

# Four Hills Care Home Care Home Service

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Ruchill  
Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
5 December 2024

**Service provided by:**  
Barchester Healthcare Ltd

**Service provider number:**  
SP2003002454

**Service no:**  
CS2007142905

## About the service

Four Hills Care Home is registered to provide a care service to a maximum of 120 older people. The provider is Barchester Healthcare Ltd.

The home is a purpose-built facility located within Ruchill in the north area of Glasgow. The home is close to public transport links and other community resources. There is a car park at the front of the property and enclosed gardens. All rooms are single occupancy with en suite, located within four separate units.

The home has lounges and dining spaces within each unit.

Throughout the home, there are quiet, private areas for residents and their families and friends to enjoy quality visits.

There were 115 people using the service at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on 27 November 2024 from 09:30 - 18:00, 28 November 2024 from 09:30 - 15:30, 3 December 2024 from 07:00 to 19:30 and 4 December 2024 from 09:30 to 16:45.

The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 12 people using the service and 13 of their family/friends
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

## Key messages

- People were supported by a kind and caring staff team who knew them well.
- There was a varied and meaningful activity programme to support people's wellbeing.
- Further improvement was needed in medication management.
- Staff's skills and knowledge in preventing cross infection needed improvement.
- Quality assurance needed improvement to assess outcomes for people.
- Stress and distress care plans needed improvement to ensure better detail management of people's needs when experiencing stress and distress.

## 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?	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?

## 3 - Adequate

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

We observed people were relaxed in the company of staff and staff were warm, kind and compassionate when delivering care. Permanent staff knew the residents well and were therefore able to meet people's needs. Families told us they found staff to be kind and considerate and caring towards their relatives.

Maintaining weight within the normal range is an important part of healthy aging. Weight management had been identified by the management team as being of concern. A review of all people's weights had been undertaken to assess if people needed clinical input to help reverse/halt weight loss. To assess this the service used the Malnutrition Universal Screening Tool (MUST). To ensure calculations were accurate and could identify where action was needed, we discussed with the management team that staff should be encouraged to make use of the nationally recognised on-line calculator tools. Where it was assessed that people needed more in-depth management to help reverse/halt weight loss the service was making use of a more detailed tool. This tool included the development of a plan to improve people's weight. We found however this tool was not always being used effectively. Better use of this tool would mean that people's weight loss would be addressed sooner and would impact positively on their wellbeing. **(See Area for Improvement 1)**

An important part of each person's weight management plan was the fortification of people's food. Food fortification is used at the point of service to improve the calorie and protein content of food without increasing the portion size. This encourages weight gain and improved muscle mass. Mealtime observations and discussion with staff highlighted that, although food fortification was a part of the recommended plan to halt or reverse weight loss, this was not being implemented at mealtimes. We discussed with the management team, and they agreed, food fortification should be implemented in line with the providers nutrition policy, to ensure effective weight management and positive outcomes for people living in the service. **(See Area for Improvement 1)**

We had concerns around aspects of the prevention of cross infection and cross contamination. Cleaning products used were being prepared by domestic staff. However, there were no clear instructions available to ensure staff were preparing these to the correct dilution to ensure their effectiveness. Staff we spoke to were unable to be specific/consistent with their understanding of how to accurately dilute cleaning products. To minimise cross infection available guidance is that cloths for cleaning are disposed of after single use. We found staff were re-using cloths several times before disposing of them. Cleaning schedules, although completed, were generic and did not outline each specific cleaning task to be undertaken in each area as per guidance contained in National Infection Prevention Control manual for Care Homes Scotland (NIPC Care Homes Scotland). There were no standard operating procedures available for staff to ensure cleaning was consistent and not left to the discretion of each individual performing the task. The service had experienced an infectious outbreak during the inspection. There was no evidence available that enhanced touchpoint cleaning as recommended during infectious outbreaks had been completed. All of this represented poor attention to the prevention of cross contamination and spread of infection with the possibility of impacting negatively on the wellbeing of people. **(See Area for Improvement 2)**

Previously we had made a requirement to the provider in relation to aspects of medication management. There had been some improvement in medication management. Controlled medication was now better managed and recorded in line with the legislative requirements. Where people needed as and when required medication (PRN medication) there were detailed protocols in place to ensure staff knew when and why this medication needed to be administered. However, concerns remain about residents not consistently receiving prescribed medication. Missing a dose of prescribed medication can adversely affect the effectiveness of that specific medication. **(See Requirement 1)**

There were appropriate systems in place in the service to monitor falls management and reduction. The service had recently implemented the use of the falls safety cross tool. This helps raise awareness amongst the staff team of the frequency and the reasons falls may be occurring. This allows for the implementation of strategies to help reduce their occurrence and help keep people safe. When falls do occur, the service had implemented the use of the post falls analysis tool. This ensured people were monitored for a period of time post fall to identify slower, less immediate deterioration which can then be effectively managed. We found some instances where the frequency of recording post falls information was inconsistent **(see Area for Improvement 3)**. Accident/incident forms contained detailed information. This meant the management team had oversight of falls incidents and enabled the completion of regular analysis of the cause of falls. This means strategies can be put in place to prevent falls and reduce the chances of injury to people.

How people spend their day is important in maintaining people's physical and mental wellbeing. We observed there was a full and varied programme of activities taking place each day. The service supports a "whole home" approach to activities meaning all staff have responsibility for ensuring people were regularly involved in what interests them. We saw evidence the team ensured people had one to one time as well as group activities. Staff were enthusiastic, hardworking, and engaged well with people and their families. Staff knew people and their likes and dislikes well and were able to demonstrate an understanding of how meaningful activity helped prevent stress and distressed behaviours.

## Requirements

1. By 14 February 2025, people experiencing care must experience high quality care and support with prescribed medication. To achieve this, the service provider must:

Ensure there is an adequate supply of all prescribed medication available at all times to meet the prescribed need of people using the service.

This is in order to comply with Regulation 4(1)(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 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)

## Areas for improvement

1. To ensure people experiencing weight loss have timely and effective intervention the provider should:

a) Ensure the detailed tool in use to manage weight loss is used effectively and reviewed regularly in order to address weight loss.

b) Ensure staff understand food fortification and implement this as planned in line with the provider's nutrition policy.

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

2. To ensure people are protected from the risk of cross infection and cross contamination, the provider should:

- a) Ensure staff have the appropriate training to inform their skills, knowledge and understanding of the correct use of cleaning solutions, and the safe dilution and handling of chemical products.
- b) Ensure staff have the appropriate training to inform their knowledge and understanding of the correct use and disposal of cloths used for cleaning, as outlined in the NIPC Manual for Care Homes Scotland guidance.
- c) Have in place cleaning schedules for each area of the home as per guidance contained in the NIPC Manual for Care Home Scotland guidance.
- d) Have in place standard operating procedures in relation to the safe management of the care environment.

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)

3. To support positive outcomes for people experiencing care, the manager and staff should ensure that any clinical observations that are required following an accident or incident are recorded consistently in line with the provider's policy.

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?

## 3 - Adequate

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

Systems to monitor and manage the quality of the service should ensure that people receive the standard of care they expect. We found that the service had a range of audits in place designed to monitor and manage quality. These were being completed regularly. Actions from audits fed into the providers central improvement plan for the service. This provided managers and senior managers with an overview of what actions were being taken to improve service provision. However, we found that there was little evidence available to evaluate people's experiences to ensure their outcomes are being met. **(See Area for Improvement 1)**

The management team had begun a process of self -evaluation aligned to the Care Inspectorate quality framework. We discussed the positive impact of how self-evaluation when aligned with the goals and values of the provider would further contribute to driving improvement.

A major part of the process of improvement is the involvement of people, their families and staff. There were opportunities through surveys, meetings and reviews for residents and relatives and staff to provide feedback on aspects of the service. However there remains scope to progress these to ensure people, families and staff's input contributes to and impacts on service improvement.

The service had a comprehensive complaints process in place which was aligned to the providers complaints policy. The management team made effective use of the outcomes and lessons learned from complaints to ensure improved outcomes for people.

### Areas for improvement

1. To ensure people are experiencing the outcomes they want and need, the provider should have systems in place to evaluate how improvement is meeting 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 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?

### 3 - Adequate

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

We observed and staff told us they felt like they were well supported by each other when on shift and worked well together as a team.

We discussed with the provider the importance of staff wellbeing and the link between the safety of people who use services and the wellbeing of staff delivering the service. A key factor in supporting staff wellbeing is ensuring that staffing levels are appropriate and safe. It is important to consider a wide range of factors when determining staffing levels. This includes but is not limited to the environment, the skill mix of the staff team, time needed for staff to complete non-direct care duties, feedback from residents and relatives and feedback from staff. To determine staffing levels the service was using a bespoke dependency tool. Whilst the tool had taken some aspects of non-direct care into consideration not all factors relevant to non-direct care were being considered. This, along with information we heard from people and their families about staffing levels, meant we could not be confident that staffing levels were consistently right. **(See Area for Improvement 1)**

Supervision is an important process that supports professional practice and opportunities for reflection and for staff to receive formal feedback, guidance and where wellbeing concerns could be discussed. We found that group supervisions had begun to be completed. However the process of individual supervision had not yet become established. This meant that staff were not consistently afforded the formal opportunity to discuss development needs and receive feedback on their practice. It also means the service was missing the opportunity for staff motivation and ensuring staff feel valued. We discussed this with the management team who re-assured us of their plans to put in place regular personal supervision sessions for staff in line with the providers policy.

We were pleased to see that the provider had in place an employee assistance programme. This is funded by the provider and allows staff access to independent and confidential support to help balance the pressures of work and home life. Employee assistance programmes are a valuable resource to support staff wellbeing.

## Areas for improvement

1. To ensure staffing levels are sufficient to meet the needs of people living in the service, the provider should:

- a) Demonstrate they have taken into account further considerations in addition to their chosen assessment tool in relation to all non-direct care duties of staff when calculating staffing levels and
- b) Demonstrate that this information is used to ensure there are enough staff on duty at all times to meet the needs of people living in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "My care and support meets my needs and is right for me". (HSCS 1.19)

## 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.

The environment appeared clean in all communal areas however evidence from minutes and surveys suggested families had issues with cleanliness of bedrooms. Management had addressed this concern with the domestic staff team and a plan had been put in place to address this in the short term. We were told deep cleaning of bedrooms were scheduled regularly throughout the month. However, we found no evidence of this in completed cleaning schedules. We suggested the management team review this to find a longer term ongoing solution.

Moving and handling equipment was stored in corridor areas. This storage solution is not appropriate. Management should re-assess this from the perspective of health and safety and aesthetic appearance, as this is people's home.

The provider shared with us their plans for the re-decoration for the remaining corridor areas and communal areas of the home. This work was scheduled to begin week commencing 6 January 2025. This will ensure all areas of the home will be presented to the good standard of the existing unit which had already undergone this process. We were confident the provider was committed to this work as we were able to view the evidence of contractor appointment to ensure this work is completed.

Wide corridors, an ambient temperature and adequate lighting throughout the home contributed to a comfortable environment. There were also plans to improve lighting even further during the redecoration work.

The home had an enclosed and pleasant garden area which was frequently used by people and their families. Usage of this area was observed during the inspection despite the time of year.



An existing café area on ground floor level was well used by residents and their families and encouraged socialisation in the environment. The redecoration plans included arrangements to develop a similar area for the upstairs level of the home.

Maintenance records were up to date and any repairs needed were actioned timeously by the maintenance team ensuring the safety of the environment .

Hand-wash sinks in treatment rooms and domestic service rooms needed to be put in place. The provider had made arrangements during the inspection to address this.

## 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 expect to have a personal plan that sets out their wishes and choices and how their needs will be met. Personal plans sampled during this inspection provided a good level of detail about the way people wished to be supported. This ensured that people were able to direct the support they required and that the support they received was consistent and person centred.

Personal plans were constantly reviewed to ensure that the support people received was responsive and continued to be right for them and that the outcomes they had identified were being met. Statutory reviews of the support people received, monthly reviews of all aspects of care provided and resident of the day records all contributed to this.

Risk factors were being regularly monitored to ensure that risks were being anticipated and managed. For example, regular reviews of people's vulnerabilities such as risk of malnutrition and risk of falls contributed to this.

We saw that staff used additional resources with the potential to assess people's cognition and mood and to record occasions of stress and distress to identify potential triggers and patterns of behaviour. Whilst this was a positive approach, we identified that there was further scope to use this information to develop more robust stress and distress plans. Plans that include information about potential triggers for stress and distress and risk reduction and coping strategies will support staff to recognise stress and distress and initiate early responses to support the individual. **(See Area for Improvement 1)**

### Areas for improvement

1. The provider should review the care plans of people who experience stress and distress to ensure that they are robust and provide sufficient detail to effectively meet the needs of people who experience stress and distress. This should include but is not limited to identifying triggers to stress and distress and effective support strategies.

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)

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

### Requirements

#### Requirement 1

This requirement was made following a complaints inspection in March 2024. A follow-up inspection took place on 29 October 2024. At this time the requirement was not met and re-stated for 25 November 2024.

By 25 July 2024, people experiencing care must experience high quality care and support with prescribed medication. To achieve this, the service provider must:

- a) Ensure there is an adequate supply of all prescribed medication.
- b) Ensure medication administration records are accurately completed.
- c) Ensure errors within the controlled drug book are identified and where appropriate, investigated with written records of all follow up action.
- d) Ensure medication audits provide detailed information, and include areas identified for improvement and how they will be achieved.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: "Any treatment or intervention that I experience is safe and effective."

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 28 March 2024.**

#### Action taken on previous requirement

The medication section of the resident of the day record was now fully completed, and we found no gaps in the recording of running balances on medication administration records.

Every resident had a medication audit completed, and any actions identified during the audit were evidenced to have been recorded and then actioned. Records did not confirm who was responsible for completing the areas identified and this could be an area to develop.

We saw all registered nurses had completed medication training, and almost all had records in place to evidence competency with medication administration that had been assessed by the clinical development nurse.

All registered nurses and care practitioners had attended a group supervision session which covered topics including accountability, medication, medication competencies and mandatory medication training. There was a record of attendance and discussions made available for us to review.

There were no administration errors in the controlled drug book we sampled. There was one witness signature missing and we discussed this with the manager who assured this would be fully investigated.

However, medication administration records sampled, evidenced that not all prescribed medication had been available for administration.

As we found that some parts of the requirement had not been met, we have made a new requirement to reflect this and to address the outstanding issues. (See Requirement 1 in "How well do we support people's wellbeing?" section of this report)

## Met - outwith timescales

### Requirement 2

By 25 October 2024, people experiencing care must experience high quality care and support following an adverse accident or incident. To achieve this, the service provider must:

- a) Ensure staff conduct and record timely clinical observations following an accident or incident.
- b) Ensure staff continue to monitor and record an individual's vital signs and general condition until they are satisfied that their condition is stable, or they are in receipt of the advice of a health professional.
- c) Provide training to ensure all staff are aware of their responsibility to accurately report and record accidents and incidents, in line with organisational policy.
- d) Ensure that managers are involved in audits of accident and incident records to provide quality assurance.

**This requirement was made on 22 July 2024.**

### Action taken on previous requirement

We sampled accident and incident reports and saw an improvement in the level of detail and recording for most of the reports. Where post fall observations were indicated we could see this paperwork had now been completed for all falls and a copy was attached to the incident report. However, we found some of the observations still contained gaps between recording timeframes and were not fully in line with the provider's policy.

Registered nurses and care practitioners had been given an Accountability Workbook to complete. We saw this had been issued to 25 staff and there were 24 completed workbooks in the training folder. We sampled these and found all to contain fully and detailed answers throughout relating to accountability for accurate record keeping and medication administration. Staff had all successfully completed case study exercises and the workbooks were assessed and signed by the clinical development nurse.

All registered nurses and care practitioners had attended a group supervision session which covered topics including accident and incident reporting, follow up of accidents and incidents and how to complete the forms. There was a record of attendance and discussions made available for us to review.

Although accident and incident forms and post-incident investigations were counter signed by the manager and actions identified were noted to be followed up, including updating care plans and risk assessments this demonstrated an improvement in the clinical risk oversight and quality assurance.

Following a review of the information available, we were satisfied sufficient progress had been made to confirm elements b), c), and d) of the requirement had been met. However, concerns remain in relation to accuracy and frequency of recording clinical observations following an accident or incident. An area for improvement will be made (See Area for Improvement 1 "How well do we support people's wellbeing?" section of this 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 service provider should ensure people's personal care needs are well supported with accurate records of the support provided.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected."

**This area for improvement was made on 28 March 2024.**

#### Action taken since then

This area for improvement has been re-written in **Area for Improvement 3** of "How well do we support people's wellbeing?" section of this report.

#### Previous area for improvement 2

To support positive outcomes for people experiencing care, the provider should ensure that any concerns related to care and support are recorded, and responded to appropriately. This should include, but is not limited to, ensuring the service's Customer Feedback Policy is implemented when required.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me".

**This area for improvement was made on 22 July 2024.**

#### Action taken since then

Not evaluated at this inspection.

#### Previous area for improvement 3

To ensure that people receive the right information at the right time, the provider should ensure that staff are open, honest, and transparent in their timely communication with people receiving care or their representative. This should include, but is not limited to, updating the family and friends communication records to reflect discussions and concerns when someone refuses care or support.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event".

**This area for improvement was made on 22 July 2024.**

## Action taken since then

Not evaluated at this inspection.

## Previous area for improvement 4

To safeguard a person receiving care's health and wellbeing, the provider should ensure that staff conduct and record timely clinical observations following an adverse accident or incident.

This should also include, but is not limited to, staff continuing to monitor an individual's vital signs and general condition until they are satisfied that their condition is stable, or they are in receipt of the advice of a health professional.

This is in order to comply with: Health and Social Care Standard 1.23: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected."

**This area for improvement was made on 13 October 2023.**

## Action taken since then

The service had implemented the use of the post falls analysis tool. This ensured people were monitored for a period of time post fall to identify slower, less immediate deterioration which can then be effectively managed. We did find inconsistency in recording of these. **This Area for improvement has been re-written in Area for Improvement 3 "How well do we support people's wellbeing?" section of this report.**

## Previous area for improvement 5

To provide reassurance that people's personal belongings are respected and valued, the provider should ensure that staff follow their, "Looking after your Residents and Patients Laundry" guidance.

This should include, but is not limited to, raising residents' and their representatives' awareness of the importance of notifying staff of any new belongings being brought into the home. This is to enable staff to update people's personal belongings inventory.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions". (HSCS 4.4)

**This area for improvement was made on 12 July 2023.**

## Action taken since then

Not evaluated at this inspection.

## Previous area for improvement 6

To ensure that people receiving care are supported with nail care, the provider should have a personal plan in place, which describes individual nail support required.

This should also include, but is not limited to, detailed recording that nail care has been provided as part of a person receiving care's daily hygiene support.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 12 July 2023.**

#### Action taken since then

Not evaluated at this inspection.

#### Previous area for improvement 7

To assure that people receive the right information at the right time, the provider should ensure that staff are open, honest, and transparent in their timely communication with people receiving care or their representatives on admission to the home.

This should also include, but is not limited to, updating the provider admission correspondence to reflect the planned change of medical practice for the person being cared for.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions". (HSCS 2.11)

**This area for improvement was made on 12 July 2023.**

#### Action taken since then

Not assessed at this inspection.

#### Previous area for improvement 8

The manager should ensure that activities are organised and evaluated to show they improve physical and mental wellbeing for people. This would enshrine the right of people to take part in activities that are of interest and meaningful to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors". (HSCS 1.25)

**This area for improvement was made on 5 May 2023.**

#### Action taken since then

There was evidence to support this Area for Improvement has been met. **(see evaluation under "How good is our staff team"? of this report)**

#### Previous area for improvement 9

The manager should ensure that staff practice is directed by the information included in care plans, and that food and fluid intake charts are fully completed to inform the planning of care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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 5 May 2023.**

## Action taken since then

Not assessed at this inspection.

## Previous area for improvement 10

To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving "as required" medicines, medication administration records charts should include:

- a. the reasons for giving "as required" medication; and
- b. the outcome and whether the medication was effective.

This is to ensure that care and support is consistent with the 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 5 May 2023.**

## Action taken since then

As and when required medication (PRN) protocols were in place and clearly outlined when and why PRN medications should be given. Paper work was in place to record the effectiveness of PRN medication. This however was not consistently completed every time PRN medication had been administered.

**This Area for Improvement will remain in place and be assessed at the next inspection.**

## Previous area for improvement 11

The manager should review the information requested within anticipatory care plans to ensure they include detailed information regarding individuals' needs and wishes during the end stages of their lives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively". (HSCS 1.7)

**This area for improvement was made on 5 May 2023.**

## Action taken since then

Anticipatory plans in personal plans we viewed were in place. These contained sufficient information to guide staff in relation to a person's individual wants, needs and wishes at the end stage of life.

**This area for improvement has been met**

## Previous area for improvement 12

To ensure people live in an environment where security and fire safety are prioritised, the service should keep accurate records when people visit the service.

**This area for improvement was made on 22 July 2024.**

## Action taken since then

The service now has in place a visitor entry sign in process. All visitors to the home are required to record their name, time of entry to and departure from the home.



This area for improvement has been met

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

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

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