

# Storyville House Care Home Service

Storyville House Residential Home  
Beechwood Place  
Kirriemuir  
DD8 5DZ

Telephone: 01575 574667

**Type of inspection:**  
Unannounced

**Completed on:**  
21 October 2024

**Service provided by:**  
Storyville House Limited

**Service provider number:**  
SP2023000427

**Service no:**  
CS2023000419

## About the service

Storyville House is a care home for older adults situated in a residential area of Kirriemuir. It is close to local transport links, shops, and community services. The service provides residential care for up to 27 people.

The service provides accommodation on one level in single bedrooms. All rooms have en suite toilet and shower facilities. Currently there are only six that are accessible to residents. There are shared bathing and showering facilities for the remainder of residents. There are two sitting rooms and a dining room. There is access to an open garden at the front of the property and an enclosed garden to the rear.

## About the inspection

This was an unannounced inspection which took place on 15 and 16 October 2024. 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, 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
- spoke with six of their family and friends
- spoke with 10 staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

**Key messages**

- Staff were working well together and felt supported by the manager.
- The provider should continue to improve upon the environment.
- People should be supported better to experience activities that are meaningful.
- Record keeping and detail in care plans needs to improve.
- Some staff would benefit from further training in infection prevention and control procedures.

**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 performance as adequate. While the strengths had a positive impact, key areas need to improve.

People appeared comfortable and well during our visit. Staff encouraged and supported people with their personal care and appearance so that they were able to present in a way that promoted dignity and respect.

Staff were visible, responding promptly to requests for support and attention. One person told us, "If I need anything they will get it for me" and another said, "We are well looked after here".

Staff knew people well and were able to recognise changes in their presentation that may indicate a decline in health. Staff were able to take clinical observations and pass the information to trained health professionals to analyse and act upon. This contributed positively to people receiving the appropriate clinical interventions quickly and reduced potential deterioration of conditions.

The service had recently recorded higher than usual instances of falls for people experiencing care. Leaders engaged with health professionals and applied recommendations to reduce the number of falls experienced. The service continues to make improvements in this area.

People with dementia may sometimes experience stress and distress. Staff were vigilant to changes in people's emotional state, responding quickly and sensitively to redirect their attention and so reducing the likelihood of negative personal outcomes.

Staff supported people well with emotional health. One person told us how staff had supported them following the bereavement of a close relative. They told us, "I wouldn't have coped so well if it weren't for the staff".

People benefitted from access to appropriate community healthcare professionals. Leaders and staff in the service were working hard to develop positive relationships with local community health professionals, contacting them regularly for advice and support. This contributed positively to helping people maintain and improve their wellbeing.

Snacks and fluids were available for people to freely access and staff encouraged and reminded people to drink in order to remain hydrated. However, some improvement was necessary in how food and fluid intake was being recorded, issues identified, and actions taken (see area for improvement 1).

The chef prepared a variety of healthy meals based on what people said they enjoyed. Meals were well presented and people told us that they tasted good. People were provided with a daily choice of dishes, with alternatives made available where people wanted something that was not on the menu.

Staff monitored people's weights, although sometimes they failed to follow the frequency identified in people's personal plans. It is important that staff follow guidance in order to ensure that any changes in weight are identified and responded to quickly.

It was difficult to fully assess the provision of meaningful activities during this inspection. This was due to interruption in activities because of environmental improvement works. Activity plans were made available in common areas and also in individuals' bedrooms. This meant that people and their families could access them and refer to them easily. There were, however, limited opportunities for most people to get outside, explore, and engage with their local community. One person said, "I would like more things to do in the community but I'm not sure what there is".

People were receiving medication as prescribed and staff were vigilant in recording the effectiveness of 'as required' medication. This contributed positively to ensuring that prescribers assessed effectively whether medications worked well for individuals.

### Areas for improvement

1. To support people's hydration and nutrition, the provider should ensure staff access training in promoting good nutrition and hydration in care homes and that they able to record and analyse data, responding effectively to any concerns.

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' (HSCS 3.14); and 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

### How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve.

A new leadership team had recently been put in place to manage the service following some concerns. People told us that they had began to see improvements across the service in response to this. People told us that they had confidence that the manager would act upon any concerns that were raised and that they were provided with regular feedback about service performance and where improvements may be necessary. This meant that people felt less anxious about their loved one's care and support.

Leaders were completing observations of staff practice, discussing necessary improvements with them at the time or during professional supervision sessions. This contributed positively to ensuring that people would receive care and support that followed best practice and was right for them.

Leaders completed a range of checks and audits to assess the performance of the service. The manager had introduced some good quality assurance tools and processes. However, the service would benefit from involving the whole team to become involved in quality assurance processes to ensure a more robust and dynamic system to drive improvement (see area for improvement 1).

The provider had developed a service improvement plan and we saw that where issues had been identified through quality assurance processes, these were recorded in the plan for action. It is important, however, that the provider finds ways to support residents, their representatives, and staff to collaborate in plans for service improvement to ensure that the provision reflects the needs of the people it supports.

## Areas for improvement

1. In order to ensure there is a culture of sustained improvement, the provider must ensure that regular quality assurance processes are embedded and are effective in identifying, preventing, and promoting outcome-focused care. The processes should be responsive to improving the outcomes for service users, actively drive good practice and standards, and include other stakeholders in the processes.

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 evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve.

The service would benefit from administrative support. There were tasks being completed by staff and leaders in the service that were more in keeping with the role of administrative support. The phone rang continually and staff struggled to answer this as they were providing care. Families told us that unanswered calls sometimes increased their anxieties. Administrative support would free up time for staff and leaders to concentrate fully on important aspects of care and support delivery.

There was a need to review arrangements around the availability of ancillary staff in order to ensure consistency across the week. The provider should also support domestic staff to access further training in relation to the 'National Infection Prevention and Control Manual' and ensure that the wider staff team remain up-to-date with any changes in guidance (see area for improvement 1).

A staff training plan was in place but some improvement was needed to ensure that staff had completed relevant training and development to meet the needs of the people experiencing care. Staffing arrangements should support staff being able to attend essential training in paid time and not on days off, without this impacting on the care and support being provided to people.

Staff supported people in a relaxed manner and were supporting people at a pace that was comfortable to them. Staff recognised the importance of spending time with people beyond the delivery of physical care needs. Staff spoke of the importance of emotional care, building relationships, and meaningful engagement. Staffing arrangements should allow for more than basic care needs to be met. Staffing numbers should be dynamic to ensure that people are better supported in their preferred routines and in meaningful activity.

Evidence supported that most staff had recently received professional supervision and staff reported to this being of benefit to them. They told us that they felt supported, that the manager was approachable, and that they trusted that their views were being listened to which led to an improved team culture and higher morale within the team. Some staff were not aware of when their next supervision was planned. We discussed this with leaders during the inspection and were advised that a timetable for regular supervision was being developed. We will review this at our next inspection.

## Areas for improvement

1. In order to ensure people experience an environment that is consistently safe and clean, the provider should review the arrangements of domestic cover to ensure adequate cover throughout the week and ensure that domestics have completed training suitable to their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are supported by the right number of people' (HSCS 3.15); and 'I have confidence in people because they are trained, competent, and skilled' (HSCS 3.14).

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve.

The quality of the environment is central to people's experiences and outcomes, it impacts on essential areas of service delivery.

The provider had not yet met some of the conditions agreed at time of registration (see requirement 1).

At the time of inspection, some environmental upgrades were taking place. Some areas had been painted and work was being completed to upgrade and make safe the accessibility of a shared shower room.

The provider had completed quality assurance checks of the environment and had highlighted issues within their improvement plan. Some other issues were identified in the course of the inspection. The provider took immediate corrective measures.

Overall, the provider had completed routine maintenance checks. However, we noted some omissions in the recording of water temperatures. We raised this with the provider at the time and an immediate response was taken to ensure that safety was being maintained.

There were processes in place for staff to refer maintenance requests. However, some documents did not document the priority of action required and sometimes responses were delayed due to slow processes at the provider's head quarters. For example, a referral had been made for a repair to a cracked electrical socket in an occupied bedroom. This should have been treated as high priority due to the risk it presented. However, it took five weeks to be replaced (see area for improvement 1).

## Requirements

1. By 29 November 2024, the provider must provide the Care Inspectorate with an environmental improvement plan, laying out in detail works required and expected completion dates. Furthermore, the provider must provide the Care Inspectorate with monthly progress reports of environmental improvements until agreed works are complete.

This is to comply with Regulation 10(2)(a) and (b) (Fitness of premises) 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 secure and safe' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

## Areas for improvement

1. To ensure that people consistently experience a high quality and safe environment, the provider should improve upon its systems and processes for reporting and responding to requests for resolution of maintenance concerns.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17); and '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?

3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve.

The provider had recently moved to using electronic systems for managing people's personal plans. Work was ongoing in transferring people's information from the old paper formats and, for some people, staff were working between two systems. We assessed the quality of information across both of these systems to make our evaluations.

Some people's plans did not contain sufficient information to inform all elements of people's identified care and support needs. Information in relation to skin integrity, for example wound care, was omitted from one plan. Some plans contained conflicting information which could cause confusion for those delivering care. This presents a risk to people's health and welfare. The provider must make resources available to ensure that information is detailed and complete within plans. Descriptions of people's day-to-day care experiences should improve. Staff need to record more information in a person-centred way in order to better track and gauge the effectiveness of care in supporting people to achieve their personal outcomes (see requirement 1).

People and their representatives were being included in the development and review of plans but they were not aware of how they would have access to plans once they system was fully electronic. We suggested to the provider that they should consider what options were available within the system to ensure that people could access their information.

## Requirements

1. By 29 November 2024, the provider must ensure that people's personal plans are outcome-focussed and provide robust, accurate information that sets out how their health, welfare, and safety needs are to be met. In order to achieve this the provider must at a minimum:

- a) Ensure that care plans are clear and concise and the plan has supporting evaluation documentation that will evidence staff practice.
- b) Ensure that the care plan is being effectively assessed, monitored, and audited.



This is to comply with 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 needs, as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23).

## 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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