

Forth View Care Centre Care Home Service

6 Sea Road
Methil
Leven
KY8 3DE

Telephone: 01592 716 500

Type of inspection:
Unannounced

Completed on:
10 December 2024

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2011302958

About the service

Forth View Care Centre is a purpose-built care home registered to care for up to 45 older people. A maximum of 10 adults with physical and sensory impairment can be supported in Loch Head Unit.

The home is part of the Balhousie Care Group. The service is located in Methil and can be easily reached using local transport networks from nearby Leven and Kirkcaldy.

Accommodation is provided over two floors. The rooms consist of single ensuite bedrooms with wet room showers. Each floor has a number of seating areas and dining areas to allow residents to make choices about where to spend their time. Small kitchen areas in the lounges are accessible to residents, relatives and visitors to the service.

The garden to the rear of the building is secure and accessible from the dining room on the ground floor.

We carried out a full inspection between 10 and 23 October 2024. During the inspection we identified concerns regarding people's wellbeing, leadership and management, staff learning and competency, and care planning. We made nine requirements. We identified staff deployment as an area for improvement.

About the inspection

This was an unannounced inspection which took place on 10 December 2024 to follow up on the outstanding requirements and area for improvement from the previous inspection. The inspection was carried out by two 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 four people using the service;
- spoke with ten staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- The management team and staff had worked hard to meet the outstanding requirements.
- We were confident outcomes and experiences for people had improved since the last inspection.
- Quality assurance systems were much more effective in highlighting areas for improvement and making the necessary improvements.
- Further improvement was required to improve meaningful engagement for people.

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 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 the progress made in meeting the requirements relating to supporting people's wellbeing. Required necessary improvements had been made in relation to medication management, pain management, health and welfare, safety, and communication, which improved people's outcomes and experiences.

These requirements were met.

Progress was being made to meet the outstanding requirement relating to meaningful engagement but further improvement was required. This requirement was not met and we have agreed an extension until 14 March 2024.

We were confident the necessary improvements would be made. We re-evaluated the grade awarded for this key question. Please see the "outstanding requirements" section of this report for details of our findings.

How good is our leadership?

3 - Adequate

We evaluated the progress made in meeting the requirement relating to effective quality assurance. The required necessary improvements had been made which improved people's outcomes and experiences.

This requirement was met.

We re-evaluated the grade awarded for this key question. Please see the "outstanding requirements" section of this report for details of our findings.

How well is our care and support planned?

3 - Adequate

We evaluated the progress made in meeting the requirement relating to effective care planning. The required necessary improvements had been made which improved people's outcomes and experiences.

This requirement was met.

We re-evaluated the grade awarded for this key question. Please see the "outstanding requirements" section of this report for details of our findings.

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

Requirements

Requirement 1

By 30 November 2024, the provider must protect the health and welfare of those who use the service. In particular, the provider must ensure people experience safe, competent and effective support with medication. In order to achieve this, the provider must:

- a) ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine;
- b) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis';
- c) ensure safe storage of medication in locked and secured units;
- d) ensure that all staff administering medication are suitably trained and competent; and
- e) ensure that there is sufficient and effective oversight of medication management.

This is in order to comply with Regulations 3 and 4(1)(a), 4(1)(b) and 4(2)(b) 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:

'I experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This requirement was made on 28 October 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because:

- people did not always have access to their prescribed medication;
- a month supply of medication had been delivered and was being checked during the inspection. The medication was left unattended in an unlocked room. This put people at risk of harm;
- medication administration records were not completed appropriately and consistently;
- protocols to guide staff practice in administering medication on an "as required" basis needed improvement. People were prescribed medication to reduce the risk and impact of stress and distress. This medication was a form of restraint and must be administered as a last resort. The risk of drowsiness and falls can also increase. Non-pharmacological support strategies needed to be developed and implemented to maximise people's safety and outcomes.

During this inspection we heard the home had changed pharmacy and were receiving a better, more exclusive service. The deputy manager was now responsible for all medication ordering, and training relating to ordering and receiving medication was being rolled out to appropriate staff. The interim manager had

assumed responsibility for all medication audits. We saw evidence of action being taken to prevent occurrence when deficits were highlighted at the most recent audit.

A new process for receiving medication orders into the home had been implemented which meant it was taken straight to treatment room. The interim manager reported that there had been no incidents of non-adherence with this.

MAR (Medication Administration Record) charts were taken to the flash meetings which had been changed to daily. This ensured medication had been administered as prescribed and recording correctly. A system of peer checking was in place and the interim manager said she intends to introduce a spot checking system once she is confident staff are competent. All appropriate staff had completed their 3-yearly competency medication training, administration of controlled drugs refresher training, and completed reflective accounts on medication management. The interim manager had also carried out competency observations on all staff to ensure they were practicing safely.

As required medication protocols had been updated and improved. The samples we looked at contained enough information to inform staff of how to best meet people's needs.

We were confident that people were receiving the right medication at the right time.

This requirement was met.

Met - within timescales

Requirement 2

By 30 November 2024, the provider must protect the health and welfare of those who use the service. In particular, the provider must ensure that pain experienced by people receiving care is identified and addressed timeously. In order to achieve this, the provider must:

- a) ensure staff have the awareness, skills and knowledge to recognise the signs of symptoms of when people experience pain;
- b) develop, implement, and regularly review care plans that accurately reflect the possible causes of chronic and/or acute pain people receiving care may experience;
- c) develop, implement, and regularly review pain assessment tools to ensure pain is identified and addressed timeously; and
- d) ensure referrals to relevant health professionals are made appropriately and timeously.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 5(2)(b) 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:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This requirement was made on 28 October 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because where people experienced pain, this was not well managed. People who experienced chronic pain, were frail or had wounds, were assessed as requiring pain relief to be administered prior to support. However, this pain relief was not always provided which led to people experiencing unnecessary pain and discomfort. Referrals to health professionals were not always made either proactively or reactively. People did not have access to appropriate mobility equipment. One person had borrowed another person's walking aid, despite it being too low for them. This led to them also experiencing back ache.

During this inspection we saw 20 staff had undertaken face-to-face pain management training with one of the organisation's trainers. The interim manager said this was being rolled out to all staff. Reflective accounts were completed to support competency.

Everyone had a pain risk assessment completed, and where pain was identified as an ongoing issue, a care plan was in place to support pain management. We saw pain assessment tools in use and being reviewed four hourly in accordance with the care plan. This helped to ensure people's pain was being managed proactively. The interim manager said the next step was to improve wound care plans focussing on pain management.

We saw evidence of referrals to other healthcare professionals when further input was required, for example occupational therapist, physiotherapist and mental health team. This ensured people were accessing the right healthcare for them.

We were confident people's pain was being recognised and managed effectively. This requirement was met.

Met - within timescales

Requirement 3

By 30 November 2024, the provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure the care and support provided addresses people's assessed needs. In order to achieve this, the provider must ensure:

- a) appropriate and timeous referrals are made to relevant health professionals;
- b) appropriate health care protocols are provided and reviewed on a regular basis by relevant health professionals; and
- c) staff follow protocols to reduce the risk of harm to people.

This is in order to comply with with Regulation 3 and Regulation 4(1)(a), 4 (1)(b) and 4(2)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:

'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13).

This requirement was made on 28 October 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because although some protocols were in place to monitor and address the risks of constipation, this was inconsistent and they were not always followed. For example, whilst some people were physically able to go to the toilet independently, they no longer recognised the risks and potential consequences of constipation. Staff needed to identify where people require support to reduce the critical risks of constipation.

During this inspection we saw people's care plans relating to bowel management had been updated and contained enough information to guide staff. Risks to individual people had been identified and care plans highlighted the support required to mitigate the risk of harm.

As stated in requirement (2) we saw evidence of referrals to other healthcare professionals when further input was required,. This ensured people were accessing the right healthcare for them.

This requirement was met.

Met - within timescales

Requirement 4

By 30 November 2024, the provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure staff have appropriate knowledge and understanding of adults with incapacity legislation and their responsibilities in complying with legislation. In order to achieve this, the provider must:

- a) provide appropriate training, guidance and support for staff;
- b) assess staff's knowledge, understanding and competency;
- c) ensure people's care and support complies with legislation; and
- d) ensure staff have access to and comply with the Mental Welfare Commission guidance "Rights, Risks and Limits to Freedom". This is to ensure people are not subject to unnecessary or unlawful restraint or restrictions.

This is in order to comply with Regulation 3 and Regulation 4(1)(a), 4(1)(b), 4(1)(c) and 4(2) 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:

'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6).

This requirement was made on 28 October 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because staff should have appropriate knowledge and understanding of adults with incapacity legislation. Staff lacked an understanding of their responsibilities including ensuring people had access to emergency health care and treatment and ensuring people's representatives had the powers to consent to medical treatment on their behalf.

During this inspection we saw 8 staff had undertaken AWI (Adults With Incapacity) and POA (Power Of Attorney) training. The interim manager said this would be rolled out to all staff. 11 staff had undertaken restrictive practice and this was also planned to be rolled out to all staff. Reflective accounts had been completed by staff following the training to ensure they understood what had been taught. Staff spoken with verified coaching and mentoring discussions relating to restrictive practice had taken place.

We saw the interim manager had developed a spreadsheet of all POAs and the powers held within them to identify what decisions could be made on people's behalf. Copies of individual orders had been placed in people's care plans to keep staff informed and aid decision making. She had also completed a risk assessment audit focussing on restraint and compiled a risk register and equipment register. These measures reduced the risk of people being harmed or having their human rights breached.

We saw evidence of improvements as a result of the developments. For example, during the last inspection someone had a stairgate on their bedroom door with no record of it being assessed and agreed by the relevant people. Other professionals had since been involved and appropriate signed documentation was in place. This ensured it was in the best interest of the person. We were confident risks were being effectively assessed and mitigated to maximise people's safety.

This requirement was met.

Met - within timescales

Requirement 5

By 30 November 2024, the provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure people are able to communicate their wishes, choices and needs. In order to achieve this, the provider must ensure:

- a) people's specific communication abilities and needs are identified and assessed;
- b) person-centred tools and strategies are developed to enable people to express their wishes, choices and needs. These must be regularly reviewed to ensure care and support continues to reflect people's needs and abilities;
- c) referrals are made to relevant health professionals as appropriate; and
- d) staff undertake appropriate training to enable effective and person-centred communication with people.

This is in order to comply with Regulation 3 and Regulation 4(1)(a), 4(1)(b) and 4(2) 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:

'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.' (HSCS 2.8).

This requirement was made on 28 October 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because some people were unable to eat due to oral health concerns. However this was not identified or addressed. Whilst people required support to communicate their wishes and needs, there was little information or guidance to inform

staff's practice. People should be referred to the speech and language therapy service as appropriate to ensure they receive person-centred assessment and support.

During this inspection we saw everyone had a completed communication risk assessment in place identifying how people make their needs known. An element of people's care review was 'resident of the day'; a holistic assessment of the person's care and support needs. During the last inspection there was little evidence of this involving the person being reviewed, or their outcomes and experiences being improved. New documents had been added to the care plans which addressed this as they were inclusive and promoted conversation. The interim manager was discussing the importance of this with staff during supervision. She was also an ambassador for 'what matters to me', which puts the individual at the heart of decisions around their health and care, and allows the time and space to share what is important within the wider context of their life. She said she intended to roll this out to all staff and embed the ethos into the culture of the home.

Dignity in care training was being delivered to all staff which now encompassed a section on communication. We saw evidence of referrals to other healthcare professionals when further input was required. We also saw evidence of requests for purchase orders for external training specific to people's needs for example, talking mats and Makaton.

This requirement was met.

Met - within timescales

Requirement 6

By 30 November 2024, the provider must safeguard and promote people's physical, emotional and psychological health by ensuring people spend their time in ways that are meaningful for them. In order to achieve this, the provider must:

- a) ensure people's wishes, interests and previous life history are discussed and documented;
- b) use this information to identify and provide opportunities for people to spend their time in ways that are meaningful and purposeful to them;
- c) keep accurate and evaluative records of the impact and outcomes of the support provided;
- d) provide appropriate training, guidance and support for all staff ensuring they understand the importance of meaningful and purposeful engagement; and
- e) ensure staffing levels are sufficient to provide appropriate, person-centred support for people.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with 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 requirement was made on 28 October 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because people were not supported to spend their time in ways that were meaningful and purposeful for them. This put people at risk of social, emotional and psychological harm. Appropriate social engagement is vital in maintaining people's health, welfare and safety. However, people did not receive the support they required for a number of reasons including inaccurate assessment of people's needs and staff shortages. There was also a lack of person-centred information about what was meaningful and purposeful for people.

During this inspection we saw improved consultation and records which supported people to be involved in activities which were meaningful to them. This meant activities could be planned and delivered in a way which respected each person's interests and preferences.

People we spoke with were positive about the work of the activity coordinator. One person told us; "She tries very hard to include me in activities".

We heard recruitment for one full-time activity post was ongoing. This meant there was only one full-time activity co-ordinator currently working in the home. Whilst it was the expectation that care staff would support activities, we heard that staff did not always find there was time to do this. This meant people's experiences could be compromised, particularly when the activity coordinator was not available or for people who did not enjoy group events.

The current tool used to decide staffing levels did not include information about people's support needs in relation to meaningful activity. We suggested to the interim manager that the dependency tool should be supported by a clear narrative of how additional intelligence has been considered when deciding staffing levels. This could include information such as environmental issues, activities, key team vacancies and intelligence from significant event analysis such as incident and accidents.

It is important that staff are clear about key responsibilities during each shift. Although a staff allocations sheet was in use within the home, it was limited to which area of the home staff would be working in. We suggested the allocation of staff be more directed to areas such as activities to support improved experiences for people.

We felt focused learning on the importance of meaningful activity should be prioritised within the team training plan. This would support improved outcomes with all staff aware of the importance of people having consistent and regular opportunities for activity meaningful to them.

Whilst we recognised the progress made and commitment to further improve in this area, opportunities for people to take part in group or individual activities were reduced because of the barriers described above.

This requirement was not met and we have agreed an extension until 14 March 2024.

Not met

Requirement 7

By 30 November 2024, you must ensure that service users experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement, underpinned by transparent quality assurance processes. In particular, the provider must:

a) ensure that assessment of the service's performance is undertaken through effective audits. Where the

audits identify areas for improvement, the improvements to be made must be detailed in an action plan which specifies the actions to be taken, the timescale within which the action is to be taken, the person or persons responsible for making the improvements, and the expected outcome of the improvement; and b) ensure people or their representatives have regular opportunities to provide feedback about their service and identify and plan improvements.

This is in order to comply with Regulation 3 and Regulation 4(1)(a) 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:

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

This requirement was made on 28 October 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because a comprehensive range of audits and checks were carried out on a regular basis. This included medication audits, wound care audits, care plan audits and dining experience audits. Areas for improvement were identified by staff carrying out audits but there was no evidence that these were addressed. Despite the volume of audits completed, there was no evidence of resulting improvements to people's outcomes or experiences.

During this inspection we had confidence that organisational assurance systems were effective in driving improvement. The interim manager made use of focused action plans where appropriate, which detailed improvement areas identified through a range of focused audits. Improved communication with key members of the team meant staff were fully aware of the changes they were expected to make to drive change. This supported improvements to be sustained by a staff team who were clear about their future expectations. We were fully assured the interim manager was skilled in carrying out effective auditing and using the results to drive meaningful change.

Staff confirmed improved systems and procedures had been developed which provided clarity of expectation and ensured management oversight. Staff had confidence that the risk of oversights had been reduced, and people were safer because of this.

Following our last inspection, several key learning events had been provided for staff. To support quality improvement, staff were required to reflect on each learning event. This made sure that staff had the right understanding and competency to drive and sustain change.

We saw evidence of consultation with people residing in the home effect change, for example in the new menus. We heard some planned consultation events including a relative's meeting had been unavoidably cancelled due to a recent outbreak. However, we had confidence leaders recognised the need to ensure feedback from people remained central to assuring quality. Plans to repeat quality questionnaires and hold regular, planned meetings were in place.

This requirement was met.

Met - within timescales

Requirement 8

By 30 November 2024, the provider must protect the health, welfare and safety of people using the service. In particular, the provider must ensure staffing levels are appropriate to meet the full range of people's needs. In order to achieve this, the provider must:

- a) ensure assessments of people's needs accurately, reflect their current needs, wishes and abilities and are reviewed on a regular basis;
- b) ensure the number of staff providing care and support reflects people's assessed needs; and
- c) carry out a training needs analysis on a regular basis to ensure staff undertake training to meet the full range of people's care and support needs.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b) and 4(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and part 3, (1), (a),(b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

This requirement was made on 28 October 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we found people's needs were not accurately assessed. For example, people were assessed as not requiring social, emotional or psychological support. On discussing the assessments with staff, it was apparent that people had significant needs that were not being addressed. The assessments had a direct impact on staffing levels in the home and put people at risk of physical, emotional and psychological harm.

During this inspection we found tools used to identify staffing levels were kept up to date by the interim management with changes reflected quickly. We saw the home was being staffed with more hours than the dependency tool indicated was required. However, we highlighted that the dependency tool being used did not take into consideration people's needs in relation to meaningful activity. Moving forward, the considerations highlighted within requirement (6) should be addressed to ensure staffing levels support consistently good experiences in relation to meaningful activity.

Staff we spoke with confirmed levels had improved since our last inspection. Although there were times or periods in the day which could feel busy, staff told us this was manageable. People we spoke with mostly felt staff were available to them when needed. However, one person told us they tried to avoid using their buzzer during busy periods such as mealtimes. This should be monitored through quality procedures such as focused observations during busier periods.

Throughout our visit we found staff were very visible in all parts of the home. People were well-presented and buzzers were answered quickly. This gave us reassurance that staffing levels were providing people with responsive care.

Following our last inspection, several key learning events had been provided for staff. To support quality improvement, staff were required to reflect on each learning event. We recognised the provider's commitment to ensuring all staff had access to these learning opportunities. We suggested that a detailed training plan with clear timescales for completion could be helpful in achieving full staff completion.

This requirement was met.

Met - within timescales

Requirement 9

By 30 November 2024, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that all care plans:

- a) evidence that people and/or their representatives were involved in developing and reviewing the plans;
- b) are offered to people in a format that is accessible for them;
- c) provide appropriate information and guidance for staff so people receive safe, consistent and effective care and support;
- d) are evaluated to ensure people's support is person-centred, effective and meets their assessed needs; and
- d) identify and address risks to people promoting people's independence, rights and outcomes through opportunities to take positive, life enhancing risks.

This is in order to comply with Regulations 3, 4(1)(a)(b)(c), 5(1), 5(2)(a) and 5(2)(b) of The Social Care and Social Work (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 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 requirement was made on 28 October 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because risks to people, such as constipation and stress and distress, were not identified or effectively mitigated. People were not supported to take positive, life-enhancing risks and this compromised their outcomes and experiences. The impact and effectiveness of care and support plans were not evaluated to consider what aspects of care plans worked or did not work. People or their representatives were not included or consulted regarding reviews. Therefore, we were not confident that care plans identified or addressed people's wishes, choices or needs.

During this inspection we noticed a vast improvement in the quality of the care plans. New documents 'all about me' and 'this is me' had been added to the care plans which commanded the involvement of the person or someone on their behalf during care plan reviews. Staff told us the interim manager had taught them well and given them a better understanding of effective care planning. She was also discussing the importance of this with staff during supervision. Risk assessment audits had been carried out and identified areas for improvement which had been addressed. One staff member was undertaking 'train the trainer' training in the electronic care planning system to enable them to educate new and current staff.

Care plans we sampled provided appropriate information and guidance for staff so they could deliver safe, consistent and effective care and support. We saw effective assessment and evaluation and we were

confident people were getting the right care and support for them. People had been offered a copy of the care plan in either paper or e-form format which some people accepted.

This requirement was met.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should deploy staff in a manner that ensures people receive safe, consistent and effective care and support. This should also enable effective monitoring to reduce risks to people's health, welfare and safety.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18).

This area for improvement was made on 28 October 2024.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because staff allocation records recorded the staff working in each of the units in the home. However, there were no records of how staff were deployed in each unit. This needed to improve to ensure staff were aware of their responsibilities on shift including which people they were allocated to support during their shift, monitoring arrangements to reduce the risk of falls, and support people who may experience stress and distress.

During this inspection we saw that management determined deployment daily considering staff's skills mix and people's needs. However, the allocations sheet was not being used as effectively as it could be and additional roles such as activities were not included. We discussed how this would support clear lines of responsibility and improve outcomes for people. The management team were receptive to this and introduced an alternative allocation system during the inspection.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	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 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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