

# Lunan Court Care Home Service

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Arbroath  
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**Type of inspection:**  
Unannounced

**Completed on:**  
15 November 2024

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300751

## About the service

Lunan Court is a purpose-built care home providing accommodation over two floors, located near the centre of Arbroath. The service is registered to care for up to 44 older people, including people living with dementia. Nineteen people live on the ground floor and there is lift access to the upper floor which is a Memory Care unit for 25 people. All bedrooms have an en-suite WC and wash hand basin. Each floor has a combined lounge and dining area as well as accessible bathroom and shower rooms. The home benefits from views over the sea with an accessible garden with a summer house.

## About the inspection

This was an unannounced inspection which took place on 12 and 13 November 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 15 people using the service and eight of their families;
- spoke with 19 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- People told us they were happy and well cared for.
- People spoke positively regarding recent improvements.
- The staff were working well as a team and morale had improved.
- The manager was visible and approachable and people had confidence that any concerns were dealt with appropriately.
- Staffing should be flexible, and allocated to ensure a whole home approach , in order to meet people's needs at key times in each day.
- Some areas of the home would benefit from redecoration.
- There was no safe pedestrian access in and out of the home to enable people to safely access the grounds and wider community.
- Quality assurance processes were identifying areas for improvements.

## 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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with dignity and respect, with kind and caring interactions observed. The home had a pleasant atmosphere, and staff had developed a good rapport with people, and clearly knew them well. We were told, 'I'm very well looked after' and 'The staff are nice'. People were being supported well, in a caring environment.

There was a clear, electronic system in place for the management of medications. Monthly audits identified any areas for improvement, and management had good oversight of all medication processes. Some 'as required' (PRN) medication protocols for people with agitation, were not as clear as they could be. As a result, it wasn't always clear when this medication should be offered. For example, it was not evident what strategies staff could use to support people, before considering when to appropriately administer this medication. We discussed with staff as to how these protocols could be improved, to ensure that new, or unfamiliar staff understood when to offer this medication. This was rectified promptly. This would mean that people would receive the maximum benefit from their medication to alleviate any symptoms of discomfort. As a result, people could be confident that medication was available and administered safely.

People were benefitting from a variety of different activities both in, and out with the home environment. People were enjoying head massages, and one to one interaction, as well as group, chair exercises, at the time of inspection. People had enjoyed recent trips out to the salvation army music group, and local remembrance Sunday service. We were told, 'I can get out every day if I want, but it's too cold' and, 'There's lots of things going on in the home. I like happy hour on Fridays, where I get a couple of vodkas' and 'Mum was up dancing with the dancers in the lounge'. People were encouraged to keep active to maintain good health.

Some personal plans had improved, and contained information on how best to support people. The service was in the process of developing these plans to be more detailed and person centred. This meant that staff would be able to plan, and deliver more individualised care, to meet people's specific care needs, and record any outcomes achieved. We will follow this up at our next inspection.

People's health needs were being met, with well-established links with healthcare professionals. Appropriate referrals had been made when people required specialist treatment, or there was a change in their health. This meant people's health benefitted from the right care, from the right person, at the right time.

We observed the mealtime experience on both floors. The atmosphere was calm and organised, and people were given visual choices from the menu. We were told, 'The food is very good; I have no complaints'. Staff were visible and attentive to people's needs, and people who required assistance didn't need to wait on their meals. There were pleasant interactions throughout, with plenty of chatting and a sing along to Scottish music. People told us that if they did not like the food, an alternative would be made for them. This meant people's dietary and hydration needs were being met.

Families and friends were able to visit whenever they wanted to, and also reported that communication was good. Some relatives told us that they were able to be active in their loved one's care. For example, some relatives were able to help with personal care, and spend time at mealtimes together. The service promoted meaningful connection with families, which enhanced people's support.

Attention had been taken to support people to look their best. People were clean and well presented, with some having recently had their nails painted and hair styled. This helped towards people's confidence and pride in their appearance.

The service was visibly clean in most areas, and cleaning regimes were in place, and up to date. Some areas were not as clean as they should be, due to some areas requiring maintenance and refurbishment. For example, two bedrooms had an unpleasant odour, due to the carpets being old and difficult to keep clean. We discussed this with the manager, who had already identified these areas for improvement, and had a plan in place. We will follow this up at our next inspection.

### How good is our leadership?

### 3 - Adequate

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

The service had a temporary manager in place, who had a clear vision for service improvement. Input from people was encouraged, and there was an overall, positive atmosphere in the home. People told us, 'Things are much better now. We're more supported and listened to now. Everything gets dealt with and I have confidence in the manager' and 'The manager is brilliant; she's come in and put a positive swing on things'. People reported an increase in staff morale, and this meant that there was increased assurance, and confidence, that issues or concerns would be dealt with appropriately.

The manager had a clear understanding of what was working well in the service, and where improvements were needed. A service improvement plan was in place, which had been informed by the outcomes of audits of all key areas of the home. This meant that people could be reassured that the service benefitted from a culture of continuous improvement.

There were systems in place to assess the performance of the service, which incorporated a wide range of audits. This provided good oversight, with feedback given to staff on any areas requiring improvement. The manager was empowering the staff team to complete quality assurance activities, and be involved in this process. This promoted teamwork, and allowed staff to be aware of their responsibilities, in respect of improvement.

Regular meetings were taking place for people, and this offered a forum to give their opinions and views across. One relative told us that she wasn't always aware of what was happening in the service, and would benefit from a newsletter to keep informed of any changes, or updates. We spoke to the manager, who was in process of implementing a newsletter. We will follow this up at our improvement visit.

Although there were several improvements in place recently, they needed to be further developed and sustained over a longer period of time, in order to become embedded in the service. The manager had clearly made a positive impact on the service however, as this was a temporary position, this created uncertainty for people, and for the continuation of any improvements for the future. The provider should monitor this situation closely, in order to maintain recent improvements, and support people through any further changes. This would help to alleviate people's anxieties around further change within the service. **See area for improvement 1.**

## Areas for improvement

1. In order to ensure that people experience a service with effective and consistent leadership in place, the provider should ensure that people in management roles are experienced, fully inducted to their roles and have regular support to enable them to manage service development and improvement.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).**

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager and staff were visible to people in the home. Relatives and residents spoke positively about the staff, and told us they were kind and helpful. As a result, there was a good level of satisfaction throughout the service.

Staff spoke positively about the recent changes in the home. We were told, 'We're more involved now in improvements, staff morale is back up there' and 'I feel supported and can approach the manager at any time. Management works closely with us now'. It was clear to see that staff were happy, which ultimately benefited people's wellbeing.

Staffing levels reflected people's care needs. The manager used a staffing tool, which was reviewed regularly, to consider people's needs, and dependency levels in the service. However, some staff told us they would benefit from more staff to enable them to spend more time socially, with residents. We observed that there were times on the first floor where there were higher numbers of staff than the ground floor. At times there were missed opportunities for staff to spend time with residents. On the ground floor, one resident wasn't supported to get up until late morning due to staff being too busy, and some people told us they need to wait to go to the toilet. The manager should review staffing using a flexible, whole team approach to identify where staff are allocated and required most, each day to meet people's needs. **See area for improvement 1.**

Staff were working well as a team and told us, 'We're a really good team and staff support each other, we work well together'. This helped contribute to staff morale.

Staff had completed a range of training, including stress and distress and tissue viability. Staff appeared knowledgeable in areas such as adult protection. There were several residents in the home with a learning disability and staff may therefore benefit from specialist training on learning disabilities. This would support staffs' understanding to support people with a learning disability in the home. **See area for improvement 2.**

Supervision had improved. Staff received supervision every three months and told us they found these sessions to be meaningful and supportive. The manager was developing 'growth conversations' with staff, which incorporated staff's skills and knowledge and potential for development. We will follow this up at our next inspection.

Staff recruitment had been carried out appropriately and in line with current guidance as set out in the Scottish Social Services Council and Care Inspectorate guidance; Safer recruitment through better recruitment 2023. Monthly checks were taking place to ensure staff were registered with the appropriate professional bodies. This meant people could feel reassured that they were keeping people safe.

### Areas for improvement

1. In order to meet people's holistic needs in all areas of the home, the provider should consider a flexible approach to staffing. This should include appropriate skill mix of staff in each unit at key times, where dependencies are higher. This is to ensure people receive responsive and appropriate care.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).**

2. In order for people to benefit from care and support that meets their needs, the provider should source and complete specific specialist face to face training for staff supporting people with learning disabilities, as soon as possible. This is to support people who have specific needs relating to their learning disability within the service.

**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).**

### How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People living, working and visiting the home should be able to access the grounds safely. We discussed the lack of safe pedestrian access, and the condition of the surface of the car park. We understand that this has now been added to the service improvement plan and is to be assessed imminently. We will follow up progress as part of improvement activity.

The environment was warm, welcoming and comfortable. It appeared clean, tidy and overall free from intrusive smells. We discussed this with the manager, and immediate actions were taken to resolve the issue at that time.

People enjoyed a setting that had a comfortable and homely feel, and were able to access a variety of communal and private spaces in which to spend time.

There was a large enclosed garden to the rear of the building and we saw people independently accessing this throughout the day. People living in the upstairs of the building should also be given opportunities to access this space regularly. We discussed this with the manager and will follow this up at our next visit.

It was good to see that people were able to independently access drinks and snacks throughout the day in their bedrooms, and the lounge/dining areas. One person told us about 'Friday happy hour' and said it was a highlight in the week.

Some people's bedrooms were too small to cater for the type of care equipment that was needed. This meant that their rooms and bathrooms were cluttered, inaccessible and difficult to clean. We spoke with the manager about this during the inspection who agreed to seek solutions.

Some areas of the home were in need of redecoration, and some people's en suite bathrooms were in need of an upgrade. This had already been identified in the service's improvement plan and will be actioned in due course.

There were clear, planned arrangements for monitoring and maintenance of the premises and equipment, to ensure people were safe. Satisfactory records were kept for maintenance works completed by external professionals. As a result, people were cared for in a well maintained, safe environment.

There were several different locks on rooms around the home, and one room did not have a lock in place at all. All bedrooms and communal bathrooms and toilets should have an easy to use thumb lock in place. This would allow people to have the choice whether to lock their rooms or not and ensures people are treated with dignity and respect. People should have access to their own personal space and communal facilities at all times. This was discussed with the manager and we are confident this will be resolved within the home as soon as possible. We will follow this up as part of improvement activity.

Staff were aware of the schedules for cleaning of care equipment and the environment. They had a good working knowledge of safe systems of work and told us that there were no issues in relation to access of supplies to carry out their work effectively.

The service should improve upon how it involves others and gathers their views on their environment and how it could work better for them.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans had improved. Most care plans were clear with lots of detail. A range of assessments also informed people's plans of care. This contributed positively to support their wellbeing.

Senior staff had good oversight of clinical information, such as food and fluid intake, weights, and wound care. This meant staff could identify any changes for people, and ensure that appropriate referrals were made to external professionals where necessary. We spoke with the manager, who told us that the care plans were a working progress to develop and finish. We will follow this up at our next inspection.

Legal powers were documented in people's care plans, and copies of legal documents were evident, such as power of attorney. Staff would benefit from an understanding of adults with incapacity legislation and how they could support people appropriately. We discussed this with the manager, who will take action to source appropriate awareness training for staff, to increase their understanding around this area. We will follow this up at our improvement visit.

People had participated in six-monthly reviews of care. This identified any actions required to their current care plan, and any improvements required. As a result, people were involved in shaping their own care and support.



Do not attempt cardiopulmonary resuscitation (DNACPR) documents were in place where appropriate. People also had anticipatory care plans in place where agreed. This helped staff to identify what actions should take place when people reached the end of their lives.

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

### Requirements

#### Requirement 1

By 1 November 2024, the provider must ensure that:

- a) All incidents which are detrimental to the health and welfare of service users are thoroughly investigated in a timely manner.
- b) Staff are aware of adult protection processes and ensure that appropriate referrals are made when a vulnerable adult has experienced harm or is at risk of harm.
- c) Incident reports are completed in a timely manner and, where applicable, notification reports are made to the Care Inspectorate.

**To be completed by: 01 November 2024**

**This is to ensure care and support is consistent with Health and Social Care Standard 3.22: I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.**

**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 1 August 2024.**

#### Action taken on previous requirement

The manager told us that she could evidence core training, but recognized that the service had further work to do to fully evidence adult support and protection and stress and distress training. We will follow this up at our next inspection.

The manager had good oversight of all incidents in the home and all events were followed up to ensure the most effective measures were in place to reduce risk of falls or harm in the home for people. All incidents were now audited on a monthly basis for compliance and to identify improvements.

No adult support and protection concerns were raised by the manager at time of our inspection. Staff had all completed training and were knowledgeable and confident in what to look for and to report and how they would do so. An adult support and protection policy was in place and staff aware of the importance of being vigilant to identify any areas for concern, in order to keep people safe in the home.

Recent reportable notifications have been completed appropriately and referred to relevant bodies as per local guidance.

## Met - within timescales

### Requirement 2

By 1 November 2024, the provider must ensure that the number of staff working in the care service is appropriate to support the health, wellbeing, and safety of service users and the provision of safe and high-quality care. To do this, the provider must, at a minimum:

- a) Ensure their overall assessment of staffing takes account of aggregated information of the physical, social, psychological, and recreational needs and choices in relation to the delivery of care for all service users, the views of staff, and the views of service users.
- b) Ensure that a meaningful, open, and transparent process of gathering and sharing views and information about staffing levels is developed and regularly reviewed for effectiveness.
- c) Demonstrate that staffing levels consistently support adequate supervision and support of service users.
- d) Ensure that staffing levels and skill mix are considered prior to admitting a new service user for long term or respite care.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

**To be completed by: 01 November 2024**

**This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.**

**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 1 August 2024.**

## Action taken on previous requirement

Staffing levels reflected people's care needs. The manager had a staffing tool, which was reviewed regularly, to consider people's needs, and the dependency levels in the service. However, some staff told us they would benefit from more staff to enable them to spend more time socially, with residents. We observed that there were times on the first floor where there were higher numbers of staff than the ground floor. At times there were missed opportunities for staff to spend time with residents. For example, some staff had time to stand and chat in the lounge rather than sit and have a chat and a cup of tea together or do one to one activity. On the ground floor, one resident wasn't supported to get up until late morning due to staff being too busy and some people told us they need to wait to go to the toilet. The manager should review staffing using a flexible, whole team approach to identify where staff are allocated and required most, each day to meet people's needs. See area for improvement 1.

Staff presence was good at the time of our inspection. Whilst care staff were busy, we did not see any evidence of people having to wait for support. There was a considerably calmer atmosphere in the home than our last visit.

## Met - within timescales

### Requirement 3

By 1 November 2024, the provider must demonstrate that the needs of people who use the service are regularly assessed, agreed, and adequately met. In order to achieve this, the provider must:

- a) ensure that planned support is fully implemented when service users have specific health needs, including diabetes, lack of appetite, or risk of dehydration;
- b) demonstrate that the malnutrition risk screening tool (MUST) is used to fully inform practice;
- c) develop and implement clear treatment plans when people are identified at risk of dehydration, at nutritional risk, or experiencing high or low blood glucose levels.
- d) demonstrate that all staff have an understanding of how to prevent and treat dehydration and the appropriate management of fluid intake;
- e) ensure that documentation and records are accurate, sufficiently detailed, and reflect the care planned or provided.

**To be completed by: 01 November 2024**

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

**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 1 August 2024.

#### Action taken on previous requirement

We observed the mealtime experience on both floors. The atmosphere was calm and organised, and people were given visual choices from the menu. We were told, 'The food is very good; I have no complaints'. Staff were visible and attentive to people's needs and people who required assistance didn't need to wait on their meals. People told us that if they did not like the food that an alternative would be made for them. This meant people's dietary and hydration needs were being met.

Some personal plans had improved and contained information on how best to support people. The service was in the process of developing these plans to be more detailed and person-centred. This meant that staff would be able to plan and deliver more individualised care to meet people's specific care needs and record any outcomes achieved. We will follow this up at our next inspection.

People's health needs were being met with well-established links with healthcare professionals. Appropriate referrals had been made when people required specialist treatment or there was a change in their health. This meant people's health benefitted from the right healthcare from the right person at the right time.

People had access to snacks and fluids in communal areas and in bedrooms.

Where people had medical conditions such as diabetes, there was a clear and detailed plan of care in place.

#### Met - within timescales

### Requirement 4

By 1 November 2024, the provider must give notice to the Care Inspectorate within 24 hours of an allegation of misconduct which warrants investigation, dismissal, or other disciplinary action.

To be completed by: 01 November 2024

This is to ensure care and support is consistent with Health and Social Care Standard 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 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 1 August 2024.

#### Action taken on previous requirement

We saw evidence of notifications being sent timeously to appropriate agencies.

Where staff were being investigated and managed in line with company disciplinary policy and procedure, we saw referral to Protection of Vulnerable Groups (PVG) Scheme and Nursing and Midwifery Council (NMC).

#### Met - within timescales

## Requirement 5

By 1 November 2024, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must:

- a) Review and update the complaints procedure in line with best practice, ensuring that it contains appropriate information for Lunan Court Care Home.
- b) Review the complaints procedure regularly to ensure it is current and accurate.
- c) Ensure that residents and their representatives are provided with a copy of the complaints procedure.
- d) Develop staff awareness on how to recognise, investigate, and respond to complaints.
- e) Ensure that complaints are fully investigated. Written responses should clearly detail the findings of the investigation, action taken, and lessons learned to improve outcomes for people.

**To be completed by: 01 November 2024**

**This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.**

**This is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**

**This requirement was made on 1 August 2024.**

### **Action taken on previous requirement**

The complaints procedure had been reviewed and forwarded to all friends and relatives. A copy had been sent to all staff and will be discussed at all meetings moving forward. Complaints procedure was displayed at the front entrance.

The manager had a robust quality assurance system in place. There was good oversight of all key areas with evidence of quality assurance being effective in driving improvement for people.

We had confidence in the manager to deal with complaints appropriately in future.

**Met - within timescales**

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

### Areas for improvement

#### Previous area for improvement 1

The service should ensure that information in support plans is person centered and reflects people's assessed needs; this should include social and wellbeing needs in addition to clinical needs. Support plans should reflect but is not limited to:

- a) Clear, up to date information about how people should be supported when stressed or distressed, being clear about when medication should be administered.
- b) Reviews should be person centred and reflect how the service has met assessed needs and demonstrate how people and their representatives have been involved.
- c) People's preferred activities and interests are promoted to ensure that people are supported to maintain these, in addition to having access to new experiences.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22), and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).**

**This area for improvement was made on 8 June 2023.**

#### Action taken since then

Personal plans had improved since our last inspection. The manager did acknowledge that this was still a working progress.

Care plans sampled, contained details on what support was required to meet people's needs. Some plans were more person centred than others, however the manager and staff were aware and are still working on this.

Stress and distress care plans contained detailed information on approaches and strategies to use to support people and before the need for medication to be administered.

Six-monthly reviews were up to date and being held with appropriate people present. Reviews sampled contained views from people living in the service and where they were not present, NOK, POA were involved. Clear actions were identified following reviews.

We saw evidence of life story work in people's files, which was informing their activity plan. Activities records recorded how people had engaged with each activity or not and how they felt.

Activities observed at time of inspection from individual head massages, chair exercise activities with hoops. Doll therapy for one resident who was comforted by this.

Lots of pictorial evidence of variety of activities and outings on boards and Facebook page.

Activity coordinator was knowledgeable re who liked what activity in the home i.e. resident on ground floor wanted to do crafts like card making.

**This area for improvement has been met.**

## Previous area for improvement 2

To support effective quality assurance and improvement the provider should ensure that improvements for evaluating performance and planning for improvement is undertaken

This should include but is not limited to;

- a) maintain and develop existing quality assurance measures, and ensure that these are effective, accurate and identify areas for improvement for the service;
- b) develop action plans with timescales where deficits and/or areas for improvement have been identified;
- c) regular review of action plans to monitor and promote progress;
- d) regularly engage with and seek the views of people who use the service and their representatives.

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

**This area for improvement was made on 8 June 2023.**

### Action taken since then

There was a robust QA procedure in place to monitor standards and identify areas for improvement in the home.

Audits identified areas for improvements which then informed the service improvement plan. Daily walk rounds perhaps could be completed in more depth and as documentation suggested there were never any issues. Take a more honest look at each area.

Issues identified at inspection had been identified through in house QA and already on SIP. Smaller issues found during inspection were rectified immediately by the manager and senior staff.

The service was responsive to any issues found and acted quickly to resolve/improve.

Audits resulted in action plans which were discussed with relevant people/dept to rectify and signed off when completed. Staff told us they were kept informed of the results of QA and how the process worked in the home.

We saw that feedback was reflected in some QA documents such as the daily walk rounds. Relatives told us they could feedback and approach the manager at any time as well as attend meetings where they could give their views. Relatives could feedback through carehome.uk questionnaires, HCONE screen in front entrance, meetings and open door policy. The manager is currently developing a newsletter for the home, to keep people informed and ask for feedback.



**This area for improvement has been met.**

### Previous area for improvement 3

To support staff, the manager should ensure that supervision and supervision records are effective, clear and accurately describe actions required by managers and staff. Supervision should also be carried out at frequencies described in the service policies and procedures.

**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).**

**This area for improvement was made on 8 June 2023.**

#### Action taken since then

The service policy states that staff supervision is held on a three-monthly basis. Group supervisions had been held recently to discuss standards around people's food and fluid intake and also personal hygiene standards.

Compliance across the staff team was satisfactory.

Staff told us, 'Supervision, it's good as if I'm struggling with anything, it helps. Beneficial to me' and 'Had one year review which was helpful, she said what I could achieve. It made me feel more confident. Felt supportive'.

Management started growth conversations for staff, which are still in progress, annually.

Staff told us that any actions identified at supervision or discussed with the manager, were now actioned. The majority of staff highlighted the improvement in being able to approach the new manager, to discuss any issues and were confident that they would be listened to and issues dealt with effectively. Staff advised the manager has an open-door policy and they didn't need to wait for their supervision meeting to discuss any concerns.

**This area for improvement has been met.**

### Previous area for improvement 4

The management team should ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection. In particular you should ensure that all surfaces are well maintained, clean and cleanable:

- a) Ensure that the premises, furnishings, and equipment are clean, tidy, and well- maintained.
- b) Ensure that heavily used areas such as doors, walls and frequently touched areas are regularly maintained to ensure surfaces are clean and cleanable.

**This is to ensure care and support is consistent with the Health and Social Care Standards, which states that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.24).**

**This area for improvement was made on 8 June 2023.**

## Action taken since then

The general cleanliness and presentation of the home was satisfactory.

One bedroom - Room 24 first floor had a smell of urine, possible from carpet. We discussed this with the manager and new flooring was ordered. Room 2 on the ground floor also had a smell of urine and by day two the room had been deep cleaned with carpet shampooed and smelt fresh and clean. We discussed the daily walk rounds should be picking up such issues.

The service had identified areas of improvement environmentally, which we saw on the SIP. There was a rolling programme of work ongoing and facilities manager visiting the home 14/11/24 to agree priority areas to be completed.

Cleaning records were in place and we could see the domestic team were working hard to maintain a clean environment.

Some areas such as rooms and marks on corridor walls needed redecoration. We discussed this with the manager and as above, these will be planned with facilities dept and will be ongoing. We will follow this up at our next inspection.

Organised system for maintenance in place. Records viewed, evidenced regular checks of equipment and environment were carried out to ensure people's safety.

**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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

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This report is available in other languages and formats on request.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.