

Belleaire House Care Home Service

Belleaire House
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GREENOCK
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Telephone: 01475 784607

Type of inspection:
Unannounced

Completed on:
21 November 2024

Service provided by:
Belleaire Care Limited

Service provider number:
SP2021000160

Service no:
CS2021000263

About the service

Belleaire House is a care service registered to provide care for 52 older people.

The accommodation is a detached victorian villa which has been converted and extended over two floors. All rooms are single occupancy with some rooms having ensuite facilities. There are lounges, dining rooms and adapted bathrooms and showers on each floor. There is a garden at the front of the home and an enclosed courtyard area. The service is located in a residential area of Greenock near local amenities including shops, bus routes and train links.

At the time of inspection 47 people were living in the home. The manager was supported by a depute manager, clinical nurse lead, a team of nurses, advanced senior carer, senior carers and carers.

About the inspection

This was an unannounced inspection which took place on 14, 15, 18, 19 and 20 November 2024 between 07:00 and 21:45 hours. The inspection was carried out by two inspectors and an inspection volunteer from the Care Inspectorate.

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 with 14 people using the service and 6 of their families
- spoke with 24 staff and management
- reviewed 25 electronic feedback forms received from people using the service, relatives and staff
- observed practice and daily life
- reviewed documents
- spoke with professionals who have links to the service

Key messages

- Management and staff knew people well and had been working at building positive relationships with people and their families.
- Staff were highly motivated and committed to wanting to provide the best support to people.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance consistency and quality of support.
- The management team should continue to develop and utilise effective quality assurance processes to support the ongoing improvement of key aspects of the service.
- Consistency of care planning and recording should be improved to ensure they are person centred and outcome focused for all people supported.
- The uptake of staff training was good, which improved staff knowledge and understanding.

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?	4 - Good
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. The strengths have a positive impact on peoples experience and outcomes.

People experienced respectful and compassionate support, which demonstrated how well staff knew people and their preference of how support should be provided. We saw warm and genuine relationships between people supported and staff.

The management team had been working on stabilising staff teams, to reduce the use of agency staff and to improve the continuity of support. At the time of inspection, the service was not using any agency staff. This was having a positive impact on people who were being supported by a staff team, who knew them well and had develop trusting relationships. A person shared "I get on well with staff, I have now developed good relationships with everyone and feel comfortable talking to them about anything. This has really improved over recent months".

Most relatives shared with us that staff had a good understanding of their loved ones needs, and that they were kept informed of any changes or concerns. This gave confidence in the service and support being provided. A relative told us "We have no worries at all about leaving x, we have no complaints at all about the care and support, really happy x has moved here. Staff have been great at communicating with us when they found small wound, they dealt with it really efficiently". A small number of relatives shared some concerns with ongoing support and at times communication in relation to their loved one. One relative shared "sometimes we need to ask for an update in relation to x, otherwise information isn't very forthcoming". It is important all relatives are kept fully informed of their loved ones support needs and any issues as they arise. We suggested it maybe helpful to extend the key-working role to agree with families how and when they would like feedback.

Healthcare needs were met by the nursing and care staff team. Staff accessed a range of external health and care professionals such as Advance Nurse Practitioner and Community Psychiatric Nurse for advice and support when needed. This ensured peoples health needs were met timeously and efficiently. Where there were concerns that people were at risk of harm appropriate referrals were made to Social Work, with clear information being recorded in care plans. An external professional told us "Staff are very responsive to any ideas given, they really understand the purpose in ABC charts and complete these very well".

Where it was assessed as being required, assessments and monitoring charts were in place to support maintaining the health and wellbeing of people. These were used to good effect with ongoing communication across the staff team throughout the day. This enabled prompt action to be taken when needed. The management team had good oversight of relevant information. Where people required specific support in relation to their condition or equipment required this was generally captured in their care plan.

There were systems in place for the safe administration of medication, to ensure that people receive the right medication at the right time. Some improvements were necessary to ensure the recording of medication was accurate. Protocols for medication prescribed "as required" could be more detailed to ensure consistency of support. The management team began making changes to ensure medication recording was accurate and improving their oversight over the course of the inspection.

People should expect their meals and snacks to meet their cultural and dietary needs, beliefs and preferences. We heard some mixed feedback in relation to the food, with some people stating that although the food was okay, it was not always what they would choose. We saw there was consultation with people in relation to food choices, however, we were not always able to see these reflected in the menu options. It is important that there is clear feedback to people following consultations. There was good communication between the staff and the kitchen in relation to specialised diets, ensuring peoples nutritional needs were met.

People should have the choice to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. We heard mixed feedback from people and their families in relation the activities available. Some people shared that there was not enough planned activity which made it a long day particularly at weekends. We observed some engaging activity sessions and saw that activities staff were very enthusiastic. We appreciate that there has been some changes in the activities team recently, with a new member of staff due to start in the coming weeks. This would be a good time to re-assess the activities programme to ensure people have regular opportunities for stimulating engagement and that activities are regularly reviewed and evaluated.

Areas for improvement

1. To keep people safe, the provider should ensure that medication is administered safely and effectively in line with best practice guidance. This should include ensuring staff understanding their responsibilities in relation to medication administration and actions required in the event of an error being discovered. Detailed protocols should be in place to guide staff in the use of medication prescribed "as required".

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

"Any treatment or intervention that I experience is safe and effective. " (HSCS 1.24)

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths had a positive outcome for people and clearly outweighed areas for improvement.

There was a service improvement plan in place covering a wide range of areas, which were updated and reviewed regularly. Actions from quality assurance activities were being captured in the improvement plan.

The service had carried out self assessment, based on Care Inspectorate key questions. This was an extensive piece of work that explored all areas of the home, identifying key areas of development. This could be further developed using evidence based information regarding what has been used to make the assessment, rather than what should be in place. It would also be a good opportunity to include staff in identifying opportunities for developments.

People should benefit from a culture of continuous improvement. There was a range of quality assurance tools available and a framework detailing what should be done and when. Whilst we could see some improvements and developments identified and taken forward as a result of quality assurance activities, these were not always as effective as they could be.

There were a number of audits being used at service and senior management level. However these were not always picking up the improvement actions required to develop the service. Audit formats should be reviewed to ensure they are fit for purpose and asking the right questions to improve the quality of the experience for people. Auditors should be clear about what the questions are asking, to ensure a consistent response. Audits should have a clear action plan, with the intended outcome, whose responsible, required dates and sign offs for when completed. To ensure the continuing improvement journey, evidence based practice should identify both good practice and areas for development (see area for improvement 1).

The management team had good oversight of key activities across the service in relation to both staff and people supported. The manager shared this information with the organisations senior management team on a monthly basis.

Since the beginning of this year there had been many changes in the management team. Most staff we spoke with shared that following a settling in period that had been challenging, the management team were open to listening and hearing improvement ideas as well as concerns. A smaller number of staff however stated were not so confident in being able to openly communicate with the management team. The organisation was exploring ways of maximising engagement across the staff team.

Feedback from families overall was positive with recognition given to the positive impact of the changes the newly developed senior team have made. A few relatives shared some ongoing day to day concerns, some of which the manager was aware and others that were new. The management team were responsive and open to dealing with concerns and issues raised by relatives and staff to improve relations where possible.

We acknowledged the work that had gone into achieving a wide range of improvements over recent months, it is therefore important that there is a clear focus on how this will be sustained to continue to provide good positive outcomes for people living in the service.

(Please see area for improvement one).

Areas for improvement

1. To further the improvement journey, the provider should continue to develop and embed their quality assurance system.

This should include but not be limited to:-

- a. quality audits and action plans including care planning and medication being fit for purpose, completed regularly and ensuring they lead to the necessary action to achieve improvements without delay
- b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service and
- c. service management having a clear overview of staff registration ensuring all staff are registered appropriately.

This is to ensure 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?

4 - Good

We made an evaluation of good in this key question, where strengths had a positive impact on the experiences of people using the service.

People can expect to have confidence in staff because they are trained to carry out their role. Induction training was new staff and included role specific expectations. There had been an increase in the uptake in training across the staff team following the identification of a training champion and improved oversight from the management team. Staff shared that they appreciated the opportunity to get involved in training and felt it equipped them to provide more effective care and support.

People's care and support should be consistent and stable because people work together well. People supported and relatives were complimentary about the staff teams, stating they have confidence in the support provided. Staff teams feel that they all work well together, supporting each other where necessary. Most staff shared that morale has improved over recent months, alongside the development of the relationship between staff and management. It is important the management team continue to work with all staff to ensure they are on board with developments and teams can continue to influence positive change.

People's' needs should be met by the right number of people. Dependency assessments were being carried out by senior staff. We were not able to see that this was always reflective of the needs of people. Whilst we appreciate that staffing was not based solely on the dependency assessment outcome, it is important that this accurately reflects the needs of people as the base line. The management team agreed to reassess these over the coming weeks, to ensure they were accurate and make changes where required.

Over the course of the inspection, some changes were made in relation to the allocation of staff on night shift. It is important that there is an ongoing review of this to ensure staffing levels across the service are appropriate to meet peoples needs. In order to demonstrate that staffing levels are appropriate and consistently meeting people's needs, regular analysis of the staffing levels against dependency assessment information should be carried out. This should be available to shared with staff and relatives.

(Please see area for improvement one).

Areas for improvement

1. The provider should ensure that effective methods are in place to meet people's assessed care and support needs.

This should include effective and regular analysis of care and support needs, taking into account a variety of meaningful measurements including people's assessed needs and support preferences. Staffing levels and skills mix should be based on people's outcomes and needs and be responsive and adaptable to meet people's changing needs. The outcome of this should be shared with the staff team and relatives.

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)

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 should expect to live in an environment that is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. There were cleaning schedules in place detailing housekeeping staff knowledge and understanding of what was required of them. The home was clean, tidy and free from intrusive smells, with the exception of one area where there was a malodorous smell. The management team and housekeeping staff were aware of this and working to resolve this.

The management of laundry and linen was carried out well by experienced and knowledgeable staff ensuring laundry management was in line with good practice guidance for care homes. This kept people safe and minimised the risk of infection.

The service had a good level of maintenance to ensure health and safety standards were adhered to. This meant people benefitted from an environment that was safe and well maintained.

The service had been identified as a priority by the Provider, therefore there was planned investment in the environment over the coming year. This will include refresh and refurbishment of the communal areas, which was good to hear, as there were areas in need of some attention. We heard that people and their families will be involved as much as possible in choosing colours and designs.

It can be difficult to find your way around the building. It would be helpful to utilise staff knowledge gained from their training to identify signage that may help people navigate around the home. We appreciate that there currently are some signs, but this could be improved to support people to get around more independently and minimising potential confusion.

The home has lovely views over the River Clyde, with the opportunity for people to sit outside the front of the building either with their family, staff or peers. An enclosed garden space has been developed, however people were not able to access this independently and it is not accessible for people who are less mobile. The management team acknowledged that this wasn't ideal however, shared that the current priorities were internal upgrades although the garden development would remain on the improvement plan.

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.

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. Whilst everyone had a care plan in place these were of variable quality. The service was aware of this and was working on improving the consistency, with support from the

Organisation. We could see from observations and discussions with the staff team that people's needs were identified and staff were able to engage and support people with dignity and respect. For some people this could have been captured more effectively in the care plan.

Plans sampled included good background information, which was helpful to assist with building a picture of people's lives prior to moving into the care home. It would be good to see more detailed plans of how to support people with changes in their health needs, to ensure staff have a clear understanding of people's wishes.

Some care plans included clear information in relation to how to support people when they were experiencing stress and distress, demonstrating staff's knowledge of people. These had been updated following incidents, to reflect changes in support required.

Care plans were reviewed regularly, giving an update in relation to care and support required. However we were not always able to see these changes reflected in the current care plan. Whilst we appreciate that staff generally know people well, which may lessen the reliance on care plans, inconsistencies may cause confusion in relation to how to provide support.

Daily recordings should demonstrate how people's needs were met in relation to their health and well-being as well as give a picture of people's day. Recordings sampled focused more on practical aspects of support and didn't always give a picture of people's overall well-being or how they had spent their day. Particularly where people are experiencing difficulties, it is important to capture all elements of their day within daily recordings.

To ensure consistent and safe care and support is provided all support plans, risk assessments, reviews and associated documentation should be updated, ensuring information and guidance is consistent throughout.

(See area for improvement one).

Areas for improvement

1. To ensure that people receive the right support at the right time, the provider should ensure all care plans are up to date and detail accurate information.

Care plans should be person centred, guiding staff on how to meet current people's care and support needs. To ensure care and support continues to be appropriate to meet people's needs, regular reviews should be carried out for all people supported with involvement from all relevant parties.

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

"My personal plan (sometimes referred to as a 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)

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

Requirements

Requirement 1

By 02 August 2024, the provider must ensure there is a robust pressure ulcer prevention and management system in place, which is in keeping with the best practice guidance from Healthcare Improvement Scotland - Prevention and Management of Pressure Ulcers Standards – October 2020.

To do this, the provider must, at a minimum:

- a) review the skin integrity of each person when they are admitted to the home
- b) review clinical risk assessments to ensure they provide an accurate reflection of the condition of each person's skin
- c) ensure people have in place the equipment identified within their care plan as being required to support their skin integrity.

This is to comply with Regulation 4 (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"Any treatment or intervention that I experience is safe and effective." (HSC1.24)

This requirement was made on 13 June 2024.

Action taken on previous requirement

We observed within care plans clear pre assessment information gathered in relation to skin integrity. We were informed that admissions to the home, did not take place unless the correct equipment was in place.

Body mapping was used to define any marks found on peoples skin and were reviewed regularly.

Airflow mattresses were used when required to improve the healing process of identified wounds.

We saw referrals external health professionals for guidance and support and to draw on each others additional skills and knowledge.

There was good oversight from the management team in relation to skin integrity, which discussed at handovers, daily flash meetings and ongoing recordings.

Met - within timescales

Requirement 2

By 9 September 2024 the provider must ensure that people experience care in an environment that is clean, safe and minimises the risk of infection. To do this, the provider must, at a minimum:

- a) ensure that the internal premises, furnishings, and equipment are safe, clean, and tidy.
- b) ensure clear records of cleaning are maintained and includes a plan for what constitutes a daily clean and a deep clean;
- c) fully implement a system of direct observation of staff practicing infection prevention and control including using and disposing of PPE, handwashing, with clear records of these being quality assured.
- d) ensure there is a schedule of planned and preventative maintenance of the environment to ensure effective decontamination and minimise the risk of infection.
- e) ensure that the decontamination of the environment after blood and/or body fluid contamination and at regular pre-defined intervals as part of schedule of cleaning.

This is to comply with Regulation 4 (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSC 5.22)

This requirement was made on 1 August 2024.

Action taken on previous requirement

The housekeeping team had several vacancies due to internal staff moves and retirements. They were now back to full staffing levels which should support the ongoing improvement and development of the housekeeping team.

There were cleaning schedules in place, which highlighted deep cleans as well as regular day to day cleaning required. These were checked and followed up by housekeeping team. Nightshift staff were also involved in cleaning and utilised schedules to keep clear records of what had been completed.

During our walkarounds and time spent in the service, we observed it to be clean and free from odours, this included furnishings and equipment. There was one area where there was an intermittent odour, however then management team and housekeeping staff were aware of this and were attempting to deal with it.

We also observed staff adhering to appropriate infection prevention control practices over the course of the inspection.

During a recent outbreak communication was clear across all involved including external professionals, staff, people supported and visitors. This ensured that actions required were taken without delay, minimising the risk of further transmission. Staff were able to convey what they were required to do and why.

Maintenance system in place supported quick and effective attention to repairs. This also enabled staff to

be better able to clean effectively across the home.

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 manager should review staff practice, ensuring people who have a catheter in place receive responsive care to meet their care needs.

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

"My care and support meets my needs and is right for me". (HSC 1.19)

This area for improvement was made on 13 June 2024.

Action taken since then

The manager had a clear overview of people who were requiring support through daily flash meetings, handovers and recorded information.

People using catheters had care plans in place which detailed their required level of support. This meant staff could be clear on the actual support people required, therefore providing strengths based care and support, based on individual needs.

This area for improvement has been met

Previous area for improvement 2

To ensure people are protected from the risk of cross infection the provider should:

a) ensure all staff have the skills, knowledge and understanding of the guidance contained in the National Infection Prevention and Control Manual (NIPCM) Care Homes Scotland for the safe management of soiled linen, and that this is consistently put into practice;

b) ensure staff have the skills, knowledge and understanding of the guidance contained in the NIPCM Care Homes Scotland about the safe management of equipment to prevent cross infection, and consistently record cleaning of all shared single use equipment after each use; and

c) ensure all people supported by manual handling equipment such as hoists have their own individual slings, and staff consistently make use of these during moving and handling procedures.

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

"My environment is secure and safe". (HSC 5.19)

This area for improvement was made on 20 March 2024.

Action taken since then

We observed staff following good practice from National Infection Prevention and Control Manual which is integrated into company policy. Staff shared that they have access to the manual via the company portal.

People who were assessed as requiring support with moving and assisting have their own slings, which were kept in the bedrooms. There was regular cleaning being documented for shared equipment, following use.

Laundry staff were knowledgeable of and used good practice when laundering soiled linen.

An external provider carried out maintenance checks on equipment, these were being carried out over the course of the inspection.

This area for improvement has been met

Previous area for improvement 3

Staff should ensure that they review, plan, and develop support strategies in response to incidents, in particular when these incidents cause distress to the individuals involved. All learning, planning and practice development should be clearly evidenced in each individual's care plan and risk assessments.

This is to ensure care and support is consistent with Health and Social Care Standard: "My care and support meets my needs and is right for me". (HSC 1.19)

This area for improvement was made on 18 April 2024.

Action taken since then

Following incidents we saw updates in care plans to support staff to provide consistent support in relation to minimising impact of stress and distress.

Staff shared with us that they were kept updated in relation to care and support changes as situations developed with people supported.

Flash meetings and handovers were utilised to share information across the senior and staff teams. This ensured all staff had a clear understanding of the current situation, particularly when there were changes for people.

It is important that care plans continue to be updated quickly and effectively as more information becomes available about people and their changing needs. This is to ensure support continues to be consistent and there is clear tracking of people's journey.

This area for improvement has been met

Previous area for improvement 4

Any AP1 referral forms should be completed with all relevant information included, this is to ensure that social work services have a clear and accurate picture of the risks posed to any individual. Any requests for action should be followed up and be consistent.

This is to ensure care and support is consistent with Health and Social Care Standard: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSC 3.20)

This area for improvement was made on 18 April 2024.

Action taken since then

Adult protection referrals sampled included relevant information in relation to the concerns being highlighted. These correlated with details document in the notes and incident forms. There was clear details recorded of actions taken following the incident.

Contact with other professionals was documented clearly outlining what was being requested and why. This gave a clear picture of the support being sought and actions that were then resulting from the communication.

This area for improvement has been met

Previous area for improvement 5

When a serious incident occurs in the service, management should make contact with relatives and/or representatives as soon as possible to enable discussion and reassurances. All conversations should be recorded for reference.

This is to ensure care and support is consistent with Health and Social Care Standard: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account". (HSC 2.12)

This area for improvement was made on 18 April 2024.

Action taken since then

Records were detailed of contact with relatives following incidents and concerns. Content of discussions were consistent with the recordings in relation to incident. For some people there was extensive records of contact and discussions.

Most families we spoke with shared that they had experienced the service making contact with them if there were concerns regarding their loved ones, which gave them confidence in the support being provided. A small number of families stated they felt communication at times could be better. The service should continue to work on improving this for all people supported.

This area for improvement has been met.

Previous area for improvement 6

Staff should be refreshed on the company complaints procedure and how to respond when someone raises concerns. A copy of the complaints procedure should be offered to people raising concerns to ensure they

are fully aware of the processes in place and what they can do to resolve any issues they have with the service. If not clear, staff should confirm if someone is wishing to make a complaint and what type i.e. informal or formal.

This is to ensure care and support is consistent with Health and Social Care Standard:

"I know how, and can be helped, to make a complaint or raise a concern about my care and support" (HSC 4.20)

This area for improvement was made on 18 April 2024.

Action taken since then

Staff shared there had been discussion regarding how to deal with complaints. Staff were able to describe how they would manage situations where a person supported or family member were raising concerns or complaints.

This area for improvement has been met.

Previous area for improvement 7

The service provider should ensure care plans contain up to date and accurate information about the support and equipment people experiencing care require.

The service provider should ensure there are effective quality assurance systems in place to monitor care plans. Audits should identify who is responsible for completing the identified actions, together with timescales for completion.

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

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSC 1.15) and

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSC 4.19)

This area for improvement was made on 20 August 2024.

Action taken since then

Care plans sampled were of variable quality. More recently updated ones followed a more coherent structure in relation to setting out assessment, outcome to be achieved and support required.

Some plans contained clear and detailed information in relation to how people liked to be supported, others not so much. Some of the care plans weren't fully reflective of support being provided at the current time to meet peoples needs or manage risks. Care plans were generally being reviewed regularly, however the information captured in the review was not always then leading to an update in the care plan, which could be a confusing or misleading.

There was a range of service and organisational quality assurance processes in place in relation to the monitoring of care plans. Organisationally there was good feedback given to develop and improve which was given to senior staff to update and sign off. Internal to the service the auditing process had recently changed, although was not as effective. There was a plan to revert back to more narrative based auditing in the new year.

This area for improvement is not met and will be re-instated under new area for improvement one "how good is our leadership" and "how well is our care and support planned".

Previous area for improvement 8

To support people safely, the service provider should ensure all staff are up to date with training in accordance with the organisations learning and development policy.

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". (HSC 3.14)

This area for improvement was made on 20 August 2024.

Action taken since then

The organisation utilises a combination of online and practical training.

The induction process included a range of mandatory training, followed up with role specific sessions. To improve availability of training, sessions could be accessed across other Mealmore services. Refresher training time was highlighted to allow for effective planning for staff and management.

Observations of practice support were being undertaken, to give management team confidence in the staff practice and knowledge.

A training champion had been nominated to support staff with all aspects of training including supporting staff who lacked confidence using computers. A training tracker was in place to support the management team to monitor the level of compliance with training requirements. This has improved the overall compliance with training compliance across the staff team.

This area for improvement has been met

Previous area for improvement 9

The service provide should ensure when people are diagnosed with any bowel conditions, a management plan is in place to ensure effective monitoring. In addition, external medical professional support should be obtained when someone has loose bowel movements for a prolonged period of time.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice". (HSC 4.11)

This area for improvement was made on 20 August 2024.

Action taken since then

Care plans were sampled, which included information on how to support people with specific conditions such as bowel issues. This information to guide staff on monitoring and managing conditions. Plans included what to look out for and how to respond.

We were able to see an escalation of concerns to GP when there was changing situation regarding a person supported bowl condition.

This area for improvement has been met

Previous area for improvement 10

The manager should ensure accurate information is shared with families or representatives when people become unwell. In addition, when necessary, internal investigations of incidents should be completed to identify any learning or additional support staff may require.

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

"I experience high quality care and support because people have the necessary information and resources". (HSC 4.27)

This area for improvement was made on 20 August 2024.

Action taken since then

We were able to see clear details of information communicated with families. This included when there had been concerns regarding peoples health and wellbeing or when there had been incidents. We also heard that for some families, staff were being mindful to also contact with a general update even when there were no issues.

Most families we spoke with confirmed that they were confident that the service was communicating with them when there were worries or concerns. There was a small numbers of families felt that this could still be improved, to ensure clear and ongoing communication at all times.

Incident forms were completed and signed off by the manager. We were able to see feedback where there was additional actions or learning required. These were also stored for staff to access when needed.

This area for improvement has been met

Previous area for improvement 11

To ensure people have a well balanced nutritional intake, the service provider should ensure, when necessary, there are accurate records of people's food and fluid intake. In addition there should be a system in place to monitor people's intake to establish when input is required from external professionals.

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

"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." (HSC 4.18)

This area for improvement was made on 20 August 2024.

Action taken since then

We saw additional monitoring in place where this was assessed as being required evidencing an understanding of why monitoring is required.

Staff shared that there had been training provided on effective recording in relation to health and wellbeing

monitoring information. Completed templates were available for staff to reference good practice.

Where fluid totals were needed, these were in place and reviewed for each person individually, balancing their health needs. There was good communication across the staff team regarding food and fluid monitoring at handover meetings.

Discussions were instigated and referrals were made to external professionals when required.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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

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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।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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