

# Millview Care Home Care Home Service

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Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
22 October 2024

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

**Service provider number:**  
SP2017013002

**Service no:**  
CS2017361015

## About the service

Millview care home is registered to provide a care service to a maximum of 39 older people with dementia, aged 60 years and over and people with a learning disability aged 60 years and over, and two specifically named younger clients as agreed with the Care Inspectorate.

The home is close to Barrhead town centre and is near to local amenities, including shops, and bus routes. The accommodation is on two levels, divided into two self-contained units. Each unit has communal lounge/dining kitchen areas. All bedrooms have en-suite toilets and two of the rooms have en-suite showers. Access to outdoor space is available in their rear garden area and parking for visitors available at the front.

At the time of inspection there were 30 people living in the home.

## About the inspection

This was an unannounced follow up inspection which took place on 22 October 2024. The inspection was carried out by two inspectors and an inspection volunteer from the Care Inspectorate. This inspection was to follow up on Requirements and Areas for Improvements that were made since the last inspection, completed on 28 August 2024.

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 seven people using the service and observed interactions between residents and staff
- spoke with one family member
- spoke with 11 staff and management
- observed staff practice and daily life
- reviewed relevant documents
- spoke with two visiting health professionals.

## Key messages

- We were satisfied with the progress made in all areas of concern highlighted at the last inspection.
- People's physical and mental wellbeing needed to continue to be improved and maintained through meaningful interaction and stimulation.
- The service's quality assurance systems needed to continue to support a culture of continuous improvement
- Sufficient numbers and skill mix of appropriately qualified staff needed to be on duty at all times.
- A focus on staff training and development needed to continue, to ensure staff competency.
- The recording and review of people's care needs needed to continue to ensure that people received the care that was right for them.

## 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 made a requirement for the provider to ensure that people received the appropriate care and support to meet their identified needs.

Whilst we found that sufficient progress had been made to meet this requirement, we have made an Area for Improvement, to ensure the continued monitoring of people's care and support promotes positive outcomes. (See 'How good is our leadership?' Area for Improvement 1).

We made a requirement for the provider to ensure that people's physical and mental wellbeing was maintained through meaningful interaction and stimulation of their choosing, both indoors and outdoors.

Whilst we found that sufficient progress had been made to meet this requirement, we have made an Area for Improvement, to ensure there is a continued focus on people's physical and mental wellbeing being maintained through meaningful interaction and stimulation of their choosing, both indoors and outdoors. (See Area for Improvement 1).

We made an Area for Improvement to ensure that people benefited from a positive mealtime experience.

Whilst we saw that progress had been made, since the last inspection, continued consultation with people, staff guidance and implementation were needed to ensure that people's outcomes improved. Management acknowledged that they needed to get better at capturing how people had been consulted and the resulting outcomes.

We have made an Area for Improvement, to ensure the continued monitoring of people's mealtime experience promotes positive outcomes. (See 'How good is our leadership?' Area for Improvement 1).

As we found sufficient work had been completed to meet the requirements from the previous inspection, we have reviewed the previous evaluation awarded and have now awarded an evaluation of adequate. This reflects that whilst some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

### Areas for improvement

1. To ensure that people's physical and mental wellbeing is maintained through meaningful interaction and stimulation of their choosing, both indoors and outdoors, the manager should ensure that:

- a) people are consulted about how they wish to spend their day
- b) staff are supported to implement how people wish to spend their day, including getting out of the home
- c) staff are aware of the importance of meaningful interactions and stimulation in maintaining people's wellbeing
- d) regular monitoring and auditing of peoples' engagement, reflects the achieved outcomes and benefits.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'I can choose to have an active life and

participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

### How good is our leadership?

**3 - Adequate**

We made a requirement for the provider to ensure that people experience a service which is well led and managed, and which results in better outcomes for them.

Whilst, we found that sufficient progress had been made to meet this requirement, we have made an Area for Improvement, to ensure that continued monitoring of the service promotes positive outcomes for people living in the home. (See Area for Improvement 1).

As we found sufficient work had been completed to meet the requirement from the previous inspection, we have reviewed the previous evaluation awarded and have now awarded an evaluation of adequate. This reflects that whilst some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

#### Areas for improvement

1. To ensure that people experience a service which is well led and managed, and which results in better outcomes for them, the manager should ensure that:

- a) the service's quality assurance system supports and demonstrates a culture of continuous improvement
- b) feedback from people who use and work within the service informs the identified improvements
- c) the achieved outcomes and benefits, for people living in the home, are evident.

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

### How good is our staff team?

**3 - Adequate**

We made a requirement for the provider to show a review of their staffing arrangements, to ensure appropriate levels of staff across the home at all times.

Whilst, we found some progress had been made, this was not sufficient to reflect that this requirement had been fully met. We have made a new Requirement to ensure appropriate levels of staff across the home at all times, to meet people's needs. (See Requirement 1).

We made a requirement for the provider to ensure that staff training and development reflected the needs of the people they support.

Whilst we found that sufficient progress had been made to meet this requirement, we have made an Area for Improvement, to ensure continued progress, monitoring and auditing of staff training and development. (See Area for Improvement 1).

As we found sufficient work had been completed to meet one of the requirements from the previous inspection, we have reviewed the previous evaluation awarded and have now awarded an evaluation of

adequate. This reflects that whilst some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

## Requirements

1. By 10 January 2025, the provider must show that they have continued to review staffing arrangements, ensuring appropriate levels of staff across the home at all times, to fully meet people's identified needs. To do this, the provider must at a minimum:

- a) demonstrate how sufficient numbers and skill mix of appropriately qualified staff are calculated for each shift
- b) designate key staff, in each unit, with the responsibility for guiding and leading the staff team
- c) carry out regular monitoring and auditing of peoples' care and wellbeing needs, reflecting the achieved outcomes and benefits.

This is to comply with section 7 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: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak to me' (HSCS 3.16).

## Areas for improvement

1. To ensure that staff have relevant training and development, to care for the people they support, the manager should ensure that:

- a) all staff continue to complete mandatory and service specific training
- b) all staff continue to be supported through regular meetings, supervisions and observations of practice
- c) regular monitoring and auditing of staff training and development is carried out, reflecting the improvements made and outcomes achieved.

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, skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## How good is our setting?

### 3 - Adequate

We made a requirement for the provider to ensure that people were able to live in a clean home and that good infection prevention and control was practiced within the home.

Whilst, we found that sufficient progress had been made to meet this requirement, we have made an Area for Improvement, to ensure continued monitoring of good infection prevention and control being practiced and people being able to live in a clean home. (See 'How good is our leadership?' Area for Improvement 1).

As we found sufficient work had been completed to meet the requirement from the previous inspection, we have reviewed the previous evaluation awarded and have now awarded an evaluation of adequate. This reflects that whilst some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

**How well is our care and support planned?****3 - Adequate**

We made a requirement for the provider to ensure that people received the care that is right for them.

Whilst we found that sufficient progress had been made to meet this requirement, we have made an Area for Improvement, to ensure that there is continued monitoring that people receive the care that is right for them. (See Area for Improvement 1).

As we found sufficient work had been completed to meet the requirement from the previous inspection, we have reviewed the previous evaluation awarded and have now awarded an evaluation of adequate. This reflects that whilst some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

**Areas for improvement**

1. To ensure that people receive the care that is right for them, the manager should ensure that:

- a) people have up to date care plans and risk assessments, which reflect their assessed needs and outcomes achieved
- b) people are involved in robust 6 monthly care reviews
- c) regular monitoring and auditing of peoples' personal plans is carried out, demonstrating that accurate and appropriate records are being maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

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

### Requirements

#### Requirement 1

By 18 October 2024, the provider must ensure that people receive the appropriate care and support to meet their identified needs. To do this, the provider must at a minimum:

- a) ensure that all staff are provided with sufficient and up to date information about people's specific care requirements
- b) ensure appropriate supplies of personal care items are available to enable staff to provide the required care
- c) carry out regular monitoring and auditing of peoples' care provision and take action where appropriate care and support is not being provided, for people's identified care needs.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me (HSCS 1.19) and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

**This requirement was made on 28 August 2024.**

#### Action taken on previous requirement

We found that care and support processes, in both units, had been reviewed and that a consistent approach throughout the home was now being practiced. This included access to relevant documentation and the staff handover, where the electronic handover record was now being used to provide detailed information to staff. This meant that staff, providing care and support, had access to relevant details about people's care needs. We felt that it was important that all staff received some level of verbal handover, and we discussed with management about how this could be achieved.

The new manager had reintroduced the daily huddle meetings, where relevant aspects of care were discussed and shared. This helped to ensure that people were getting the right care. We noted that not all sections, within the huddle record, were completed each day and we asked management to monitor the use and effectiveness of this process. We acknowledged that this had recently been reintroduced and that staff would hopefully become more aware of what was required.

We found appropriate supplies and storage of personal care items and continence aids. We also noted that hydration stations were well stocked.

We discussed and noted the positive progress made with individual people's care and support, since the last



inspection. Whilst it was acknowledged that ongoing work was needed in relation to personal plan records, we felt that the processes now in place helped to focus on people's care needs and any action needed to be taken.

We have made an Area for Improvement, to ensure that the continued monitoring of people's care and support promotes positive outcomes.

(See 'How good is our leadership?' Area for Improvement 1).

### Met - within timescales

#### Requirement 2

By 18 October 2024, the provider must ensure that people's physical and mental wellbeing is maintained through meaningful interaction and stimulation of their choosing, both indoors and outdoors. To do this, the provider must at a minimum:

- a) consult with people about how they wish to spend their day
- b) provide staff with training and guidance about how to engage, with people, effectively in communal and individual bedroom areas
- c) designate key staff, in each unit, with the responsibility for guiding and leading staff in meaningful interactions
- d) carry out regular monitoring and auditing of peoples' engagement, reflecting the achieved outcomes and benefits.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I 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) and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

**This requirement was made on 28 August 2024.**

#### Action taken on previous requirement

We saw that the weekly activity plan had been reviewed and that consultation with people, about how they wished to spend their day, had started with a relatives and residents meeting. People, at the meeting, shared that they did not engage with the current activities as they did not interest them and expressed an interest in getting out into the local community more. It was not evident that the consultation had yet impacted on the planned activities.

During the visit, we saw activities provided by the wellbeing co-ordinator and a couple of care staff. It was evident that the people involved were engaged and enjoying the activities. We also saw that a variety of activity resources were available in lounge areas.

Whilst there had been some progress made, since the last inspection, continued consultation with people, staff guidance and implementation was needed to ensure that people's outcomes improved.

We have made an Area for Improvement, to ensure a continued focus on people's physical and mental wellbeing being maintained through meaningful interaction and stimulation of their choosing, both indoors and outdoors.

(See 'How well do we support people's wellbeing?' Area for Improvement 1).

## Met - within timescales

### Requirement 3

By 18 October 2024, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for them. To do this the provider must, at a minimum:

- a) ensure the service's quality assurance system supports a culture of continuous improvement
- b) implement an effective improvement plan to address any areas for improvement identified
- c) include feedback from people who use and work within the service to inform the improvement plan.

This is to comply with Regulation 3 (Principles) and 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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 28 August 2024.**

### Action taken on previous requirement

As previously stated, the new manager had reviewed the handover process between staff and reintroduced the daily huddle meetings, where relevant information, from each department, was discussed and shared. This will help the staff team to work together and make changes and improvements were needed.

We saw that relevant quality assurance audits had been completed, since the last inspection and improvements were evident.

Any areas for improvement were added into the newly developed Service Improvement plan, which reflected improvements already made and those in progress.

The new manager had also held a resident and relatives meeting, to begin the involvement of people in improving the service.

The planned recruitment of a Clinical Services manager, to support the new manager, will help to support quality assurance and further improvements in the service.

The development of self-evaluation should also be considered, as this would help the service to focus on areas of priority and reflect the improvements made to the service and peoples' outcomes.

Whilst we saw that progress had been made, since the last inspection, continued consultation with people, implementation and quality assurance of the service were needed to ensure that people's outcomes improved.

We have made an Area for Improvement, to ensure a continued focus on people experiencing a service which is well led and managed.

(See 'How good is our leadership?' Area for Improvement 1).

### Met - within timescales

#### Requirement 4

By 18 October 2024, the provider must show that they have continued to review staffing arrangements, ensuring appropriate levels of staff across the home at all times, to fully meet people's identified care needs. To do this, the provider must at a minimum:

- a) demonstrate how sufficient numbers and skill mix of appropriately qualified staff are calculated for each shift
- b) ensure new or agency staff have appropriate orientation to the service
- c) designate key staff, in each unit, with the responsibility for guiding and leading the staff team
- d) carry out regular monitoring and auditing of people's care needs to demonstrate that staffing is responsive to people's changing needs.

This is to comply with section 7 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: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak to me' (HSCS 3.16).

**This requirement was made on 28 August 2024.**

#### Action taken on previous requirement

We were concerned that the majority of people now living in the downstairs unit required the assistance of two staff and that there was not always the appropriate level of staff on duty in order to meet people's needs. We saw that staffing levels were determined by the assessment of people's care and support needs. However, the calculations, reflected minimum staffing levels and were not fully completed to reflect the skill mix of staff.

During the inspection visit, we saw that a number of residents in the downstairs unit had to wait an extended period of time to be assisted by staff. People told us that this was not a one-off. We highlighted this to management, who acknowledged that additional staff had already been identified but had not yet been added to the staff rota. We discussed how having more available staff would also allow flexibility to support activities and outings to promote people's wellbeing.

We were also aware that there was one nurse in each unit till 14.00, when this reduced to one nurse for the home. We asked management to ensure that this was sufficient to meet people's needs.

We acknowledged that, since the last inspection, there had been successful staff recruitment. However, the majority of staff recruited had not yet begun to work in the home and the home therefore needed more time to induct the new recruits.

Whilst we acknowledge that some progress had been made, this was not sufficient to reflect that this

requirement had been fully met. We have made a new Requirement to ensure appropriate levels of staff across the home at all times, to meet people's needs.

(See 'How good is our staff team?' Requirement 1).

## Met - within timescales

### Requirement 5

By 18 October 2024, the provider must ensure that staff training and development reflects the needs of the people they support. To do this, the provider must, at a minimum:

- a) ensure staff complete any outstanding mandatory training
- b) develop a training needs analysis that identifies service specific training related to the needs of the people being supported
- c) support staff through regular meetings, supervisions and observations of practice.
- d) carry out regular monitoring and auditing of staff training and development, and the benefits achieved.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent, skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This requirement was made on 28 August 2024.**

### Action taken on previous requirement

We saw that a training needs analysis had been carried out and that there had been a focus on staff completing their required training. Fire marshals had been identified and relevant training completed. All identified training, including service specific training, was scheduled but not all had confirmed dates.

There had been increased support for staff through meetings, supervisions and observations of staff practice. Staff commented that they were working together as a team and could see improvements being made, were feeling less stressed and felt listened to. We asked management to ensure that any areas identified were clearly recorded and actions agreed as well as showing any staff reflection and learning.

Some staff had also volunteered as champions in various areas such as technology, continence, nutrition, moving and assisting, palliative care, dementia, infection prevention and control. This shows that staff want to be part of making and maintaining improvements in the home.

Whilst we saw that progress had been made, we have made an Area for Improvement, to ensure a continued focus on staff training and development.

(See 'How good is our staff team?' Area for Improvement 1).

## Met - within timescales

## Requirement 6

By 18 October 2024, the provider must ensure that people are able to live in a clean home and that good infection prevention and control (IPC) is practiced within the home. To do this, the provider must at a minimum:

- a) ensure that all staff are aware of and practicing current IPC guidance
- b) ensure that there is sufficient domestic and laundry provision to meet the standards required
- c) designate key staff, with the responsibility for guiding and leading staff in IPC practice
- d) ensure appropriate storage of cleaning solutions and continence aids
- e) carry out regular monitoring and auditing of the setting, to demonstrate that IPC standards are being met and maintained.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

**This requirement was made on 28 August 2024.**

### Action taken on previous requirement

We found the home to be visibly clean, tidy and free from malodours.

Domestic staff working in each unit, were able to discuss relevant infection prevention and control practice and guidance, as well as confirming completion of recent training for the cleaning solutions in use. We saw that the appropriate cleaning solutions were in use, in line with current infection prevention and control guidance, and safely stored.

There had also been internal support from their hospitality team and other housekeeping colleagues in relation to relevant documentation and practice. Housekeeping and night staff cleaning schedules were seen to be completed and were up to date.

We saw completed infection prevention and control audits and staff competency assessments, which reflected an improvement in practice. Staff had also recently volunteered for champion roles.

Whilst we acknowledge progress had been made, we have made an Area for Improvement, to ensure the continued monitoring of good infection prevention and control being practiced and people being able to live in a clean home.

(See 'How good is our leadership?' Area for Improvement 1).

### Met - within timescales

## Requirement 7

By 18 October 2024, the provider must ensure that people receive the care that is right for them. To do this, the provider must at a minimum:

- a) ensure that people have up to date care plans and risk assessments, which reflect their assessed needs and outcomes achieved
- b) ensure personal plans reflect appropriate information regarding people's life history, sleeping requirements, support with stress and distress, and access to their finances
- c) ensure people are involved in robust six monthly care reviews
- d) carry out regular monitoring and auditing of peoples' personal plans, demonstrating that accurate and appropriate records are being maintained.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This requirement was made on 28 August 2024.**

### Action taken on previous requirement

As previously stated, we discussed and noted the positive progress made with individual people's care and support, since the last inspection. Whilst it was acknowledged that ongoing work was needed in relation to personal plan records, we felt that the processes now in place helped to focus on people's care needs and any action needed to be taken.

There had been internal support from other senior care colleagues, who had reviewed and updated the majority of personal plans. They had achieved this by getting to know individuals, spending time with residents, relatives and staff, to ensure the relevant information was captured in their personal plan.

In the personal plans we sampled, we made some suggestions to management as how plans could be further improved, especially in relation to life histories and participation in meaningful engagement.

We saw some overdue six monthly reviews but these were reflected in the overview record and staff were aware of these.

Management acknowledged that personal plans audits were due to begin and would pick up any gaps.

Whilst we acknowledge progress had been made, we have made an Area for Improvement, to ensure the continued monitoring of personal plan completion and quality.

(See 'How well is our care and support planned?' Area for Improvement 1).

**Met - within timescales**

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

### Areas for improvement

#### Previous area for improvement 1

To ensure that people benefit from a positive mealtime experience, the manager should ensure that:

- a) people are provided with a menu which they have been involved in planning and reflects their choices and preferences
- b) table presentation is improved and includes sufficient supplies of crockery, utensils and condiments
- c) the involvement of families is encouraged where this improves the outcomes for people
- d) carry out regular monitoring and auditing of peoples' mealtime experiences, reflecting the achieved outcomes and benefits.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33) and 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

**This area for improvement was made on 28 August 2024.**

#### Action taken since then

We saw that up to date menus were now provided for people in each unit, on a daily basis. A new chef manager had been recruited, since the last inspection, and they had begun to capture people's favourite foods and choices, through Resident of the Day and providing themed lunches each week.

There was also ongoing, internal and external support, from their hospitality and care home collaborative teams. This was helping to guide and build the confidence of staff as well as providing a standard level of service to people living in the home.

We saw that table presentation had improved and sufficient supplies of crockery, utensils and condiments had been addressed.

The care home collaborative team were helping, the service, to develop posters around family's involvement at mealtimes and the use of their café area was being relaunched.

Whilst we saw that progress had been made, since the last inspection, continued consultation with people, staff guidance and implementation were needed to ensure that people's outcomes improved. Management acknowledged that they needed to get better at capturing how people had been consulted and the outcomes as a result.

**This Area for Improvement has been met.**

However, we have made a new Area for Improvement, to ensure that the continued monitoring of people's mealtime experience promotes positive outcomes.

(See 'How good is our leadership?' Area for Improvement 1).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	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

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