. At the time of inspection there was concerns in relation to the cleanliness of the home. The cleaning of furnishings and care equipment used for people was not acceptable in some areas to protect them from the transmission of infection. This highlighted a further example of weaknesses in oversight by management. People's dignity is compromised, and their wellbeing is put at risk if they are not living in safe and clean environment. This is now subject to an Improvement Notice which we issued on 6 September 2024.

We found there was a lack of attention to standards such as homely touches, decoration, and the quality of furniture. Some environmental improvements identified by the service had not progressed as planned from two years ago. There remained no showering facilities for people as the one shower available could not be used. This meant that people only used baths as the only showering facility was not working properly or fully accessible. The service must have appropriate facilities to promote choice for people when bathing and showering. (See the "Care Homes for Adults- The Design Guide", Care Inspectorate 2022). This guide supports best practice in designs of care home to give people choice in the way they live. This is now subject to an Improvement Notice which we issued on 6 September 2024.

Maintenance within the home was not always being addressed timeously. Examples of this included: garden and external areas being overgrown or requiring repair, redecoration including flooring and lighting. This resulted in a lack of good living standards for people. (See requirement 1)

When the service was registered on 8 October 2021 the provider agreed to a condition of registration related to the environment and setting (this has been referred to earlier in the report under KQ 2 - "How good is our leadership"). A related action from this, was for the provider to supply options on how the home can permanently improve small group living. The home had signage that indicated that there were three living areas. However, we were told the home had split into two areas of living due to staffing reduction from what was in place previously. It is unclear as to the reason for the reduction in staffing, and how this supported the assessed needs of people.

Another required improvement was to look at options for the laundry, sluice and medication room to comply with current guidance. The provider must address the outstanding condition of registration that relates to the home's improvement plan. This will enhance the environmental aspects of the home, and therefore support better experiences for people. (See requirement 1)

Requirements

1. By 27 December 2024, the provider must ensure that the service is operating in line with the conditions of registration and ensure people experience high quality facilities. This will enhance the living conditions and improve outcomes for people. To do this the provider must, at a minimum:

- a) completion of the required improvements as agreed with the Care Inspectorate detailed in the home's Improvement Plan;
- b) publicly display the home's Improvement Plan within the care home;
- c) maintenance needs identified are included in the home's improvement plan; and
- d) address maintenance and environmental needs identified in the service action plans in a timely manner.

This is to comply with Regulation 4 (1) (a) (b) (Welfare of service users) and 14 (d) (Facilities in Care Homes) 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 which state, "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

How well is our care and support planned?

2 - Weak

5.1: Assessment and personal planning reflects people's outcomes and wishes

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

People's personal plans provided a good level of detail to guide staff on getting to know someone well, including past and current interests. This would then allow for meaningful interaction and outcomes to be identified. Whilst outcomes for people were documented throughout personal plans, these did not always reflect up to date information or demonstrate people's involvement. Identifying outcomes and including people is key to person centred planning and supports a fundamental human right to be at the centre of decisions and to be heard and valued.

People living in the home and their representatives should expect to be involved in all assessments, care planning and decision making. We found that personal plans contained contradictory and inaccurate information. Despite management reviewing personal plans, there was a failure to address the contradictory information and have up to date assessed needs. This places people at risk of not receiving the right support for their health and wellbeing.

In addition, there was a lack of daily recording and monitoring which could identify health or care professional interventions that may be required to keep people well. Poor communication can result in vital information relating to people's health being missed, putting people at risk of not receiving the care they require and coming to harm. Personal plans and associated risk assessments required improvement to accurately reflect the health and care needs of people living in the service. This is now subject to an Improvement Notice which we issued on 6 September 2024.

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

Requirements

Requirement 1

By 23 August 2024, to ensure the safety, health and wellbeing of people, the provider must demonstrate that the level of staffing on each shift is adequate to provide the assessed level of support to people at all times.

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 is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 16 July 2024.

Action taken on previous requirement

This requirement was made after a previous complaint inspection that took place on 16 July 2024. This requirement has not been met, is reported on further under KQ3 "How good is our staff team" and is now subject to an Improvement Notice which we issued on 6 September 2024.

Not met

Requirement 2

By 23 August 2024, the provider must demonstrate that the nutritional needs of people experiencing care are met in line with policy and procedural guidance. To do this the provider must, at a minimum:

- a) demonstrate that nutritional risk assessment information (MUST) is being accurately completed and used to identify people at nutritional risk
- b) develop and review nutritional care plans to identify how people's nutritional needs will be met and managed
- c) seek timely advice from relevant healthcare services where concerns are identified with people's nutrition and/or weight loss
- d) record people's dietary requirements and preferences
- e) ensure systems are in place to support effective communication between kitchen and care staff
- f) ensure all staff are familiar with and follow the service policy and procedure on nutrition.

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 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 requirement was made on 16 July 2024.

Action taken on previous requirement

This requirement was made after a previous complaint inspection that took place on 16 July 2024. This requirement has not been met and is reported on further under KQ1 "How well do we support people's wellbeing?". This requirement has been extended to be met by 25 October 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 support people's health and wellbeing, the provider should review staff communication systems and processes to support effective communication in relation to changes or deterioration in people's conditions.

The manager should have a clear oversight of staff handovers and evaluate the effectiveness of these.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that "My care and support meets my needs and is right for me" (HSCS 1.19)

This area for improvement was made on 22 January 2024.

Action taken since then

The service had implemented handover forms for staff to use. These were not fully effective due to information not being shared at staff handovers. We were told by staff they may not be aware of actions to take for people's health at the time required as the information had not been shared.

There had been no daily flash meetings including all head of departments however these commenced at the time of inspection.

Daily recordings were not always accurate to allow effective communication in relation to changes or deterioration in people's conditions.

This area for improvement has not been met.

Previous area for improvement 2

To support people's wellbeing and social inclusion, the provider should ensure meaningful connections and person-centred support is reviewed to enable people to participate in a range of activities of their choosing, both indoors and outdoors. In doing this they should:

- (a) develop activity plans with people which demonstrate that good conversations have been at the centre of taking account of people's preferences, abilities, life histories, aspirations, wishes and goals.
- (b) consider any staff training needs.
- (c) the review of care plans dedicated to meaningful connection must assess and evaluate the experiences and outcomes from the person's perspective.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25); and "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6)

This area for improvement was made on 22 January 2024.

Action taken since then

This area for improvement has not been met and is reported on further under KQ1 "How well do we support people's wellbeing?" where a requirement has been made.

Previous area for improvement 3

To ensure people's health and care needs are correctly documented and met, the provider should improve recordings in all daily charts and health records. This should include but is not limited to daily repositioning and fluid intake.

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 because people have the necessary information and resources". (HSCS 4.27)

This area for improvement was made on 22 January 2024.

Action taken since then

This area for improvement has not been met, is reported on further under KQ1 "How well do we support people's wellbeing?" and is now subject to an Improvement Notice which we issued on 6 September 2024.

Previous area for improvement 4

The provider should ensure staff have the opportunity to attend regular handovers and staff meetings. This should support staff, feel valued, listened to and their views and suggestions taken into account. Feedback from staff should be used to support continuous improvement and reflected in the service improvement plan.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that, "My care and support is consistent and stable because people work well together". (HSCS 3.19)

This area for improvement was made on 22 January 2024.

Action taken since then

The service had amended times of shifts to allow for a more robust handover. However, this meant staff were starting at different times and not all included in handovers. The information shared at handovers did not always include specific health needs that require monitoring. There was not evidence of regular staff meetings and staff told us of their reluctance to attend due to not feeling heard or valued.

This area for improvement has not been met.

Previous area for improvement 5

The provider should review methods and processes of feedback used to:

- a) ensure there are more opportunities for people to share their views and influence the direction of the service.
- b) share with people the actions taken as a result of their feedback.

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

This area for improvement was made on 22 January 2024.

Action taken since then

This area for improvement has not been met, is reported on further under KQ2 "How good is our leadership?" and is now subject to an Improvement Notice which we issued on 6 September 2024.

Previous area for improvement 6

The provider should ensure that people experience a culture of continuous improvement. This should include:

- a) Ensure that there is an effective and responsive environmental audit in place.
- b) There must be sufficient information to show actions taken and progress made until fully resolved.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22)

This area for improvement was made on 22 January 2024.

Action taken since then

This area for improvement has not been met and is reported on further under KQ4 "How good is our setting?" where a requirement has been made.

Previous area for improvement 7

The provider should ensure staff are supported through regular supervision, to identify areas where support is required to improve practice. This should ensure training is effective and benefits people supported.

This is 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)

This area for improvement was made on 22 January 2024.

Action taken since then

This area for improvement has not been met and is reported on further under KQ3 "How good is our staff team?" where a requirement has been made.

Previous area for improvement 8

The provider should ensure staff are supported to complete mandatory training in line with best practice. This should include reflection to ensure learning is effective and influences better outcomes for people supported.

This is 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)

This area for improvement was made on 22 January 2024.

Action taken since then

This area for improvement has not been met and is reported on further under KQ3 "How good is our staff team?" where a requirement has been made.

Previous area for improvement 9

So people can be assured systems are in place to support safe infection prevention and control practice, the following actions should be taken:

- a) Ensure up to date guidance is known to those staff accountable for infection control and regular reference to National Infection Prevention and Control Manual is made so practice is in keeping.
- b) Ensure the standards of cleanliness is monitored, including soft furnishings.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "Any treatment or intervention that I experience is safe and effective." HSCS (1.24)

This area for improvement was made on 22 January 2024.

Action taken since then

This area for improvement has not been met, is reported on further under KQ4 "How good is our setting?" and is now subject to an Improvement Notice which we issued on 6 September 2024.

Previous area for improvement 10

To improve communication and team working among staff, the provider should ensure that each shift has a designated leader who is responsible for allocating duties and ensuring effective deployment of staff.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: "My care and support is consistent and stable because people work together well".

This area for improvement was made on 16 July 2024.

Action taken since then

This area for improvement has not been met, is reported on further under KQ3 "How good is our staff team" and is now subject to an Improvement Notice which we issued on 6 September 2024.

Previous area for improvement 11

The provider should ensure that a planned and regular programme of social activity and entertainment is available which meets the needs and wishes of people. This should be reviewed regularly or when residents' needs change.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: "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".

This area for improvement was made on 16 July 2024.

Action taken since then

This area for improvement has not been met and is reported on further under KQ1 "How well do we support people's wellbeing?" where a requirement has been made.

Complaints

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

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
3.1 Staff have been recruited well	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
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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