

Briery Park Care Home Service

New Street
Thornhill
DG3 5NJ

Telephone: 01848 332 000

Type of inspection:
Unannounced

Completed on:
12 December 2024

Service provided by:
Abee-Mayu Gunpath

Service provider number:
SP2008968599

Service no:
CS2008169826

About the service

Briery Park is a care home service registered to provide care to a maximum of 31 older people with physical and/or sensory impairment. One of the places is available for respite care. The provider is Abee-Mayu Gunpath.

The service is located in Thornhill town centre in Dumfries and Galloway, with easy access to local amenities.

The premises is a flat-roofed building on one level. There are small group living areas in the home; these include lounge and dining areas which have snack making facilities. All bedrooms are single rooms, with en suite toilet and wash hand basin.

There are gardens surrounding the home and an enclosed courtyard which offer places to sit outside. There are car parking spaces to the front and side of the building.

At the time of the inspection, 30 people were living in the home.

About the inspection

This was an unannounced inspection which commenced on 9 December and continued on 10 and 11 December 2024 between 07:15 and 17:00 hours. We provided inspection feedback on 12 December 2024. The inspection was carried out by two inspectors 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. To inform our evaluations we:

- spoke with 21 people using the service
- spoke with seven relatives and received feedback via our survey from 16 relatives
- spoke with 25 staff and management and received feedback via our survey from 11 staff
- spoke with five visiting professionals and received feedback from two professionals
- observed practice and daily life
- reviewed documents.

Key messages

- We observed staff to be hard-working and caring.
- Staff consulted with the community health team to support people's health needs.
- Staffing levels should be reviewed to ensure responsive care is provided.
- Refurbishment and decorative work completed had improved the environment.
- Cleanliness of the care home and infection prevention and control practices had improved.
- Three previous requirements and four areas for improvement had been met.

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

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

We observed positive and caring interactions between staff and people receiving care and support. We thought staff were friendly and helpful, most people we spoke to spoke positively about the staff and registered manager. We also observed staff to be busy and their availability to engage in meaningful interactions, such as being able to take the time to sit and chat with people, was limited.

People's health and wellbeing should benefit from their care and support. The care home did not provide nursing care; people's health needs were met by the local district nurse team and other visiting health care professionals. Overall, visiting professionals spoke positively about the service provided to people. They felt staff escalated concerns and followed guidance provided to support people's health and wellbeing.

All people supported had a personal plan in place. There had been an increase in the number of people living in the home since our last visit and a high turnover of staff. This impacts on how well staff know people's needs, likes and dislikes. Information contained within personal plans required to be accurate to guide staff on how best to support people safely and consistently.

We reviewed key areas, such as skin integrity. People's personal plans required to be reviewed as assessments and care plans were not correct or in place for all people who had wounds. District nurses provided wound management; however, we would expect to see reference to this within people's personal plans.

People had falls risk assessments in place and referrals were made for further assessment and guidance when needed. The registered manager completed a falls audit, but no further analysis was carried out (see area for improvement 1).

A medication policy and procedure was in place and staff were trained in the safe administration of medication. We found the oversight of topical creams and their application should improve. We identified lack of recording of application of creams, date items were opened not recorded on packaging, and cream that passed its expiry date. Topical medication not given in line with the prescriber's instruction can have a negative impact on people's wellbeing (see area for improvement 2).

Staff and relatives told us communication could be better. There were systems in place for sharing information verbally through handovers or via written records. Although these were in place, staff felt improvements were required. People's wellbeing may be compromised if processes are not in place to support effective communication about changes to people's wellbeing.

Feedback from families was mixed; some felt informed, whilst others told us they were not always updated about their relatives care and any changes which had occurred. The registered manager should review information sharing, both internally between staff and externally with people's relatives or representatives. This is to support improved outcomes for people and to keep others informed and involved.

We observed meals to be served in three dining areas, which offered people the opportunity for social interaction with others. Some people had their meals in their bedroom. Dining room tables were nicely set

and there was a calm atmosphere. Meal options were available and specific diets or requests were catered for. Meals were freshly made and looked appetising. People told us they enjoyed the food. Snacks and drinks were provided for people throughout the day.

When people's nutrition and hydration required to be monitored, this should be clearly documented in their personal plan to guide staff. This includes any dietitian advice, food supplements prescribed, and frequency of monitoring people's weight where required to meet people's needs.

Areas for improvement

1. The registered manager should complete an analysis of falls that occur so learning and improvement can take place to reduce the future risk of falls.

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

'My personal plan (sometimes referred to as 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); and
'My care and support meets my needs and is right for me' (HSCS 1.19).

2. The provider should ensure when people have topical medication prescribed, best practice guidance is followed in relation to the application, safe storage and record keeping of this medication.

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

'My personal plan (sometimes referred to as 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); and
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The registered manager was very visible within the care home and known to people supported and family members. They assisted with direct support if required. This enabled them to have a good oversight of the service and an understanding of the needs of people living in the care home. Staff and relatives told us they would raise any concerns they had with the registered manager.

The provider and registered manager demonstrated they had taken action to meet the three outstanding requirements and four of the six areas for improvement, which were made during previous regulatory activity.

The provider had a quality assurance system in place which was used to assess the service's performance. The requirement in relation to this had been met. However, the quality of some of the audits required to improve. Staff should have a clear understanding of the purpose of the audit and be both competent and confident in completing these to the standard expected. An analysis of the audit completed should also be carried out to ensure improvements required are identified and actioned (see area for improvement 1).

The provider had a complaints policy and procedure in place; however, we found that this had not been fully followed when concerns and complaints had been raised with the provider. This reduced the ability for concerns and complaints to drive meaningful changes within the service (see areas for improvement 2).

Internal processes were in place to report and record information; this included all accidents and incidents which occurred within the care home. The quality of the record keeping of these required to improve to detail what had occurred and include all follow-up actions taken.

Where records stated 'to monitor' people, there was no policy or procedure in place to provide guidance for staff. A lack of monitoring and recording of information following accidents and incidents may result in people experiencing a delay in receiving further assessment and treatment (see area for improvement 3).

Information was shared and escalated to other services including the Care Inspectorate; however, there were some inconsistencies in this. To ensure all staff understand their responsibility in identifying and reporting concerns about the safety and wellbeing of people, staff should revisit guidance. This includes their own policies and procedure, local adult support and protection procedures and Care Inspectorate guidance on Records that all care services (except childminding) must keep and guidance on notification reporting.

The registered manager should improve the oversight of all referrals to social work, including adult support and protection referrals. This is to monitor that all information is being correctly shared and to ensure the outcome of referrals are received.

The provider and registered manager fully engaged in the inspection process and acted on the verbal feedback provided during our inspection visit and at the formal feedback session. Following feedback, written information was submitted to the inspection team outlining actions to be taken to address some of the areas for improvement which had been raised. This gave us some assurance that responsive action was going to be taken by the provider and registered manager.

Areas for improvement

1. To support good outcomes for people, the provider should ensure quality assurance processes in place are completed to the required standard. Assessment of the service's performance should be completed through audits; outcomes of audits should be analysed and, where required, action plans put in place until improvements have been met.

This is in order 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 in place' (HSCS 4.19).

2. In line with the service's complaints policy and procedure, the provider should ensure staff who have a responsibility to investigate complaint should be trained to do so. The provider's own complaints policy and procedure should be followed, adhering to investigation timescale, through to conclusion.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences' (HSCS 4.21); and

'I use a service which is well led and managed' (HSCS 4.24).

3. The provider should have in place guidance for staff to follow when a person supported experiences an accident, incident or becomes unwell and requires to be 'monitored.' If this involves monitoring a person's vital signs, staff should receive training to complete this.

This is in order 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); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes in place' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

Staff had clear roles and responsibilities. For staff who worked more than one role, there was a clearer structure to the time allocated to each position.

The deployment of staff took place each shift and staff were allocated to certain areas to work. Consideration was given to skill mix, and we observed new employees and agency staff members working alongside experienced staff.

We observed staff to be hard-working. Long-standing staff knew people well and we observed staff to be caring. However, we did observe little or no supervision at times within communal areas and therefore, staff were not able to provide people with responsive care. Staff were not able to facilitate meaningful activities as they were focused on completing task orientated care.

During busier periods, such as mornings, mealtimes and bedtime, some people required the support from two staff members. This further reduced the number of staff available to respond to people's needs, resulting in people having to wait for a longer period of time.

People supported and relatives commented on the availability of staff. We observed staff to raise 'staffing level concerns' at team meetings and supervision.

The provider used a dependency assessment tool to determine the number of staff needed to meet people's care needs. This alone was not sufficient as it did not consider other factors such as layout of the building, staff skills and experience, and the changing needs of people; for example, when they were unwell.

The service experienced a high turnover of staff, recruitment for additional staff was ongoing and vacancies were difficult to fill. The provider used agency staff to cover when required. We concluded that at times, there were not the right staff, with right skills, at the right place and time to support positive outcomes for people and support the wellbeing of staff (see area for improvement 1).

During our inspection visit, we observed staff to be working well together, and they were clear about who was doing what and where. New employees were offered guidance from experienced staff members.

Staff had the opportunity to attend team meetings which were facilitated by the registered manager. Team meeting minutes evidenced good attendance and good two-way discussions. Staff used the meetings as opportunity to ask questions and raise areas of concern.

Supervision meetings were carried out and key areas relating to people's roles were discussed. Supervision gave staff the opportunity to reflect on practice and provide feedback on areas such as staffing level, environment or other items they wished to raise.

Areas for improvement

1. To ensure the safety, health, dignity and wellbeing of people experiencing care, the provider should ensure the level of staffing on each shift must be adequate to always provide the assessed level of support to people.

This is in order 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

'My care and support is consistent and stable because people work well together' (HSCS 3.19).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The care home is a one-storey building. There were a variety of communal areas, and the wings of accommodation were referred to as East and West Wing. The layout of the building offered people the choice of places to sit, eat and relax. During our visit, we observed people to use the different areas available.

People could move freely around the care home. There were chairs positioned in corridors which assisted with rest breaks. People's names were on their bedroom door and wayfinding signage supported people with orientation around the building.

People's bedrooms all had an en suite toilet and wash hand basin. People could furnish their bedrooms with their own furniture. Personal belongings decorated their rooms to make them personalised to their individual taste.

There was a large garden around the building and an enclosed courtyard. Work had been completed on the garden to make the areas tidier and a nicer space for people to enjoy in the better weather. Further work was required on the courtyard paving to make the area more accessible.

The building was warm, and the care home was clean, tidy and welcoming and staff were observed working hard to maintain cleanliness.

The provider had carried out external and internal repair work that was required. Roof repairs have been carried out and monitoring was in place for any further water ingress. There had been some refurbishment, decorating and new furniture in the communal areas and people had been involved in choosing the décor

and colour schemes. The difference this had made was evident on entering the care home. Small kitchens had been replaced and the option for small group living was available. The changes made to the environment had a positive impact on people's experiences.

There continues to be a bathroom, shower room, small lounge and bedroom out of use due to required repairs (see area for improvement 1).

Records for the ongoing maintenance of the environment and equipment were in place. Remedial action required was being carried out, which helped to keep the environment and people safe.

Overall, infection prevention and control practices within the care home had improved. However, there were still some areas for improvement. This included procedures for floor cleaning, housekeeping staff levels to maintain current standards, and following good respiratory and cough hygiene (see area for improvement 2).

Areas for improvement

1. The provider should address the outstanding repairs required within the building to ensure people experience care in an environment which is safe and well maintained.

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

'My environment is secure and safe' (HSCS 5.17); and

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

2. The provider should ensure all staff are familiar with the National Infection Prevention and Control Manual for Scotland (NIPCM) to protect people from harm by way of staff following safe infection prevention and control practices.

This is in order to ensure that 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' (HSCS 4.11).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

All people had a personal plan in place. These were recorded within an electronic care planning system (PCS). Staff were now familiar with using this system and the quality of personal plan information had improved. However, we found that some completed assessments and care plans were not up to date or reflective of people's current needs and an omission of care plans in some cases.

An example of this was documentation used to assess people's skin integrity. Also, within some plans, the summary information had not been updated when people's care plans had been reviewed and updated.

People may not receive the correct care if guidance is unclear. We have repeated a previous area for improvement relating to assessing and monitoring care plans.

Information on future care planning was recorded within PCS for people who had made these wishes known. This guided staff on the care and support to provide to people when their care needs change.

Monitoring of information was completed using PCS. Auditing of this information should address and support staff to complete this information correctly. We read data to suggest that people were receiving nailcare. When completing observation and speaking to people, we identified a number of people who required nail care. This was shared with the registered manager to address. Incorrect recording of information makes it difficult to evaluate if people's needs are being met or if further interventions are required.

Despite some gaps in information, we did find that staff were reviewing and updating care plans within PCS. We could see that following changes to people's needs or an intervention from an external professional, entries were dated and updated information was recorded.

People's care reviews had not all been completed within the expected timescale. The registered manager had oversight of this and had plans in place to carry these out. Review meetings should include people supported and, where appropriate, family members or their representatives. Review meetings should allow the opportunity to evaluate if people's care and support needs are being met.

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

Requirements

Requirement 1

By 24 May 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- (a) assessment of the service's performance through effective audit,
- (b) develop action plans which include specific and measurable actions designed to lead to continuous improvements,
- (c) detailed timescales for completion/review,
- (d) alignment systems to good-practice guidance; and
- (e) ensuring staff who undertake quality assurance roles are trained and supported.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCP 4.19) and in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This requirement was made on 3 April 2024.

Action taken on previous requirement

The provider had a quality assurance system in place which was used to assess the service's performance. Staff had been delegated the responsibility to complete some of the audits.

The registered manager had an overview of the dates audits were completed and when next due. Some action plans were in place and information had also been transferred onto the service's development plan.

The development plan detailed timescales for completion and it was positive to see the number of actions which had been completed. The registered manager was able to evidence some best practice guidance that had been used.

Where staff had been allocated audits to complete, there requires to be an area for improvement in relation to ensuring these are completed to the required standard.

Staff should be competent in the completion of audits. This is to ensure they are meaningful and contain evidence that actions identified are being followed through to completion.

The registered manager requires to improve oversight of the quality of completed audit to ensure this drive improvement within the service.

Met - outwith timescales

Requirement 2

By 24 May 2024, the provider must ensure people experience care in an environment which is safe and well maintained. This must include, but is not limited to:

- (a) assessing the damage to the ceiling and any additional damage the water may have caused.
- (b) carry out immediate repairs to ensure the building is watertight and safe,
- (c) complete an assessment of all repairs required within and out with the premises,
- (d) put in place and implementing a plan for the upgrading of the premises and equipment which sets out all work required,
- (e) put in place contingency arrangement for areas that are not available to people to use,
- (f) how people experiencing care and their representatives will be consulted and involved,
- (g) timescales for commencement and completion of work; and,
- (h) notifying relevant external bodies such as the Care Inspectorate and Health and Social Care Partnership.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My environment is secure and safe" (HSCS 5.17) and complies with Regulation 4(1)(a) and 10(2)(b) & (d) and 14(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This requirement was made on 3 April 2024.

Action taken on previous requirement

The damage had been assessed and repair work had been carried out. This was being monitored for any further water ingress. It was reported that no further water damage had occurred since the repair work had been completed.

The assessment of all required repairs had been completed and had been recorded within the care home's repairs log and refurbishment plan. The refurbishment plan outlined the plans for upgrading of the premises and equipment.

Timescales had been detailed on the refurbishment plan. These dates had been delayed due to the uncertainty of the repair works to be carried out on the roof.

The two small lounges being out of operation had a real impact on people's experience in Briery Park. These had been repaired and redecorated and people were benefitting from being able to access these again, which was having a positive impact for people.

The provider informed and updated both the Care Inspectorate and Dumfries and Galloway Health and Social Care Partnership of the work being undertaken.

The registered manager consulted people living in the home and families regarding the decoration of the environment.

There continues to be a bathroom, shower room, small lounge and bedroom out of use. We have made these an area for improvement.

Met - outwith timescales

Requirement 3

By 24 May 2024, the provider must ensure people experiencing care have confidence they are protected from harm by way of safe infection prevention and control practices. This must include, but is not limited to:

- (a) ensuring staff know and understand best infection prevention and control practice, and implement this in the work that they do,
- (b) putting in place and implementing a plan to regularly monitor staff practice to ensure that all guidance is followed and take effective and immediate action where it is not.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

This requirement was made on 3 April 2024.

Action taken on previous requirement

We found the care home to be clean and overall staff were mindful of infection prevention and control practices and appropriate provisions were in place. Staff were able to talk confidently about the procedures and processes they used.

Observations of practice were in place focussing on infection prevention and control and hand hygiene. Housekeeping staff told us they felt supported in their role. There continued to be some areas for improvement which we have reported on within the inspection report.

Met - outwith 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 provider should ensure that the management of medicines are improved, "as required" protocols should accurately record written information in line with prescribed instructions. Personal planning should

demonstrate the evaluation of "as required" protocols as being effective in supporting the right care for people at the right time.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

This area for improvement was made on 3 April 2024.

Action taken since then

The registered manager had improved the practice within the service in relation to the administration of "as required" medication.

The dosage and frequency of when "as required" medication should be administered were documented within the medication administration record (MAR).

Further information was being recorded in relation to exact time medication was administered. This supported staff to ensure they followed the prescriber's instruction regarding timescales and frequency.

Staff were also documenting the reason why 'as required' medication had been administered. The registered manager or person completing medication audits should continue to review that staff are documenting the outcome of all administered "as required" medication.

This area for improvement had been met.

Previous area for improvement 2

The provider should ensure they keep people safe and healthy by reducing the risk of falls. To do this they should:

- (a) ensure they complete an appropriate risk assessment for each person;
- (b) ensure that measures taken to reduce the risk of falls to people are the least restrictive and help people, where possible, to remain active;
- (c) ensure if people's needs change, or they have a fall, reassess their risk, update their care plan accordingly and communicate these changes to staff; and
- (d) analyse all falls, accidents and incidents so learning and improvement can take place, to prevent future falls.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as 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); and "My care and support meets my needs and is right for me" (HSCS 1.19).

This area for improvement was made on 25 January 2022.

Action taken since then

We found the registered manager had introduced best practice tools in the recording and analysis of falls activity within the care home.

We reviewed people's personal plans and observed people to have risk assessments and care plans in place. Some of the documentation we found to be generic and could be made more person-centred.

There was evidence of risk assessments and care plans being reviewed and updated following people experiencing a fall. When reviews take place, the staff team should ensure information is updated in all areas required as we found some conflicting guidance within the electronic care planning system.

Where people had experienced a number of falls, there was evidence of referrals to other services for further advice and support.

Allied health professionals continued to support the staff team in assessment and falls prevention. The community physiotherapy team were visiting people during our visit to the care home to support people with their mobility.

The registered manager was completing a falls audit. We have made an area for improvement in relation to the analysis of all falls, accidents and incidents so learning and improvement can take place, to reduce future falls.

This area for improvement had been met.

Previous area for improvement 3

The provider should develop its staffing contingency plan in relation to the use of agency staff. This should include a formal record of information provided to agency staff when they commence within the home. The record should include up to date information on people's support needs and essential information covering all aspects of health and safety, including fire safety.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 3 April 2024.

Action taken since then

The registered manager had in place a clear protocol and process for inducting agency staff when they commenced working within the care home. There was evidence that this was being followed.

Agency staff had access to the electronic care planning system that the provider used. This gave them the opportunity to read people's personal plans which were in place to guide staff on the care and support people required.

At handovers between shifts, staff were given a pre-printed list of people's names. This was to be used by staff to take their own notes and any actions that were required in relation to people's care.

This area for improvement had been met.

Previous area for improvement 4

The provider should implement a process to assess staff competence against their roles and responsibilities. This is to ensure staff are using the skills and knowledge gained in training to improve their practice and support better outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident in people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes" (HSCS3.14).

This area for improvement was made on 3 April 2024.

Action taken since then

The registered manager was able to evidence that staff competencies were being assessed to ensure staff were using the skills and knowledge from training completed. This included assessing their competence in relation to infection prevention and control practice, safe moving and handling, basic observations and medication management. The manager had developed a system to provide an overview of staff competency checks completed.

This area for improvement had been met.

Previous area for improvement 5

The provider should ensure people's needs are assessed and monitored and care plans are in place to support people in all areas where care and support is required. Including, care plans for people who experience stress and distress.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

This area for improvement was made on 3 April 2024.

Action taken since then

We examined several personal plans and although we were able to see staff had developed the plans in some areas there continued to be areas to improve. We have reported on this within the inspection report.

This area for improvement had not been met.

Previous area for improvement 6

The provider should ensure that people supported and where appropriate their relative or representative has access to a copy of their personal plan. Minutes of review meetings should also be made available.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This area for improvement was made on 3 December 2024.

Action taken since then

People supported and, where appropriate, their relative or representative, did not have a copy of their personal plan.

All people's personal plans are completed electronically. The provider should ensure this is not a barrier to people accessing a copy of their personal plan and review meeting minutes in a format of their choice.

This area for improvement had not been met.

Complaints

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

Detailed evaluations

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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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