

Forth View Care Centre Care Home Service

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Methil
Leven
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Type of inspection:
Unannounced

Completed on:
28 October 2024

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2011302958

About the service

Forth View Care Centre is a purpose-built care home registered to care for up to 45 older people. A maximum of 10 adults with physical and sensory impairment can be supported in Loch Head Unit.

The home is part of the Balhousie Care Group. The service is located in Methil and can be easily reached using local transport networks from nearby Leven and Kirkcaldy.

Accommodation is provided over two floors. The rooms consist of single ensuite bedrooms with wet room showers. Each floor has a number of seating areas and dining areas to allow residents to make choices about where to spend their time. Small kitchen areas in the lounges are accessible to residents, relatives and visitors to the service.

The garden to the rear of the building is secure and accessible from the dining room on the ground floor.

About the inspection

This was an unannounced inspection which took place between 10 and 28 October 2024. The inspection was carried out by two 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 eight people using the service and three of their representatives;
- spoke with 12 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People were supported by kind, compassionate staff.
- Leadership and quality assurance needed to improve.
- Assessments of people's needs were not accurate. This meant staffing levels were not calculated appropriately to meet people's needs.
- Care plans did not provide information and guidance to inform staff's practice and needed to improve.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the health, welfare and safety of people, we made several requirements for improvement.

We observed warm, respectful interactions between people living in the home and the staff supporting them. Staff were knowledgeable about people's wishes, choices, needs and abilities. Humour was used where appropriate and it was apparent that positive relationships had been established.

We identified improved outcomes for people living in the Loch Head unit. The door to the Loch Head unit was previously locked. This practice was reviewed and the door had been unlocked for several months. Relationships have been established across all units in the home with people living in the Loch Head unit participating in activities throughout the home, including crochet and crafts. Other people were enjoying helping to serve meals in dining rooms. People told us their quality of life had improved. People felt valued and this enhanced people's self-esteem and sense of identity.

Whilst some people experienced improved outcomes, we identified several concerns that put people's health, welfare and safety at significant risk.

The support people received with medication was not safe. People did not always have access to their prescribed medication. Monitoring and ordering practice and processes did not identify potential shortfalls in medication stock. Subsequently, medication was not ordered timeously and people were without some medication for up to a week.

A month supply of medication had been delivered and was being checked during the inspection. The medication was left unattended in an unlocked room. This put people at risk of harm.

Medication administration records were not completed appropriately and consistently. The recording of the administration of medication did not follow guidance and we were not assured people received their medication as prescribed. Protocols to guide staff practice in administering medication on an "as required" basis needed improvement to ensure medication was administered accurately, consistently and effectively. People were prescribed medication to reduce the risk and impact of stress and distress. This medication was a form of restraint and must be administered as a last resort. The risk of drowsiness and falls can also increase. Non-pharmacological support strategies must be developed and implemented to maximise people's safety and outcomes (see requirement 1).

Where people experienced pain, this was not well managed. People who experienced chronic pain, were frail or had wounds were assessed as requiring pain relief to be administered prior to support. However, this pain relief was not always provided which led to people experiencing unnecessary pain and discomfort. People's pain must be identified, assessed and monitored to ensure pain is resolved.

There was regular input from care home liaison, community mental health and tissue viability nursing teams. However, referrals to health professionals were not always made either proactively or reactively. People did not have access to appropriate mobility equipment. One person had borrowed another person's walking aid, despite it being too low for them. This led to them also experiencing back ache. This led to poor outcomes for people (see requirement 2).

Regular health checks were carried out, including monitoring people's weight and risk of pressure injury. Protocols were in place to monitor and address the risks of constipation. However, protocols were not always in place or followed. For example, whilst people were physically able to go to the toilet independently, they no longer recognised the risks and potential consequences of constipation. Staff must identify where people require support to reduce the critical risks of constipation (see requirement 3).

The provider must ensure staff have appropriate knowledge and understanding of adults with incapacity legislation. Staff lacked an understanding of their responsibilities including ensuring people had access to emergency health care and treatment and ensuring people's representatives had the powers to consent to medical treatment on their behalf. This put people at risk of harm and breached their human rights (see requirement 4).

Communication needed to improve to improve people's health, welfare and safety. Some people were unable to eat due to oral health concerns. However this was not identified or addressed. Whilst people required support to communicate their wishes and needs, there was little information or guidance to inform staff's practice. People should be referred to the speech and language therapy service as appropriate to ensure they receive person-centred assessment and support (see requirement 5).

People were not supported to spend their time in ways that were meaningful and purposeful for them. This put people at risk of social, emotional and psychological harm. Appropriate social engagement is vital in maintaining people's health, welfare and safety. However, people did not receive the support they required for a number of reasons including inaccurate assessment of people's needs and staff shortages. There was also a lack of person-centred information about what was meaningful and purposeful for people (see requirement 6).

Risks to people were not appropriately identified or addressed. This put people at significant risk of harm and poor outcomes. This must be improved without delay. Staff must undertake training in supporting people to take positive, life enhancing risks to improve their safety, experiences and quality of life. We have made a requirement in the "How well is our care and support planned" section of this report.

Requirements

1. By 30 November 2024, the provider must protect the health and welfare of those who use the service. In particular, the provider must ensure people experience safe, competent and effective support with medication. In order to achieve this, the provider must:

- a) ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine;
- b) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis';
- c) ensure safe storage of medication in locked and secured units;
- d) ensure that all staff administering medication are suitably trained and competent; and
- e) ensure that there is sufficient and effective oversight of medication management.

This is in order to comply with Regulations 3 and 4(1)(a), 4(1)(b) and 4(2)(b) 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 experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

2. By 30 November 2024, the provider must protect the health and welfare of those who use the service. In particular, the provider must ensure that pain experienced by people receiving care is identified and addressed timeously. In order to achieve this, the provider must:

- a) ensure staff have the awareness, skills and knowledge to recognise the signs of symptoms of when people experience pain;
- b) develop, implement, and regularly review care plans that accurately reflect the possible causes of chronic and/or acute pain people receiving care may experience;
- c) develop, implement, and regularly review pain assessment tools to ensure pain is identified and addressed timeously; and
- d) ensure referrals to relevant health professionals are made appropriately and timeously.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 5(2)(b) 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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

3.

By 30 November 2024, the provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure the care and support provided addresses people's assessed needs. In order to achieve this, the provider must ensure:

- a) appropriate and timeous referrals are made to relevant health professionals;
- b) appropriate health care protocols are provided and reviewed on a regular basis by relevant health professionals; and
- c) staff follow protocols to reduce the risk of harm to people.

This is in order to comply with with Regulation 3 and Regulation 4(1)(a), 4 (1)(b) and 4(2) 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 am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13).

4. By 30 November 2024, the provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure staff have appropriate knowledge and understanding of adults with incapacity legislation and their responsibilities in complying with legislation. In order to achieve this, the provider must:

- a) provide appropriate training, guidance and support for staff;
- b) assess staff's knowledge, understanding and competency;
- c) ensure people's care and support complies with legislation; and
- d) ensure staff have access to and comply with the Mental Welfare Commission guidance "Rights, Risks and Limits to Freedom". This is to ensure people are not subject to unnecessary or unlawful restraint or restrictions.

This is in order to comply with Regulation 3 and Regulation 4(1)(a), 4(1)(b), 4(1)(c) and 4(2) 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 am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6).

5. By 30 November 2024, the provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure people are able to communicate their wishes, choices and needs. In order to achieve this, the provider must ensure:

- a) people's specific communication abilities and needs are identified and assessed;
- b) person-centred tools and strategies are developed to enable people to express their wishes, choices and needs. These must be regularly reviewed to ensure care and support continues to reflect people's needs and abilities;
- c) referrals are made to relevant health professionals as appropriate; and
- d) staff undertake appropriate training to enable effective and person-centred communication with people.

This is in order to comply with Regulation 3 and Regulation 4(1)(a), 4(1)(b) and 4(2) 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 am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.' (HSCS 2.8).

6. By 30 November 2024, the provider must safeguard and promote people's physical, emotional and psychological health by ensuring people spend their time in ways that are meaningful for them. In order to achieve this, the provider must:

- a) ensure people's wishes, interests and previous life history are discussed and documented;
- b) use this information to identify and provide opportunities for people to spend their time in ways that are meaningful and purposeful to them;
- c) keep accurate and evaluative records of the impact and outcomes of the support provided;
- d) provide appropriate training, guidance and support for all staff ensuring they understand the importance of meaningful and purposeful engagement; and
- e) ensure staffing levels are sufficient to provide appropriate, person-centred support for people.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210).

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the health, welfare and safety of people, we made requirements for improvement.

Managers of the service did not have appropriate oversight of the key risks and issues affecting people using the service. This was demonstrated by significant delays in reporting incidents to the Care Inspectorate, including medication errors and people experiencing stress and distress. This meant risks were not safely or effectively identified, monitored and mitigated. During the inspection we raised concerns about risks to people including constipation, seizures and medication. We were not assured that the leadership of the service were aware of or addressing the risks. Leadership of the service must improve to safeguard people's health, outcomes and rights.

Short daily meetings took place between heads of departments, including kitchen, housekeeping, maintenance, care and support staff, and members of the leadership team. The purpose of the meetings was to ensure all measures were in place to safeguard people's health, safety and wellbeing. Risks and concerns were not recorded consistently at these meetings. This meant we were not assured risks and concerns were identified or addressed. The provider must improve the recording of information and actions to be taken.

Monthly reviews of people's care and support should include input from care staff, housekeeping, kitchen staff and maintenance. Reviews were often not completed by all relevant departments and areas for improvement were not consistently identified or addressed.

The provider's quality assurance systems and processes offered a comprehensive suite of tools to assess and monitor quality assurance and service improvement. However, the tools were not used appropriately in the service. A comprehensive range of audits and checks were carried out on a regular basis. This included medication audits, wound care audits, care plan audits and dining experience audits. Areas for improvement were identified by staff carrying out audits but there was no evidence that these were addressed. Despite the volume of audits completed, there was no evidence of resulting improvements to people's outcomes or experiences (see requirement 1).

The views and opinions of people using the service or their representatives were not gathered. The exception to this was feedback provided by people about meals. However, feedback was not shared with chefs so meals that people did not enjoy continued to be included on the menu. Quality assurance and service improvement cannot be effective if the views and feedback of people using the service or their representatives is not central to identifying and planning improvements.

Similarly, people or their representatives did not have regular opportunities to provide feedback or identify improvements to their service. People had little or no awareness of their rights and the provider's responsibilities regarding quality assurance and service improvement. The provider must ensure people have access to the Health and Social Care Standards and are supported to understand and exercise their rights (see requirement 1).

Meetings with people living in Loch Head unit were held on a regular basis. People provided suggestions and feedback about their service but we did not see evidence of actions taken in response. There was no evidence of meetings involving people living in the assessment or frail elderly units. We appreciated that several people are living with advanced dementia and may not be able to participate in meetings. We discussed with the provider that the use of appropriate, person-centred communication support tools must be explored to ensure people had every opportunity to provide their views and opinions.

Meetings between members of the leadership team and people's relatives and representatives took place. However, there had been six months between meetings. Relatives raised concern about the length of time between meetings. We were assured that a relative/representative meeting would be arranged as a priority.

Incidents and accidents were recorded on the provider's internal communication and care planning systems. Graphs and charts demonstrated the amount of incidents and accidents that occurred in the home but we saw no evidence that these were analysed to identify trends or patterns and action taken to reduce the risk of similar incidents and accidents. The provider responded appropriately to recent significant incidents. However, subsequent incidents demonstrated a lack of learning from previous issues which meant people remained at risk of harm and poor outcomes and experiences. Effective management of incidents and accidents must prioritise reducing the risk of similar incidents and accidents occurring rather than current reactive responses.

Quality assurance and service improvement appeared to be approached as a paperwork exercise. This was likely due to a lack of understanding of the purpose of quality assurance and gaps in staff's skills. These issues must be addressed by the provision of appropriate training and mentoring and support. In order to improve people's health, welfare and outcomes, leadership of the service must improve.

Requirements

1. By 30 November 2024, you must ensure that service users experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement, underpinned by transparent quality assurance processes. In particular, the provider must:

- a) ensure that assessment of the service's performance is undertaken through effective audits. Where the audits identify areas for improvement, the improvements to be made must be detailed in an action plan which specifies the actions to be taken, the timescale within which the action is to be taken, the person or persons responsible for making the improvements, and the expected outcome of the improvement; and
- b) ensure people or their representatives have regular opportunities to provide feedback about their service and identify and plan improvements.

This is in order to comply with Regulation 3 and 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 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 the strengths had a positive impact on people's outcomes and experiences, key areas needed to improve.

Staff supported people with care and compassion. We spent time observing staff practice during mealtimes. People required support with eating and drinking. Support was provided discreetly and at people's pace. Staff were mindful of people's dignity and self-esteem. This assured us that staff's practice was values-led and person-centred. This maximised people's enjoyment of food and drinks. People or their representatives felt they were well cared for and were confident staff had the necessary knowledge and skills.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This includes ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high quality care. Service providers must also support staff wellbeing to ensure people's care and support is not adversely affected.

Members of the leadership team did not have appropriate knowledge or understanding of the legislation. There was no evidence of action taken or planned to implement the legislation. Members of the senior leadership team assured us of the actions that would be taken to implement the legislation including supporting staff's wellbeing.

A tool was used to determine the number of staff required on shift to ensure people's assessed needs were met. Assessments were task-based and focused on meeting people's physical care needs. We found people's needs were not accurately assessed. For example, people were assessed as not requiring social, emotional or psychological support. On discussing the assessments with staff, it was apparent that people had significant needs that were not being addressed. The assessments had a direct impact on staffing levels in the home and put people at risk of physical, emotional and psychological harm (see requirement 1).

Staff told us there were not enough staff on shift. This meant they could only meet people's physical care needs. Staff wanted to be able to spend meaningful time speaking with people and felt people were being "let down". This had a detrimental impact on staff wellbeing and morale.

It was the provider's policy that staff should have one to one meetings with their line manager on a quarterly basis. Meetings took place but there could be considerable periods of time between meetings. Minutes of meetings evidenced a task-based approach that did not consider staff's wellbeing. The provider assured us that improvements to one to one support for staff were underway and provided evidence of the new templates and guidance.

In order to ensure staff on shift had an appropriate mix of skills to meet the range of people's needs, factors including staff experience, training, knowledge of and relationships with people using the service and length of service were considered. However, we were concerned that staff required additional training and support in supporting people who experienced stress and distress.

Staff allocation records recorded the staff working in each of the units in the home. However, there were no records of how staff were deployed in each unit. This needed to improve to ensure staff were aware of their responsibilities on shift including which people they were allocated to support during their shift and monitoring arrangements to reduce the risk of falls and support people who may experience stress and distress. This was to reduce risks to people using the service and staff. Accurate planning and recording of staff deployment should also facilitate consistency of support for people and staff accountability (see area for improvement 1).

Staff learning and development records were being moved from paper records to the provider's online systems. Subsequently, it was difficult to get an accurate picture of the training that had been completed by staff or remained outstanding. However, staff had access to a wide range of online and face to face learning and development resources and assured us that they had undertaken mandatory and essential training including adult support and protection, moving and assisting people and supporting people who experience stress and distress. The provider should carry out a training needs analysis on a regular basis to ensure staff have the knowledge, skills and competencies to meet the full range of people's needs.

We were satisfied that the learning and development team were responsive to requests for training to meet people's changing or new care and support needs. Face to face training provided opportunities to assess staff's understanding and provide additional support as required. Staff also completed reflective accounts of their learning and how this improved their practice and people's outcomes.

Observations of staff's practice were carried out by the learning and development team to assess their competency. Additional support was provided in response to areas for improvement identified. However, staff's knowledge, understanding and ability to transfer learning into practice should continue to be developed and extended to ensure the range of people's needs can be met. Despite the support measures described, staff's responses to symptoms of stress and distress demonstrated a lack of knowledge and understanding. There were no protocols or strategies in place to inform staff practice in reducing the stress and distress people experienced. Staff training should be reviewed to include identifying and addressing signs of stress and distress at the earliest opportunity. This is to reduce the risk of harm to people and staff (see requirement 1).

Requirements

1. By 30 November 2024, the provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure staffing levels are appropriate to meet the full range of people's needs. In order to achieve this, the provider must:

- a) ensure assessments of people's needs accurately, reflect their current needs, wishes and abilities and are reviewed on a regular basis;
- b) ensure the number of staff providing care and support reflects people's assessed needs; and
- c) carry out a training needs analysis on a regular basis to ensure staff undertake training to meet the full range of people's care and support needs.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b) and 4(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and part 3 , (1), (a),(b) and (c) 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).

Areas for improvement

1. The provider should deploy staff in a manner that ensures people receive safe , consistent and effective care and support. This should also enable effective monitoring to reduce risks to people's health, welfare and safety.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. Whilst the strengths had a positive impact on people's outcomes and experiences, key areas needed to improve.

People enjoyed living in a clean, fresh and homely environment.

We identified the housekeeping team was a key strength in the service. Staff demonstrated good levels of knowledge and understanding of infection prevention and control. Two members of staff, including the head housekeeper, were currently undertaking specialist learning and development opportunities to further enhance their skills. The implementation of this knowledge and standards improved people's health, safety and outcomes.

Quality assurance audits were carried out on a regular basis which also identified any necessary repairs and maintenance required. This ensured the standard of people's environment was maintained. Mattress checks were carried out on a regular basis and appropriate action was taken in response to any concerns.

Maintenance staff carried out health and safety checks on a regular basis. We noted appropriate action was taken to address concerns such as fire doors not closing fully and regular cleaning of showerheads. This reduced risks to people's health, safety and welfare.

Areas for improvement and necessary repairs and maintenance were identified and carried out by maintenance staff where possible. Where specialist external support was required, this was reported to the appropriate head office department. We noted repairs and maintenance issues were usually resolved timeously. However, we were aware that flooring in some areas of the home required repair or replacement. The flooring had been made safe but action to resolve the issue had been outstanding for several months. The provider should prioritise the repair or replacement of flooring to ensure people's environment remains safe, pleasant and homely.

Areas of the home had been repurposed to provide additional opportunities for engagement and private space for people to meet with relatives and friends. A comfortable family room had been set up in the Loch Head unit and a games room enabled people using the service to enjoy spending time together or with staff. This improved people's outcomes and experiences and helped people feel more at home.

In order to maintain and increase people's independence, signage should be improved to enable people living with dementia to find their way around the home independently. People's bedrooms should also be set up to maintain and promote people's continence. This will improve people's self-esteem and sense of identity.

Information about activities and menus was only available in a written format. This was not accessible for people living with advanced dementia or reduced vision. Information should be available in a range of formats to support people to make independent choices and decisions.

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the health, welfare and safety of people, we made requirements for improvement.

People and their representatives were not involved in developing their care plans. People were not aware of the content of their care plans. Whilst they were aware that staff made recordings about their care and support, they were not consulted or informed about the information recorded. This demonstrated a lack of understanding of people's rights and compromised people's dignity and autonomy.

Monthly "resident of the day" reviews were carried out without the involvement of people using the service or their representatives. People were not supported to identify areas for improvement to their care and support or provide feedback about their service.

The provider used an electronic care planning system. This meant people and their representatives could not access their care plans. The provider must ensure people or their representatives are fully involved in developing and reviewing their care plans and offer people copies of their care plans in person-centred formats.

Record keeping needed to improve to accurately document people's care and support needs and the support provided by staff. We identified gaps in records of people's food and fluid intake and support provided to reposition people to reduce the risk of pressure injuries. Members of the staff team provided training and support for colleagues but this support should be planned, systematic and evaluated to ensure staff's understanding and competency.

People's care plans did not contain the information and guidance staff required to provide safe, consistent and effective care and support. This was due to a lack of person-centred detail. For example, stress and distress care plans identified personal care support as a major trigger but there was no guidance to inform staff's practice in the provision of personal care support. This led to people experiencing poor outcomes and put people and staff at risk of harm. Care plans to address the range of people's needs were not developed. This meant key areas of people's needs, including communication, were not met. Subsequently, people could not express their wishes, choices or needs and were at risk of social isolation. People living in the home experienced seizures but there was limited information about the types of seizures people experienced and

how staff would identify and respond to different seizure types. Care plans did not provide opportunities to maintain and increase people's skills, abilities and independence. This put people's health, welfare and safety at risk.

Care plans did not include person-centred detail about who and what was important to people, their interests or previous life history. This made it difficult for staff to interact with people in meaningful ways and build positive relationships. This had a detrimental impact on people's sense of identity and self-image.

Care plans were reviewed on a monthly basis. However, the impact and effectiveness of care and support plans were not evaluated to consider what aspects of care plans worked or did not work. People or their representatives were not included or consulted regarding reviews. Therefore, we were not confident that care plans identified or addressed people's wishes, choices or needs.

Risks to people, such as constipation and stress and distress, were not identified or effectively mitigated. People were not supported to take positive, life-enhancing risks and this compromised their outcomes and experiences. The provider must develop a positive risk-taking culture to maximise people's quality of life, rights and independence (see requirement 1).

Requirements

1. By 30 November 2024, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that all care plans:

- a) evidence that people and/or their representatives were involved in developing and reviewing the plans;
- b) are offered to people in a format that is accessible for them;
- c) provide appropriate information and guidance for staff so people receive safe, consistent and effective care and support;
- d) are evaluated to ensure people's support is person-centred, effective and meets their assessed needs; and
- d) identify and address risks to people promoting people's independence, rights and outcomes through opportunities to take positive, life enhancing risks.

This is in order to comply with Regulations 3, 4(1)(a)(b)(c), 5(1), 5(2)(a) and 5(2)(b) of The Social Care and Social Work (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 my 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).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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