

# Storyville House Care Home Service

Storyville House Residential Home  
Beechwood Place  
Kirriemuir  
DD8 5DZ

Telephone: 01575 574667

**Type of inspection:**  
Unannounced

**Completed on:**  
17 December 2024

**Service provided by:**  
Storyville House Limited

**Service provider number:**  
SP2023000427

**Service no:**  
CS2023000419

## About the service

Storyville House is a care home for older adults situated in a residential area of Kirriemuir. It is close to local transport links, shops, and community services. The service provides residential care for up to 27 people.

The service provides accommodation on one level in single bedrooms. All rooms have en suite toilet and shower facilities. Currently there are only six that are accessible to residents. There are shared bathing and showering facilities for the remainder of residents. There are two sitting rooms and a dining room. There is access to an open garden at the front of the property and an enclosed garden to the rear.

## About the inspection

This was an unannounced follow up inspection which took place on 17 December 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

This inspection focussed on requirements and areas for improvement made during the previous inspection which took place on 15 and 16 October 2024.

## Key messages

- Improvement was evident in all required areas made during the previous inspection. As a result, people's needs were being met more effectively.

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

### Requirements

#### Requirement 1

By 29 November 2024, the provider must provide the Care Inspectorate with an environmental improvement plan, laying out in detail works required and expected completion dates. Furthermore, the provider must provide the Care Inspectorate with monthly progress reports of environmental improvements until agreed works are complete.

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

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

This requirement had not been met and we have agreed an extension until 31 January 2025.

**This requirement was made on 21 October 2024.**

#### Action taken on previous requirement

Some improvement had been made in relation to this requirement.

The provider had submitted an environmental improvement plan, however this was insufficient in detail to give confidence in relation to the actions required to ensure that people would experience a high quality environment to meet their needs.

The provider had met with the Care Inspectorate monthly to provide an update of works that had been completed and we were able to confirm these works had taken place during inspection.

In order to support improvement, we have agreed an extension until 31 January 2025.

#### Not met

#### Requirement 2

By 29 November 2024, the provider must ensure that people's personal plans are outcome-focussed and provide robust, accurate information that sets out how their health, welfare, and safety needs are to be met. In order to achieve this the provider must at a minimum:

a) Ensure that care plans are clear and concise and the plan has supporting evaluation documentation that will evidence staff practice.

b) Ensure that the care plan is being effectively assessed, monitored, and audited.

This is to comply with Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23).

**This requirement was made on 21 October 2024.**

#### Action taken on previous requirement

The provider was using an electronic care planning system. Since our last inspection the provider had updated and included more detail in people's plans.

From the plans sampled we saw greater clinical detail was included and relevant information cross referenced throughout. The plans were outcome-focussed with clear, concise information which supported staff to deliver care in line with their assessed needs.

Plans included a 'What is currently happening' section which detailed up-to-date information about people's physical and mental health, what support was required, and recommendations made by external health professionals.

Leaders in the service regularly monitored and reviewed the plans, updating information as people's needs changed. Together, these actions contributed positively to people receiving care and support that was right for them.

#### Met - within timescales

### Requirement 3

By 25 November 2024, the provider must demonstrate proper provision for the health, safety, and welfare of service users is made. In order to achieve this the provider must:

- a) Demonstrate that the premises are suitable for the purpose of supporting people's intimate and personal care needs.
- b) Demonstrate that the premises are suitable for the purpose of supporting the aims and objectives of the care service.
- c) Demonstrate that the provider has considered how to improve service users' access to clean, comfortable, and accessible shower facilities that meets their needs.
- d) Demonstrate that people are consistently supported to look and feel their best, in line with their care plan.
- e) Ensure that at all times suitably qualified, skilled, and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.

This is in order to comply with:

Health and Social Care Standard 5.1: I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

Regulation 10(2)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

**This requirement was made on 18 October 2024.**

### Action taken on previous requirement

The provider had changed the layout and refurbished showering facilities in the south wing of the building. A level access shower was installed, improving and making safer access for residents when bathing. Plans are in place to increase the number of showering facilities as part of a rolling programme of environmental improvements. We will continue to review progress of this at future inspections.

Redecoration of communal areas had commenced and the environment appeared fresh, bright, and clean.

We saw that people were well presented, dressed in clean and comfortable clothes.

There were sufficient staff on duty to meet the assessed needs of the people experiencing care, the staff group included managers, senior, and junior carers. From records we saw that the provider consistently made efforts to ensure that staff were sufficient in numbers, even during periods of staff absence. Where there were voids in rotas, regular staff generally worked extra shifts in order to ensure that people would continue to be supported by people that they knew.

### 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

To support people's hydration and nutrition, the provider should ensure staff access training in promoting good nutrition and hydration in care homes and that they able to record and analyse data, responding effectively to any concerns.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent, and skilled' (HSCS 3.14); and 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

**This area for improvement was made on 21 October 2024.**

**Action taken since then**

The manager had sourced online resources for staff to complete. Staff had completed reflective accounts to a good standard, demonstrating their understanding of fluid and nutrition needs for people experiencing care.

Information was shared in daily flash meetings and people's care plans were being updated to reflect nutritional and fluid status.

We saw that people were regularly offered snacks and drinks and where people may need prompted or supported to eat and drink, staff supported accordingly.

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

**Previous area for improvement 2**

In order to ensure there is a culture of sustained improvement, the provider must ensure that regular quality assurance processes are embedded and are effective in identifying, preventing, and promoting outcome-focused care. The processes should be responsive to improving the outcomes for service users, actively drive good practice and standards, and include other stakeholders in the processes.

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

**This area for improvement was made on 21 October 2024.**

**Action taken since then**

Leaders in the service were improvement-focussed. A range of quality assurance tools had been introduced and were used regularly to help evaluate the overall performance of service provision. This included staff observations, infection prevention and control audits, health and safety inspections, environmental checks, training overview, and reflective accounts from staff.

While some processes were new, they appeared effective at highlighting any areas for action and brought about improvement. Action plans had been developed from these and most actions had been signed off as complete.

We saw that action plans contained feedback from visiting professionals, such as the care home support team and infection control nurses, making service improvement plans more dynamic and effective.

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

**Previous area for improvement 3**

In order to ensure people experience an environment that is consistently safe and clean, the provider should review the arrangements of domestic cover to ensure adequate cover throughout the week and ensure that domestics have completed training suitable to their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are supported by the right number of people' (HSCS 3.15); and 'I have confidence in people because they are trained, competent, and skilled' (HSCS 3.14).

**This area for improvement was made on 21 October 2024.**

## Action taken since then

Leaders had reviewed ancillary staff deployment to ensure consistency of cover throughout the week.

Domestic staff had completed training that corresponded with the 'National Infection Prevention and Control Manual' and other guidance relating directly to their role.

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

## Previous area for improvement 4

To ensure that people consistently experience a high quality and safe environment, the provider should improve upon its systems and processes for reporting and responding to requests for resolution of maintenance concerns.

This is 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).

**This area for improvement was made on 21 October 2024.**

## Action taken since then

The provider had updated and improved their system for recording and reporting maintenance concerns.

Leaders were able to maintain sight of the progress of the requests and requests appeared to be being responded to more timeously.

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

## Previous area for improvement 5

The service should ensure that senior staff have adequate oversight of people's care and support on a daily basis. Where outcomes could be improved, senior staff should take prompt action to ensure that people's needs are met and they are getting the most out of life.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

**This area for improvement was made on 18 October 2024.**

## Action taken since then

Daily flash meetings continued to take place and the quality of these had improved, with staff confidently sharing essential information. Flash meetings presented an opportunity for staff to discuss people's care and support needs, raise concerns, or focus attention on changes in people's presentation. Records highlighted short-term infections, wounds, fluid, and nutrition monitoring needs. Visits from external professionals were recorded and information shared about any treatment they had given or recommendations made.

Leaders in the service were able to access information via the electronic care planning system. This provided real time information on tasks that had been completed or missed, meaning leaders could act promptly to establish root cause of issues.



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

#### Previous area for improvement 6

The service should ensure that clear systems and processes are put in place to ensure people can enjoy living in a clean and fresh environment. Managers and senior staff must have an appropriate quality assurance system to help them identify and address concerns at an early stage.

This is to ensure that 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' (HSCS 5.22).

**This area for improvement was made on 18 October 2024.**

#### Action taken since then

During our visit the environment appeared bright, clean, and fresh. Cleaning schedules had been fully completed to describe the tasks undertaken on a daily and weekly basis. There was a record of deep cleans and what this had included. Room and environmental checks resulted in action plans.

There is an environmental plan in place and work was progressing to help ensure the fixtures and fittings are in good repair to enable effective cleaning. The manager had oversight of these checks and is visible around the service for natural observation and oversight.

**This area for improvement has 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](http://www.careinspectorate.com).

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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