

# Carmichael House Care Home Service

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Dundee  
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Telephone: 01382 223337

**Type of inspection:**  
Unannounced

**Completed on:**  
21 November 2024

**Service provided by:**  
Carmichael House (Dundee) Limited

**Service provider number:**  
SP2023000434

**Service no:**  
CS2023000421

## About the service

Carmichael House is a care home for older people in a pleasant residential area of Dundee. It is located close to the city centre, with nearby access to a local park and various amenities. The home is a large Victorian style detached building on two levels, with access to the upper level via a passenger lift or stairs. There is a small garden to the front of the house and a large area to the rear. The provider's philosophy states: "We strive to create settings where residents' individuality is acknowledged, where privacy and dignity are respected, where residents can feel safe and secure." The service re-registered under a new provider on 13 December 2023 and is registered for a maximum of 17 older people.

## About the inspection

This was an unannounced inspection which took place on 11 November 2024. The inspection was carried out by two inspectors from the Care Inspectorate. This was a follow up inspection to evaluate progress made since our last inspection which took place on 19 July 2024.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke briefly with four people using the service
- spoke with three staff and management
- observed practice and daily life
- reviewed care-related documents.

**Key messages**

- There was continued improvement in audit and quality improvement work. However, more consistency was required around the frequency and content of audits.
- The recent introduction of the 'CURA' electronic care planning system provided opportunities to improve the quality of care planning and management oversight processes. Further work will be needed to develop the system's functionality.
- We identified issues around the supply of hot water to some areas of the home, which the service provider was trying to fix.
- The service provider was still considering the allocation of administration resources to assist the manager carry out quality assurance and improvement work.

**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 good is our setting?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our setting?

## 3 - Adequate

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

We added this key question because we identified concerns around the operation of hot water systems in the home. The service's own audit processes identified that hot water in some areas of the building was not reaching comfortable temperatures for personal hygiene and handwashing.

We were informed that residents' showers were electrically operated and were not part of the main hot water system. People could therefore have showers at a temperature that suited them. Nevertheless, some handwashing sinks only reached tepid temperatures and had to be topped up from other hot water sources, such as adjacent electric showers.

The manager acknowledged the issues, and the service provider had sought professional advice. Work had taken place to make improvements to the hot water supply; however, problems persisted and further work was planned. We were assured by the service provider that risks related to Legionella in water systems were appropriately assessed and managed.

Because of the lack of consistent hot water supply throughout the home, residents could not confidently always access hot water suitable to their personal needs. A requirement has therefore been made in respect of this - see Requirement 1.

We also noted that two areas of flooring presented as a trip hazard. The manager identified that this had been reported and repair works were carried out a few days after our inspection visit.

### Requirements

1. By 2 February 2025, the service provider must ensure that water is supplied and maintained at temperatures suitable for the needs of people using the service.

This is to comply with Regulation 10 (2) (a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210), a regulation regarding the fitness of premises.

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

"The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.18); "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).

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

### Requirements

#### Requirement 1

By 31 May 2024, the service provider must ensure that quality assurance and audit processes are carried out regularly, in line with the service provider's policies and procedures.

This must include, but is not limited to:

- a) assessment of the service's performance through effective audits
- b) where audits identify issues, any actions needed must be clearly identified
- c) outcomes achieved from audit-identified actions must be clearly stated.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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); and "I use a service and organisation that are well led and managed" (HSCS 4.23).

This requirement was made on 8 February 2024.

**This requirement was made on 8 February 2024.**

#### Action taken on previous requirement

There was continued improvement in audit and quality improvement work. However, more consistency was required in the frequency of audits. There also needed to be clearer reflection of issues identified through audit, what actions were planned/taken, dates for action planned/taken, and what outcomes were achieved to benefit people using the service.

The service had recently introduced the 'CURA' electronic care planning system. The manager and staff were receiving training to use this and some paper care records were still being used. The 'CURA' system provided opportunities to improve the quality of care planning and management oversight through various software functions. We were informed that the 'CURA' system functionality would be further developed, and we hope to see the results of this at future inspections.

A new 'Depensys' dependency assessment tool had also been introduced to determine staffing levels for the service. The manager was developing their knowledge around the use of this system and was advised to also record their professional judgement about staffing levels.

This would help improve transparency around decisions taken about staffing levels, especially where the 'Depensys' tool and manager's assessment differed.

We saw that the service improvement plan had progressed since the last inspection; however, this did not identify a significant issue relating to the supply of hot water to all areas of the home. This was an issue that the service was acting on but was not readily identifiable through examination of audits and the service improvement plan. The service improvement plan should include all recognised areas of improvement to assist with prioritising actions.

The issue regarding water supply temperature is discussed further under Key Question 4: 'How good is our setting?'

It was positive to see that the manager was delegating audit and quality assurance work to other members of the leadership team. The service had also signed up to the Care Inspectorate's Care Home Improvement Programme, through which support would be provided in taking forward the care home's improvement agenda. We hope to see good outcomes from the work undertaken as part of this programme.

Whilst there has been continued progress and commitment by the service towards meeting this requirement, more time would allow the service to fully meet the requirement. This requirement has not been met and will be further extended until 2 February 2025.

**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 assist the manager in improving quality assurance and audit processes, the service provider should consider further support for the manager in carrying out their duties. This will help ensure that people's health and wellbeing is comprehensively monitored and improve outcomes for people.

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); and "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 8 February 2024.

**This area for improvement was made on 8 February 2024.**

### Action taken since then

The manager had regular discussions with the operations manager and some audit work had been delegated to other members of the leadership team. We were informed that the service provider had identified the potential for some administrative support for the manager, but this had not been fully quantified and confirmed.

As a result, this area for improvement has not been met and will be reviewed at the next inspection. The manager was keen to develop the service, and we think that administrative support around quality assurance and improvement work would help ensure that management oversight information is more clearly recorded and easily accessed.

## Complaints

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

## Detailed evaluations

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate



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