

# Craigielea Care Home Care Home Service

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Renfrew  
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**Type of inspection:**  
Unannounced

**Completed on:**  
1 October 2024

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2020379132

## About the service

Craigielea Care Home is registered to provide nursing care and support for up to 85 people, 20 adults with a physical disability and 65 older people. The provider is the Holmes Care Group Scotland Limited.

The service is based in a purpose-built care home, with single en suite accommodation on two floors and four individual units. There are lounges and dining rooms in each unit, and a hairdressing salon. The care home has a car park to the front of the building and a large, enclosed garden and patio area to the rear, which provides a pleasant and private space for residents. The home is situated in a residential area of Renfrew and there are shops and other facilities nearby.

At the time of inspection there were 79 people living in the home and a new manager had recently been appointed.

## About the inspection

This was an unannounced inspection which took place on 24 September 2024 between 10:00 and 18:00, 25 September 2024 between 09:00 and 21:00, and 26 September 2024 between 07:00 and 18:15. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, complaints outcomes, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- . spoke with 18 people using the service and 10 of their family
- . spoke with 22 staff and management
- . observed practice and daily life
- . reviewed documents
- . spoke with three visiting professionals.

## Key messages

- People were included in decisions about the service.
- Vacancies were impacting on the available staff to deliver care.
- Positive progress was being made to improve the culture in the home.
- Induction and training for all staff should be improved.
- Carpets and some soft furnishings should be replaced.

## 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.

On entering the home there was a feeling of comfort and warmth. As we went around the units we observed that staff were kind and caring towards people. There were areas in the home where staff were task focused and they did not always have time to spend with people.

There was a large, secure and well-kept garden area at the back of the home that had easy access for people and their visitors. There was also a small "bistro" area on the ground floor where people could sit with their loved ones. There was a pleasant café atmosphere and people could relax, make their own drinks and sit and chat. We saw this being well used by people who lived on the ground floor of the home, but less so by those living in the two units on the 2nd floor. People on the 2nd floor had greater needs and there was insufficient staff to be able to support people with a higher level of need to go outside. Having the opportunity to go outside in an attractive environment helps improve people's wellbeing.

We received mixed feedback about the service from relatives and people experiencing care. Some told us that "staff are wonderful" and others said, "staff are really nice but need to learn how to chat to people". Some relatives told us that they had concerns about the care their loved ones received. They told us that, in their opinion, this was down to the staffing levels in some units. They said it impacted on their loved ones personal care, problems with missing laundry and the lack of suitable activities for them. A few relatives told us that they were unhappy about the personal appearance of their loved one. They said there were times when their loved ones looked untidy and unkempt. For example, wearing clothing that were not theirs and that didn't fit well, spilled food or drinks on their clothing as well as traces of eaten food that could still be seen. They told us they would like if staff could take a little more time to spend with their loved ones and be more aware of what people would like, rather than doing only what was needed. This all meant that people were not receiving the timely care that they required, and they did not have sufficient meaningful engagement throughout the day.

Each unit in the care home had a senior person in the leadership role and we saw that most managed this well. They had a well-coordinated approach within the team and the day ran well. However, elsewhere we saw that in the morning some people had to wait a lengthy period before receiving medications and that this task almost ran in to lunch time. For people experiencing care this could cause issues as some medications are time sensitive and need to be given at specific times of day. We saw that this was the case with some prescribed medications as well as with some "as required" medications. This could have a negative impact on people's pain levels, stress and distress and the effectiveness of medication. There was a risk that medication errors may occur due to untidy documentation and medication counts not being consistently undertaken. (Please see requirement 1 under What the service has done to meet any requirements we made at or since the last inspection).

We know that socialisation and activity helps improve health and well being for people. It's therefore important in any care home setting that people can be meaningfully involved throughout the day. We saw that people were not supported to pass their time in ways that were meaningful to them. (Please see area for improvement 1). We saw a few elements of good practice where interaction and engagement was meaningful for people, however, there were insufficient staff in place to engage people regularly. This was in the main due to staff being focused on tasks to be completed, some agency staff who did not know people so well and a number of newer staff who did not have the confidence and knowledge to interact well with

people. This meant that for some people their day was dull and uninteresting. They were at risk of losing skills they did still have, as well as further cognitive decline.

Most people experiencing care told us that they enjoyed the food on offer each day and they were aware that they could choose an alternative if they did not like the menu. We saw that there had been discussions between the manager and chefs regarding alternative menus that people would enjoy. Mealtimes were generally well organised and a pleasant experience for people, though we saw that for some who needed to have assistance with their food they had to wait too long before a member of staff was free to assist. We spoke with the manager about this and it was agreed that this would be acted upon urgently.

People should be able to snack and have drinks as they would do if at home. We noted that hydration stations were available in each unit with drinks and snacks available, but these were not always easily accessible to people, and not always obvious. We discussed this with the management team and they told us they will make the changes required to ensure accessibility for people.

We spoke with external health professional and the feedback we received was positive. We were told that the home acts on advice and guidance given from health professionals and that palliative care in the home was seen by them to be very good.

Overall, we saw that there were opportunities for the new manager to make a positive difference to the service. The manager saw this inspection as a benchmark from where she could make improvements.

### Areas for improvement

1. To support people to get the most out of life, the provider should ensure people spend their days in a way that is meaningful to them. This should include but is not limited to, ensuring people's personal preferences around how they spend their time are identified and all staff are aware of their role in providing meaningful interactions with people.

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

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2);

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).

### How good is our leadership?

**3 - Adequate**

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

The manager had been in place only a number of weeks, and we saw that the management team were working to identify the improvements needed in the service. There had been a lot of input and positive changes that had already taken place in the home. More time was needed for the new manager to gain better oversight of the care and support received in each unit. Due to the size of the service it would be beneficial to people experiencing care if she was supported to have time to focus on each unit individually and identify where improvements were needed.

The manager was visible and approachable to staff, residents and visitors, and was responsive to requests. Staff in the home made comment to us about the more "comfortable environment" they were now working in.

Audit outcomes are important in identifying what is working well and what needs to change in a service and should contribute to keeping people safe. Effective auditing ensures that the service knows the direction it needs to go in and encourages continuous improvement. A range of quality assurance and audit tools were available to inform the manager and senior management about how well the service was performing. The manager was not yet fully informed about the quality assurance outcomes in the home and the impact of these on people. For example, when, or if, statutory reviews had been held for all people, or how much training was outstanding for staff. The organisation has a quality assurance team who would be able to assist with this. (Please see requirement 1). There was a service improvement plan which covered important areas of compliance; this should be developed with a focus on improving outcomes for people.

Formal observations of practice had not been carried out for staff. These should be undertaken periodically for managers to identify good staff practice and where training or development is required. Observations should be recorded to facilitate discussed in staff supervision meetings, and give people the opportunity to reflect and to learn. Staff supervision had not taken place for some time, and there was now a plan in place to ensure that all staff had the benefit of supervision and one to one meetings. Staff need to have this opportunity to be able to discuss concerns, areas of practice and how they would like to progress. Training can also be identified for individuals through these discussions, and overall lead to better care and outcomes for people. (Please see requirement 1, How good is our staff team).

A series of meetings had been introduced to inform, and listen to, relatives, staff and people experiencing care. These were used to inform people of developments in the service, as well as encouraging people to make comments, share their views or ask questions. This meant that people were able to feedback about their experience of the service, and highlighted to the manager areas that needed to improve, as well as what was going well.

## Requirements

1. By 30 December 2024, the provider must ensure that quality assurance systems and processes are effective and support improved care practices that link directly to improving outcomes for people. This should include ensuring that audits are completed accurately and that any learning from concerns, audits and people's experiences are shared with all staff.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services). Regulations 2011 (SSI 2011/ 210 and Sections (7)(1)(a) and (b)(Ensure appropriate staffing) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is in order 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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We were told by staff, relatives and people experiencing care that there was not enough staff to ensure people's needs and wishes were being met. We observed there was insufficient staff to consistently meet people's needs and to improve people's daily experiences.

We observed that in one part of the home there appeared to be a lack of effective leadership, or good oversight of people's needs. Staff were not being clearly directed on shift which impacted on people's experiences and their health and wellbeing. Insufficient staff and direction meant staff were unable to provide the best care and support for people. The management team were aware of these issues with staffing levels and leadership and were working through a plan to improve these. (Please see area for improvement 1).

Relatives had raised concerns with us that they felt some staff lacked the confidence to engage with their loved ones, and as such people's positive experiences were less than they should be. The management team should consider how they will formally share their decisions on staffing. In doing so the views and experiences of staff, relatives and people using the service should be taken into account.

During the inspection some staff were taking part in Stress and Distress training, and they were enjoying the learning from it. Staff will continue to be trained in Dementia from levels 1 through to 6 and this will assist staff in supporting and understanding people with different types and levels of Dementia. We could see that some, but not all, staff had undertaken Adult Support and Protection training. Many people experiencing care need assistance of either one or two staff for positional movement or to get from one place to another. As such all staff should have undertaken training in Moving and Assisting, this ensures that people are moved safely and lessens the risk of any injury to staff. This training should take place for staff as part of their induction period and be refreshed regularly. There were gaps in training for all staff throughout the service, both new and existing staff. Without adequate induction and training there can be a negative impact on new staff regarding their confidence and their knowledge, as well as a lack of updated knowledge for existing staff. This impacts negatively on the safety, care and support that people receive. (Please see requirement 1).

Staff who had worked in the service for sometime did tell us that they were feeling more relaxed in the workplace and that they were looking forward to being able to work together with the manager in improving the service.

## Requirements

1. By 30 December 2024, the provider must ensure people are supported by competent care and senior staff with the right knowledge and skills. This should include, but not be limited to:
  - a) ensuring all staff receive a robust induction and competence assessment for their role
  - b) ensuring that all staff undertake essential training for their role and refresher training is available
  - c) implementing a system of regular observations of practice to ensure competency and develop practice
  - d) implementation of an effective system for oversight and monitoring of training

This is to comply with Regulations 2011 (SSI 2011/ 210 and Sections (7)(1)(a) and (b)(Ensure appropriate staffing) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## Areas for improvement

1. To ensure improved outcomes for people using the service and to improve staff wellbeing the provider should ensure that staffing levels are increased to a level sufficient to meet the needs of all people using the service. This should be achieved in each unit.

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

'My needs are met by the right number of people' (HSC 3.15).

## How good is our setting?

### 3 - Adequate

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

The home is generally comfortably furnished and clean throughout and each bedroom was personalised to people's own taste. Each bedroom had en suite shower facilities. The home has four shared bathrooms; in one of the assisted bathrooms the bath was out of service and due for repair and another of the bathrooms was being used as a storage area for broken chairs. For the number of residents in the home it would be good to see all bathrooms being in use, however with two working bathrooms people could still be offered the choice to have a bath or a shower.

Throughout the home some furnishings and carpets required to be replaced. Around the corridors there was seating and rest areas for people to use and some were worn and outdated. (Please see area for improvement 1).

When we visited the units for people living with dementia, we saw that there was no signage or visible markers available to assist people. This prevented people from navigating and moving easily and independently around the unit. Signage should be put in place. (Please see area for improvement 2).

The top floor of the home is where the kitchen and staff facilities are. We noted that the décor was very tired and hadn't been refreshed for some time. Within the staff room there was little opportunity for staff to relax on breaks. This was due to the staff room being full of storage boxes and generally very untidy. Staff wellbeing is important in order to ensure that they can carry out their role having had the right number of breaks in a comfortable environment. We discussed this with the manager who agreed that this area would be cleared and made more comfortable for staff.

The head housekeeper had a small team of people and between them they were able to keep peoples rooms and communal areas clean. Daily cleans were carried out and recorded, including a deep clean once a month. This meant the home was clean, and the risk of infection was reduced.

Maintenance within the home was of a good standard and records were kept with regards to fire safety, electrical testing and gas safety. Mobility and safety equipment had been tested and checked and all were up to date. The maintenance team had been working their way through the home painting the walls in units and keeping up with repairs as required. Generally, the maintenance team had good oversight of all equipment in the home contributing to a safer and secure environment.



## Areas for improvement

1. The provider should ensure that the quality of soft furnishings and carpets in corridors enhances peoples experience and outcomes.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23) and 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings and equipment' (HSCS 5.24).

2. The provider should ensure that good quality and effective signage is placed in the units accommodating people living with dementia to assist people to move easily and independently around the unit.

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

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

## How well is our care and support planned?

**3 - Adequate**

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

The service has recently moved to using a new digital care planning system. We acknowledged the work and challenges the management team and staff had in implementing these new processes. Good progress had been made, but further development with some staff was needed to ensure that all personal plans were person-centred.

Personal plans were reviewed every four weeks by the service and updates and changes to personal plans were recorded. These were completed well. We were unable to see in personal plans that the required six monthly formal care reviews had taken place. These reviews should take place with each person receiving care and their relatives or advocate, representatives from the care home, social work and external professionals. These reviews reflect on how well the service is meeting a persons needs and how they will be supported to achieve their preferred outcomes. It is important to some people that relatives are involved as much as possible in reviewing their personal plans. This is particularly the case for people who are unable to express their own wishes. Some relatives told us that they had never been involved in developing or reviewing a personal plan for their loved one, even though they had lived in the home for around two years. By supporting and encouraging people and their families to be meaningfully involved this will ensure that people's care is right for them, and staff know what they have to deliver. (Please see requirement 1).

We were able to see that external professionals had been consulted on areas of care and that appropriate referrals were made to them when required. An example of these were for people who had developed swallowing difficulties, and they were referred to the Speech and Language Team (SALT) and another was when people had developed pressure sores, they were referred to the Care Home Liaison Nursing Team (CHLNT). We could see examples of where people's skin integrity was of concern and staff had followed treatment guidance resulting in improvements.

The home used a system called Restore 2. This is a widely used tool for recording and escalation of physical health deterioration with people in a care home setting. The system is used to send information to G P's and

other health professionals. We know this to be an effective system and health professionals told us that the manager had dates in place for staff training in this system.

Anticipatory (future) care plans for people are important and can prioritise care for later life. They were not yet in use in the home, however they were preparing for implementing these and working with external professionals to progress this area of need.

## Requirements

1. By 30 December 2024, the provider must ensure appropriate care recording and implementation of six monthly care reviews of personal plans are carried out as per legislation.

To do this the provider must, at a minimum:

a) ensure people and/or relatives are involved, as much as they wish to be, in the development and maintenance of their personal plans

b) ensure that formal reviews are held at a minimum of every six months. When possible with a local authority representative (usually the social worker) and that plans are updated when people's needs change. This should then be reflected in people's experience of care.

c) ensure effective auditing systems to review personal plans and take action when concerns arise.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (Personal plans) 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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

### Requirements

#### Requirement 1

By 20 September 2024, the provider must ensure that staff give individuals the right medication at the right time. To do this, the provider must, at a minimum:

- a) ensure that an up-to-date medication care plan is in place for individuals supported with medication
- b) ensure that staff give people the right dose of medication at the right time
- c) ensure that staff document any reason and/or follow up actions taken when any person's medication is missed, out of stock, or is delayed in administration
- d) ensure management or other relevant staff conduct and record regular medication audits.

To be completed by: 20 September 2024.

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 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 21 August 2024.**

#### Action taken on previous requirement

When looking at digital personal plans we saw that each person's medication plan was recorded as it should be. In most units we saw that medication was given at the right time, however, in other areas some medications were administered later than they should be. We could see no evidence of medication being missed for people and a few medication audits had been carried out. Audits need to be undertaken on a more regular basis in all units, be embedded into practice and be sustained over a period of time.

We have extended the time scale for this requirement to 30 December 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 assure that staff keep people's rooms and equipment clean and tidy, the provider should ensure that staff take responsibility for ensuring the ongoing daily and deep clean of a person's room. This is to promote good infection, prevention, and control. This should also include, but is not limited to, maintaining up to date room cleaning schedules.

This is in order to comply with: Health and Social Care Standards 5.22:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'.

**This area for improvement was made on 21 August 2024.**

#### Action taken since then

The home has implemented a "resident of the day" system. This means that on this day the nominated resident has their room deep cleaned by housekeeping staff. Daily schedules were completed and then signed off by the head housekeeper. Rooms were clean and tidy. The maintenance team was underway through an improvement programme that included repainting of bedrooms.

This area for improvement has been met.

#### Previous area for improvement 2

People experiencing care should be provided with the opportunity to engage in meaningful activities in accordance with their likes and dislikes. Staff should ensure records are fully completed to confirm the activity offered and if they chose to participate or not.

This is to ensure care and support is consistent with Health and Social Care Standards 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 21 August 2024.**

#### Action taken since then

We did see some limited activity, but little evidence of meaningful activity for all during our inspection. Recordings showing what activity people had been involved in were very limited and showed little useful information.

A new post for a second activity person has now been recruited, but is still awaiting start date. People experiencing care, and relatives, all told us that there needed to be more for their loved ones to become involved in.

This area for improvement has not been met.

### Previous area for improvement 3

To provide reassurance that staff respect and value people's personal belongings, the provider should ensure that staff follow their service policy relating to this. This should include, but is not limited to, raising residents' and their representative's awareness of the importance of notifying staff of any new belongings being brought into the home and, ensuring there are sufficient staff and systems in place to ensure that laundry is done timeously and returned to the correct individual.

This is to ensure care and support is consistent with Health and Social Care Standards 4.4: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions'.

**This area for improvement was made on 21 August 2024.**

#### Action taken since then

People have been made aware of the importance of informing the service of new belongings being brought to the service. This has been written in newsletters and discussed at relatives meetings.

Due to a shortage of staff the laundry situation has not improved. The service has attempted in different ways to improve this by involving other staff in the home. This has not been successful and we saw laundry sitting outside units in trollies all day during inspection.

This area for improvement has not been met.

### Previous area for improvement 4

To assure that staff meet people's food choices and preferences, the provider should ensure that staff regularly review individual dietary requirement and preference records. This should include, but is not limited to, ensuring that the main menu, or other alternative, offers nutritional food choices to meet the likes and preferences of people resident in the service.

This is to ensure care and support is consistent with Health and Social Care Standards 1.37: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences'.

**This area for improvement was made on 21 August 2024.**

#### Action taken since then

Mealtime experiences were relatively well organised. Menus were displayed on tables and the dining areas were inviting. We saw that people had food choices, and that there were alternative choices available for people.

The kitchen staff were aware of and had access to people's nutritional needs and preferences. This was done by giving them access to areas of the digital care system. People told us the food was good and they were pleased that the alternative menus had been updated.

We saw on the care system that people's dietary requirements were reviewed regularly.

This area for improvement has been met.

## Previous area for improvement 5

To assure that people get the right information at the right time, the provider should ensure that staff consult with a person and/or their representative, when the nature of how staff deliver care and support needs to change. This should include, but is not limited to, providing a full explanation as to why this change needs to be made.

This is to ensure care and support is consistent with Health and Social Care Standards 2.12: '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'.

**This area for improvement was made on 21 August 2024.**

### Action taken since then

The service now uses a "resident of the day" system. This means that on that day staff phone families to ensure there is some communication. This is overseen by the senior person on duty. We did see that this happens, however it was very much unit dependant, and depended on the leadership of senior staff.

Some families told us that overall communication was not as good as it should be, and that they would still like more information about changes to their loved ones care.

This area for improvement has not been met.

## Previous area for improvement 6

To assure that staff are appropriately trained, skilled and competent to deliver adequate support to people who are living with Dementia, the provider should ensure that all staff receive up to date Dementia training beyond that of basic online awareness. This should include, but is not limited to, regular one to one supervision and recorded observations of practice. This is to enable staff and management to reflect on learning and development needs.

This is to ensure care and support is consistent with Health and Social Care Standards 3.14: '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'.

**This area for improvement was made on 21 August 2024.**

### Action taken since then

The organisation has a Dementia specialist who provides training to staff. During the inspection face to face stress and distress training was taking place. This training was well attended and staff were enjoying it. The service had a plan in place for a further 3 sessions of the training.

The Dementia specialist plans take staff through different levels of Dementia training using Promoting Excellence training.

A supervision planner had been produced and had been shared with staff. We spoke with the management team and it was clear that no formal observations of staff practice had been taking place.

There had been some progress made on this area for improvement, however not sufficiently to meet it.

This area for improvement has not been met.

**Previous area for improvement 7**

When someone arrives at the home, staff should agree and record contact arrangements. When someone appears to be distressed or struggling to settle, their named contact should be informed in line with the communication agreement.

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

**This area for improvement was made on 13 June 2024.**

**Action taken since then**

People's Power of Attorney representative, next of kin and preferred contacts are all clearly recorded on the first page of the personal plan. This means that staff are fully aware of who should be contacted at times of concern.

The Pre Admission assessment for people is available on the digital care system and includes an appropriate question for relatives asking in what circumstances would they like to be contacted about their loved one.

This area for improvement has been met.

**Previous area for improvement 8**

Staff should ensure that they implement food and fluid recording and monitoring systems for those who are new to the service, this is to ensure that during their first days they are having enough to eat and drink and that there are no concerns moving forward.

This is to ensure care and support is consistent with Health and Social Care Standards 1.14: 'My future care and support needs are anticipated as part of my assessment'.

**This area for improvement was made on 13 June 2024.**

**Action taken since then**

Each person experiencing care has food and fluid recording on their digital personal plan. This is clearly seen by icons at the top of the plan. Staff record how much fluid has been given and how much has been taken. Food preferences are also recorded, and plans are completed by staff that tell the service what people have eaten each day.

When, after a period, it is noted that there are no concerns then these icons are removed, however they can easily be replaced should concerns arise at a later date. A monitoring system is in place and utilised in line with peoples needs.

This area for improvement has been met.

**Previous area for improvement 9**

To ensure people's care needs are well supported, the service provider should ensure any treatment or intervention with external health professionals is accurately recorded and care plans updated accordingly.

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

**This area for improvement was made on 24 April 2024.**

## Action taken since then

Personal plans contained information of recordings, and photographs if required, of any intervention or treatment by external health professionals. Health professionals recorded information on the digital portal and it was then moved over to the person's personal plan. This included any changes in regards to treatment and/or medications. We spoke with the external health team and they told us they were satisfied that care staff in the home followed their treatment plans well, and they followed any advice or guidance offered by them.

This area for improvement has been met.

## Previous area for improvement 10

To ensure people's nutritional needs are well supported, the service provider should ensure any notable changes are recorded, and external health professionals are contacted when a person loses weight and/or are a known risk of choking.

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

**This area for improvement was made on 24 April 2024.**

## Action taken since then

People's nutritional need are supported by the service. If a person is seen not to be eating sufficiently and losing weight, or seen to be putting on too much weight then weekly or monthly weights are recorded on personal plans. There have been previous concerns raised in the service that loved ones were not receiving appropriate nutrition. As a result of this a recognised tool is used to measure nutritional needs and identify actions required. Kitchen staff have access to everyone's nutritional plan and this ensures that they can be clear about the nutritional needs of individuals.

We viewed evidence in personal plans that external health professional had been consulted regarding weight and eating/swallowing difficulties for people. The Speech and Language team (SALT) had been in the service to assess people who had been referred due to problems with eating and swallowing and at times were choking on their foods. After assessment the SALT produced a plan showing how food should be prepared and served.

This area for improvement has been met.

## Previous area for improvement 11

To ensure people are well supported with oral health care, the service provider should ensure there are accurate records about the support provided and if refused, information should be clearly recorded.

This is to ensure care and support is consistent with Health and Social Care Standards 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'.

**This area for improvement was made on 24 April 2024.**

## Action taken since then

The service uses "Caring for Smiles" for dental and oral health care. Caring for Smiles is Scotland's national oral health promotion, training and support programme. We were able to see that oral health care was recorded in people's personal plans. Staff would record daily when people's teeth were cleaned, and would also record if an individual refused their oral health care at any stage of the day. Where people refused then



staff would continue to try again later in the day. If this continued over a period then dental professionals were requested to attend to assess and support the service.

This area for improvement has been met.

### Previous area for improvement 12

People experiencing care should be provided with the opportunity to engage in meaningful activities in accordance with their likes and dislikes. Staff should ensure records are fully completed to confirm the activity offered and if they chose to participate or not.

This is to ensure care and support is consistent with Health and Social Care Standards 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 24 April 2024.**

#### Action taken since then

There was limited activity taking place, and little evidence of meaningful activity for all during our inspection. Some people were able to go outside to the garden on their own or with a loved one. They could also sit at the bistro area and chat with friends and relatives, however most people were not able to do so. A new post for a second activity person has been recruited to, but is still awaiting a start date. People experiencing care, and relatives, all told us that there needed to be more meaningful engagement for their loved ones.

This area for improvement has not been met.

### Previous area for improvement 13

The service provider should ensure full and accurate records of all communication with relatives/legal representatives including any external professional care input relating to people's health and wellbeing.

This is to ensure care and support is consistent with Health and Social Care Standards 4.18: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected'.

**This area for improvement was made on 24 April 2024.**

#### Action taken since then

Contact and care input from external health professionals is recorded within personal plans. We viewed daily notes that staff had recorded in each personal plan. These notes showed who had been contacted on any given day, and the reason why.

This area for improvement has been met.

## 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
3.3 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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