

# Tarriebank House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
27 November 2024

**Service provided by:**  
Tarriebank Limited

**Service provider number:**  
SP2003000058

**Service no:**  
CS2003000401

## About the service

Tarriebank House has been registered since April 2002. The service is situated in a rural location north of the town of Arbroath. It provides residential care for a maximum of 24 older people, and is a privately owned, independent service.

Accommodation is provided across both the original country house and a modern extension, with all bedrooms being en-suite. The home benefits from being surrounded by attractive gardens and countryside views. Outside seating is provided on a patio area and in various locations around the garden grounds. Inside the home there is a large living room and separate dining room, as well as a small conservatory area.

## About the inspection

This was an unannounced inspection which took place on 25 and 26 November 2024. The inspection was carried out by one inspector 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 nine people using the service and five of their families
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- The home was clean and had a warm, homely atmosphere.
- The service had benefitted from recent refurbishment of key areas such as the dining room, bedrooms and toilet/bathroom facilities.
- People were happy and spoke positively about the standard of care and support in the service.
- Staffing arrangements should be reviewed in order to facilitate more meaningful connection with people.
- Staff were working well as a team and morale was good.
- Although there had been some improvements in care file documentation, this still needed to be more person-centred.

## 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 staff team?	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.

The home was warm and welcoming and had a pleasant atmosphere. Staff clearly knew people well and were interacting naturally, with a kind approach. People told us, 'They're all lovely, very caring and helpful' and 'She's really happy, her face lights up when she sees the girls'. As a result, people were happy and considered Tarriebank their home.

People looked well and were smartly dressed. Staff ensured people were supported to make choices regarding their appearance. We were told, 'I've got my make up on today and I get my nails done' and 'I get the hairdresser every week'. This gave people a sense of wellbeing, as they were supported to always look their best.

Medication systems were well managed, and these records evidenced that people received their medication correctly and at the right time. Where people had 'as required' (PRN) medications prescribed for stress and distress, relevant protocols were in place. These needed to be more detailed to highlight strategies or approaches for staff to use when supporting people, before considering medication as an option. Regular medication audits were carried out to identify any areas for improvements. This meant that people could be reassured that medication was available and administered safely, and that any issues were dealt with quickly, and appropriately. People were consulted regarding their medications and how they would like them to be managed. Some had a risk assessment in place for self-administration. As a result, people had as much control as they wished over their medication, which enabled them to maintain their independence.

There were a variety of activities on offer for people to enjoy. We were told, 'They do one to one's with people, like doing nails and things like that but have also seen them do air football and making pom poms' and 'There is crafting, bingo, animal visits, visits to garden centres and they have a disability car for their own use'. New opportunities for people were being explored in the local community such as the café project. Links had also been made with other local homes, and this meant people had more opportunities to meet new people and socialise out with the home. We saw people enjoying making wreaths for Christmas together, however, it was observed that there were some people sleeping in the lounge, during the course of the inspection. We discussed this with staff and management and they advised that they would review the staffing arrangements, to ensure staff have more availability to spend time with people. This would ensure people were experiencing meaningful activity and connection each day. **See area for improvement 1 under key question 3, How good is our staff team?** We will follow this up at our next inspection.

People had access to enclosed areas outside in the gardens for fresh air. The owner advised that he had purchased an additional vehicle to enable more people to access the wider community. People were enjoying yoga and chair exercises to keep them moving, and we observed people freely walking around the home. It was good to see people being encouraged to keep themselves active and as fit and healthy as possible.

Mealtimes were calm and unrushed, and very much a social event for people in the home. The dining room was bright and clean, and tables were set with condiments and menus. People were given choices during the course of the meals, and the food looked and smelt appetising. People were clearly enjoying the soup as there were empty plates all round. We were told, 'The food's ok, my belly's full now' and 'They come round with the menu and I get a choice. There's three courses at lunchtime, so I don't need a lot to eat much later on'. People who required assistance with their meals, were supported at their own pace. It was clear to see that people were having positive mealtime experiences.

Recording in some fluid charts needed to improve. This had been identified in a recent management audit. Some documentation didn't reflect people's prescribed care. We discussed this with the management, and this appeared to be a recording issue which was not impacting on people's health outcomes. People were well hydrated and had access to drinks and snacks in the home at all times.

Some care plans were detailed, with information about individuals care needs. A range of assessments had informed the basis of the care plans and noted what was required to ensure people's safety. This does need to be developed further for all residents so that staff could use this information to engage with people to support them to achieve their goals. Some care plans were not person-centred as they didn't reflect people's specific wishes. For example, where people had stated they preferred a long lie in the morning, this had not been documented in their night time care plans. Medication care plans needed more detail, to enable staff to know how to support people with medication administration. **We discussed this with the management and have agreed to reinstate a previous area for improvement.** This will ensure that all people will have detailed support plans and this process embedded in the service. We will follow this up at our next inspection.

Families and friends were able to visit whenever they wanted. This was reflected in people's support plans. Relatives expressed a high level of satisfaction regarding the care and support. This enabled people to maintain meaningful connections with loved ones.

People had access to a range of external health professionals where required. The home had good links with the local GP surgeries, district nurses and podiatrists. People could be confident that where their health needs changed, the right help and advice would be sought. This meant people's health and wellbeing was being maintained.

The service had good oversight of falls management and had tools in place to minimise the number of falls in the home. As a result, all measures to reduce falls were in place and monitored closely.

Legal documentation such as power of attorney documents were available. This helped to ensure that the right people were involved and consulted about people's care. This ensured that their rights were upheld appropriately.

People's end of life wishes were well documented in anticipatory care plans (ACP's) and had been discussed with the appropriate people. As a result, this helped staff to identify what actions should take place when people reach the end of their lives.

The home was visibly, very clean and tidy, with cleaning protocols in place. Infection prevention and control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment.

## 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.

Staff were working hard, and demonstrated values that were in keeping with the Health and Social Care Standards. We observed caring interactions and kindness towards people, which made the environment feel friendly and warm.

There was an organised process for recruitment of new staff, which aligned 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.

A training matrix was in place with oversight from management. Staff had access to face to face training, as well as online courses. A variety of training had been undertaken, and staff told us they had enough training to be competent in their role. As a result, people were being cared for by a knowledgeable staff team.

Staff were motivated and told us the morale in the home was good. The service did not use agency staff and this meant that people were cared for using a consistent approach. Staff told us, 'We're working well as a team, but it depends who's on sometimes', 'Everything's good team wise, we get a good laugh' and 'We really care about our residents; we work well as a team'. Staff stated that they were happy at work. This created a relaxed, happy atmosphere for people.

Some staff were receiving supervision, however, some had not received this regularly. Some staff told us, 'It's a bit tick box', 'I've only had one in two years' and 'I don't feel listened to'. Supervision should be meaningful, and staff should feel listened to and supported. We discussed this with management who had a planner in place and working towards all staff supervision being completed regularly. We will follow this up at our next inspection.

Staff observations can help to support staff in their roles, and identify where additional training and development or guidance is required. Although observations had been carried out, these were not recorded. Therefore, managers couldn't evidence that training was effective and being translated into practice or how any identified issues were driving improvements. We discussed this with management who will start to record all observations and subsequent action plan. We did not see any issues regarding staff practice during our inspection. Staff appeared confident and knowledgeable however, we will follow this up at our next inspection.

Meetings were being held for residents, staff and relatives. This provided a forum for people to give feedback on the development of the service.

Management used a dependency tool to monitor all staffing arrangements. At the time of our inspection, staff were visible and people were not waiting for long periods for care. However, our observations highlighted that staff could be better organised, to ensure there was more time spent with people. For example, three members of staff were making teas and coffees for people, where one member would have been sufficient. Two staff could have then spent time with people on a one to one basis, or initiated some activities. This would result in people experiencing more meaningful connection, which would enhance their wellbeing.

Staff told us, 'There's enough staff, it's the organisation of the shifts' and 'Doing the dishes and laundry gives us less time with people as were too busy'. Feedback from staff regarding staffing arrangements would be beneficial and make staff feel valued and listened to. As a result, a whole team approach would ensure everyone was involved in the planning and development of the home. This would create more positive outcomes for people. **We discussed this with management and have made an area for improvement 1.**

### Areas for improvement

1. In order for people to experience meaningful connection and achieve positive outcomes, the provider should review all staffing arrangements. This includes consulting with staff to ensure people's needs are met holistically.

**This is to ensure 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).**

## 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 ensure positive outcomes for people who use this service, the provider should ensure that people have access to activities, which support their interests and outcomes as stated in support plans; this should include but is not limited to:

- a) Care and support records describe the interests and activities that people enjoy.
- b) Staff are available to support these activities at regular intervals.
- c) Records are kept to evidence the activities people have enjoyed and taken part in, and have opportunities to try new things.

**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)**

**This area for improvement was made on 27 July 2023.**

#### Action taken since then

Positive feedback was received from relatives that people have enough to do and that there are a variety of activities

Some people didn't know what was on in the home, activities wise. The activity board was empty and there was no planner or information for people to have to hand. A paper copy of a weekly planner to have in their rooms for reference would be beneficial, so they could plan ahead.

A Facebook page evidenced day trips, outings and activities. The home had recently purchased another car to facilitate more outings for people.

There were new opportunities for people being explored, and staff had been in touch with the café project in Arbroath. Staff had made good links with other providers and has been linking in with their activity coordinators to share information and arrange meet ups for residents in all the homes. For example, staff had developed a good relationship with a home nearby, and residents are meeting up there soon for a get together. Residents were entering into a competition for best Xmas tree around the local homes, with decorations made and decorated by residents.



Some people were making Xmas wreaths on day one of inspection however, not much else happening. Lots of sitting around sleeping in lounge observed.

Most people had information in their care plans identifying their likes and dislikes around activities. This could be developed further.

Some evidence of activities were documented in people's daily notes in their support plans, however we were not getting a sense of what outcomes were being achieved through this. Staff gave examples of people enjoying activities however, this has not always been captured in their notes. We discussed how this could be recorded to evidence people having positive experiences and what it meant to them.

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

### Previous area for improvement 2

To ensure positive outcomes for people who use this service the provider should ensure that people receive their medications as intended and as prescribed by their GPs;

- a) Audits are implemented that are informed by best practice guidance. Where deficits are identified a plan of action should be implemented to help bring about improvement with prescribed medication regimes.
- b) All medications are administered according to the prescription instructions from people's own GPs.
- c) Ensure that staff monitor and record the effects of as required (PRN) medications to ensure their effectiveness.
- d) Ensure that medications are administered safely, and in accordance with staff training, best practice, and in order to comply with staff professional codes of practice.

**This is to ensure 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 27 July 2023.**

### Action taken since then

Medication audits had been implemented. Audits we sampled were picking up issues and areas for improvement. Action plans were in place following audits with all actions signed off as completed and forwarded to manager for review.

Medications sampled complied with people's prescriptions. There were no missing signatures or handwritten entries. Staff were counting medications daily and all counts of medications sampled were correct.

A new form had been implemented to monitor the effects of people's as required medications (PRN) which enabled staff to ensure that people's medications were having a positive effect in relieving their symptoms.

A new, more organised process was underway for the storage of all medications. Labelled with pictures etc for each resident to remove possibility for error.

People were receiving their medications safely as staff were aware of and adhering to best practice guidance.

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

## Previous area for improvement 3

To ensure positive outcomes for people who use this service the provider should ensure that quality assurance audits are effective and result in improvements to the performance for the service. The manager should review areas of quality assurance to include but is not limited to:

- a) Management of medication administration and recording.
- b) Consultation with residents, staff and families regarding improvements to the service.
- c) Care and support planning processes and accuracy of recording.

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

**'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7) and**

**'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 27 July 2023.**

### Action taken since then

Medication audits were in place, identifying areas for improvement. Quality assurance was being effective in ensuring a safe system for medication administration was in place.

Falls audits were identifying actions required to minimise number of falls, such as additional day shift member of staff to start at 7am as a number of falls are between 6-8am. Really good oversight.

Relatives meetings agenda included asking for feedback. We could see that suggestions for improvements and developments had been discussed. Questionnaires were also sent to all stakeholders inviting feedback. Discussed implementing a service improvement plan and adding feedback to this to ensure this remains a focus and that all feedback is actioned. Signposted management to the Hub for guidance and templates for a service improvement plan. This was discussed with management and we had confidence that this will be put in place as soon as possible.

Feedback regarding the environment had led to improvements. The dining room ramp has been removed and the floor levelled. The majority of en-suites were upgraded as well as communal bathroom and toilets.

Support plan audits were identifying areas for improvement and were signed off when actioned and completed. However, these could be more explicit in giving staff clear instruction for making improvements by adding details and using the system to its full potential. Medication care plans should describe how to support people with their medications, not be a running commentary of GP discussions and calls. We discussed this with the owner and deputy who will continue to improve care plans.

A management audit had already identified a training issue for staff in completion of food and fluid charts.

Some staff had been involved in audits.

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

#### Previous area for improvement 4

To ensure positive outcomes for people who use this service the manager should ensure that care documentation is accurate and complete and clearly evidences all the care and support that has been set out in support plans in accordance with people's preferences.

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

**'My care and support meets my needs and is right for me' (HSCS 1.19)**

**This area for improvement was made on 27 July 2023.**

#### Action taken since then

Most plans sampled gave information on how best to support the person. The recording under daily notes could be more person-centred, to evidence what outcomes had been achieved from their care and support.

Food and fluid chart was not in place for a resident who had lost weight and was recently back from hospital. She had previously been on a food chart prior to admission to hospital. Action was taken to promptly rectify this after speaking with staff. Management audit had already identified a need for training for staff, on food and fluid recording.

Medication care plans need rewritten as they don't reflect support required.

Risk assessments for all people self administering medications should be in place. This was discussed with staff to complete.

**This area for improvement has not been met. We discussed this with the management and agreed that this would be reinstated to ensure that this was completed and embedded practice in the service.**

## 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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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