

# Cameron House (Care Home) Care Home Service

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Inverness  
IV2 4YG

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 December 2024

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003008463

## About the service

Cameron House (Care Home) is a care home for older people situated in a residential area of Inverness. It is a purpose built care home situated in a quiet residential area approximately two miles from the centre of Inverness. The two storey building is situated in extensive, well-maintained grounds. The service provides residential care for up to 30 people.

The service was registered with the Care Inspectorate on 1 April 2011. The provider is Church of Scotland trading as Crossreach Care Home service. At the time of the inspection there were 28 people living in the care home.

The accommodation comprises of 30 single bedrooms, all with en-suite toilet and wash hand basin. There are several communal seating areas; a main sitting room, TV lounge and a quiet sitting room that residents can use to meet with visitors. There is also a dining room and other seating areas near the entrance of the building. Upstairs there is a seating area and a small kitchen where tea and coffee can be made. Access to the first floor is via a stairway and there is a lift which is suitable for use by people with disabilities.

There is an open courtyard and extensive grounds, with a seating area at the front, a summerhouse and a greenhouse. The grounds are enclosed and allow people using the service to access the gardens in comparative safety.

The aims of the service included:

- to provide a happy and caring environment; enabling residents to live as independently as possible;
- to provide residents with individually designed care plans to meet their needs, being always mindful of their rights and choices.
- to positively encourage open and good relationships with relatives, advocates, professional agencies and other professionals in the wider community.

## About the inspection

This was an unannounced follow up inspection which took place between 3 and 4 December 2024. 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 eight people using the service.
- Spoke with three family members.
- Spoke with staff, including the management team, carers, agency staff and ancillary staff.
- Observed practice and daily life.
- Reviewed documents.

**Key messages**

- Key areas of practice such as supporting people with stress and distress and safeguarding had improved significantly.
- The service had taken action to improve staffing levels and skill mix which meant staff were available to respond to people.
- People were benefiting from more involvement in meaningful activities although opportunities for new experiences should continue to be explored.
- Responsive action had been taken to ensure people's health and wellbeing benefited from access to drinks and improve people's meal time experience.
- Improvement was noted in most required areas made during the previous inspection.

**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

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

At this follow up inspection, we found the management team had made effective improvements in this key question. In recognition of this we have confirmed a review of our evaluation from weak to adequate. However, there were areas of performance which needed to improve.

Good progress had been made to improve people's meal time experience. At this inspection we found meal times were better organised. The dining tables were attractively set and provided good colour contrast to aid independence. People who required textured modified foods were offered choice and presentation of their food had improved.

Staff had received a significant amount of training in supporting people to eat well and at their own pace in a sensitive manner. A table had been set up in the quiet lounge to support socialisation for people who do not require support at mealtimes.

Meals were nutritionally balanced as assessed by a dietician, and fortified with for those who required this. Monthly audits showed residents' weights had increased and risk of malnourishment had reduced significantly.

The management team should review the times of meals so that meals and snacks were well spaced throughout the day. This would enable people to enjoy their mid-morning/mid-afternoon refreshments without impacting their appetite for lunch or dinner.

In July and August, we were concerned about the lack of opportunity for meaningful activity, and interaction with staff was limited. At this inspection, we saw that good progress had been made in this area due to increased staffing within the service. We observed a number of people chatting and laughing over an afternoon tea in the upstairs open area; playing board games with care staff in the dining room; and enjoying a facial from a visiting beautician. People who previously remained in their rooms, were engaging more regularly with staff which was beneficial to their mental health. However, we did not see any details about the activities people enjoyed in their care plans, or detailed risk assessments in relation to activities, or discussion about these in review documents. At the last inspection we made an area for improvement in relation to activities. Although we saw good improvements in this area, not all of the area for improvement had been met. We have amended this to reflect progress and address the outstanding aspects. **(See area for improvement 1).**

People experiencing stress and distress were supported in a calm and sensitive way. Staff had benefitted from stress and distress training which provided greater insight and understanding of people's trauma. This, and the increase in staffing has significantly reduced distressed reactions.

Medication audits were completed regularly, and action points raised to address any issues identified. The service has started to use a pain assessment tool to guide them if as required pain medication was needed. However, we did not see an evaluation on how or if the pain relief was effective in reducing symptoms. **(See area for improvement 2).**

## Areas for improvement

1.

To support the health safety and wellbeing , and promote positive outcomes for people who use the service, the provider should ensure:

- a) Care and support plans include support for people with social and recreational activities in accordance with their wishes, preferences and known hobbies and interests
- b) Individual activities plans should be evaluated, and reviewed with people, or their representatives, on a regular basis to ensure they remain relevant for each person.
- c) Detailed risk assessments are completed for the activities people engage with. This should include but is not limited to the recreational, social, and cultural activities for each person and group outings.
- e) Risk assessments are reviewed and updated regularly with the person and their representative to ensure control measures remain effective

**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).**

**'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27).**

2. To support positive outcomes for people who use the service, the provider should ensure:

- a) There are written protocols for all as required medication.
- b) Completed pain assessment forms should continue to be kept in the Kardex so they are easily accessible and provide a record for agency staff.
- c) Add an area in the form for an evaluation.
- d) Ensure residents' notes are updated following administration of pain relief.

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

**'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).**

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

## How good is our leadership?

### 3 - Adequate

We found the management team had made effective improvements in this key question. In recognition of this we have confirmed a review of our evaluation from weak to adequate. This meant we saw some strengths emerging which led to positive outcomes for people, but the service must build on these while addressing those elements that are not contributing to positive experiences and outcomes for people

At this inspection, we saw clear leadership in the home. A new deputy manager had been appointed to support the manager and there were two senior carers working back to back. This had a very good effect and staff were responding well to the clear direction provided.

We saw appropriate mentoring and coaching, and effective deployment of staff to support residents with

activities. This demonstrated a very clear understanding of staff capacity, skills and operational overview of the home and the needs of residents.

We sampled a number of audits that had been completed since the last inspection. Audits were completed well with issues identified and actions for improvement recorded on the service improvement plan. Changes had been assessed to check if they were achieving the improvement needed, for example, appointing a coordinator to manage mealtimes had resulted in a smoother and quicker delivery of meals to tables. This meant that people got their meal in a timely manner, and staff were spending time with residents in conversations.

We found there had been no change in the on-call situation. This meant that the managers were covering out of hours and weekends every other week. This has a negative impact on the wellbeing of managers and potentially could lead to managers becoming exhausted. We understand that the on-call arrangements are currently under review to take account of the safer staffing legislation. **(See area for improvement 1).**

## Areas for improvement

1. To support positive outcomes for people who use the service, the provider should ensure there are appropriate arrangements for on-call support for staff in the event of unexpected or unpredictable issues that arise out of hours.

This should include:

- a) Clear guidance for staff about when on-call should be contacted.
- b) An on-call rota detailing who is providing management cover at any given time and their contact details.
- c) On-call arrangements should take account of section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA); as it impacts the wellbeing of staff.

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

**'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.'** (HSCS 4.14)

**'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 saw important improvements in this key question. In recognition of this we have confirmed a review of our evaluation from weak to adequate. This meant we saw some strengths emerging which led to positive outcomes for people, but the service must continue to support the development of a skilled effective team, including relief and bank workers.

We saw that staffing levels were much improved since the last inspection. The service continued to experience recruitment challenges, however, they used regular agency staff to supplement their own staff team. Agency staff confirmed they do regular shifts in the home and observations of their practice reflected the majority knew the residents and their likes and dislikes well. This helps maintain consistency for residents and builds good working relationships so they work well together. Cameron House staff confirmed staffing was better and more consistent, with support from regular agency staff although there can still be

unplanned absences.

Staffing levels were calculated using the Indicator of Relative Need (IoRN) to assess physical and clinical needs of residents. However, the manager confirmed that they staff to a higher level to take account of residents' social, emotional and psychological needs. There is a dedicated activities coordinator to support meaningful activity, and we have seen that care staff also engage residents in different activities to support their engagement.

Staff had benefitted from stress and distress training. They told us the training had provided them with much greater insight into people's experiences. We saw an improved level of engagement from all staff and a significant reduction in distressed reactions. This means that staff are focused much more on meeting the needs of residents.

Staff were deployed specifically to oversee mealtimes and ensure staff are supporting residents appropriately at meal times. This means that people can enjoy their meals at a relaxed pace and are supported to eat at their own pace.

The manager had introduced short focused meetings in the mornings and afternoons. These were attended by most staff and provides a forum for staff to communicate effectively across the team. This enables managers to have oversight of where all staff are deployed and how the daily routine is working so residents' needs are well supported.

## How good is our setting?

### 3 - Adequate

We saw improvements in this key question. In recognition of this we have confirmed a review of our evaluation from weak to adequate.

The home looked clean and smelled fresh. Windows were open for fresh air. There was a good level of housekeeping staff on duty and they advised they have sufficient time to complete all cleaning tasks. Cleaning records were completed well and were up to date.

We saw that recommendations from the recent Health Protection team visit were in the process of being actioned. For example, the wooden table in the laundry requires to be wipeable. This is recorded in the handyman's repair and maintenance book as pending.

We saw that the issues identified in the last inspection report had been addressed. For example, the damaged sink corner had been repaired, the ceiling in the dining area had been repaired, the flooring in the dining area had been sanded down, work on the heating system was underway, and windows had been replaced.

The outstanding repairs to the driveway were not yet completed but the manager had received confirmation that work will begin on this before Christmas.

## 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 ensure that people's health and wellbeing is promoted and people have sufficient nutrition to meet their needs.

In order to achieve this, they need to ensure, but not limited to:

- a) People have their nutritional needs assessed by competent professionals.
- b) Where people experience significant unplanned weight loss, referrals should be made to dietetic services for assessment and support.
- c) Develop nutritional care plans that detail how nutritional needs will be met, including how meals will be fortified and this information is shared with catering staff.
- d) Ensure there are calorie dense foods and snacks available and accessible at all times
- e) All staff have training in promoting nutrition and hydration, including texturised modified diets and how to assist people to eat.
- f) Meals are presented in an appealing way, including use of colours to help differentiate between foods, and support people to make informed choices about their meals.
- g) That there are robust systems to quality assure the care being delivered to service users to ensure that their nutrition and hydration needs are being met at all times.

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

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

**'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37); and 'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13).**

**This requirement was made on 13 September 2024.**

#### Action taken on previous requirement

Good progress had been made to improve people's nutritional intake and meal time experiences. Staff had received a significant amount of training in nutrition and hydration; and supporting people sensitively to eat well.

Meals were nutritionally balanced as assessed by dietician, and fortified with for those who required this. Monthly audits showed residents' weights had increased and risk of malnourishment had reduced significantly.



**Met - within timescales****Requirement 2**

By 30 October 2024, the provider must ensure safe management and administration of medication.

In order to achieve this they must ensure but is not limited to:

- a) Protocols for as required medication are developed to include details of when and why medication is to be administered.
- b) As required pain relief must be informed by a pain assessment.
- c) The efficacy of pain relief medication is evaluated and any follow up action taken is recorded.
- d) Medication audits are completed accurately, clearly identify errors and detail actions taken to reduce risk of recurrence.

**This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 (Principles) and 4(1)(a) (Welfare of users)**

**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).**

**'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 13 September 2024.**

**Action taken on previous requirement**

Medication audits were completed regularly, and action points raised to address any issues identified. The service has started to use a pain assessment tool to guide them if as required pain medication was needed. However, we did not see an evaluation on how or if the pain relief was effective in reducing symptoms. We were satisfied that the requirement had been met, but we have made an area for improvement about evaluating the efficacy of pain relief.

**See area for improvement 2 under key question 1.**

**Met - within timescales****Requirement 3**

By 30 November 2024, the provider must ensure that there is effective governance at service level to; monitor and manage quality of care, oversee and provide guidance to management and staff, and effectively identify and drive improvements in the service.

In order to achieve this they need to ensure, but not limited to:

- a) Develop a formal policy and procedure for on call for all staff and also to support the high use of agency staff.

- b) There are systematic and effective quality management and quality assurance systems in place to drive improvement in the care service.
- c) That, where improvements are identified, these are taken forward as a matter of urgency to address potential impacts on people's experiences.
- d) That staff are led, directed and supported by suitably qualified, skilled, and compassionate leaders on each shift.

**This is in order to comply with the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) S7(1) - Duty on care service providers to ensure appropriate staffing.**

**This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 3 (Principles) and Regulation 4(1)(a) (Welfare of users).**

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

**'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14).**

**'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 13 September 2024.**

### **Action taken on previous requirement**

There was clear leadership in the home. A new deputy manager had been appointed to support the manager and there were two senior carers working back to back. This had a very good effect and staff were responding well to the clear direction provided.

Audits were completed well with issues identified and actions for improvement recorded on the service improvement plan. Changes had been assessed to check if they were achieving the improvement needed. However, there was no change in the on-call arrangements. We were satisfied that the requirement had been met, but we have made an area for improvement about reviewing the on-call arrangements.

**See area for improvement 1 under key question 2.**

### **Met - within timescales**

#### **Requirement 4**

By 30 October 2024, the provider must ensure that people are supported at all times by sufficient numbers of suitably skilled staff to meet their health, safety and wellbeing needs. This must include, but is not limited to, ensuring people's emotional wellbeing needs are met, particularly people who experience stress and distress.

In particular you must ensure that;

- a) Staffing levels and skill mix are informed by an effective process for assessing each service user's care and support needs and how many staff hours are needed to meet service users' needs, including when there is a significant change in those needs.

- b) There are enough suitably qualified, knowledgeable and skilled staff on shift at all times to meet service users' care and wellbeing needs as well as their preferences, at all times.
- c) That staff are conversant with service users' needs and are deployed effectively throughout the care service according to their skill set.
- d) That staff have the right knowledge, competence and skills to safely care and support service users. This includes but is not limited to; moving and assisting, First Aid, nutrition and hydration, and managing stress and distress.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) (Welfare of users) and sections 7 and 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

This is to ensure care and support are 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);

'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 requirement was made on 13 September 2024.

#### Action taken on previous requirement

Staffing levels were much improved since the last inspection. The service continued to experience recruitment challenges, however, they used regular agency staff to supplement their own staff team.

Staffing levels were calculated using the Indicator of Relative Need (IoRN) to assess physical and clinical needs of residents. However, the manager confirmed that they staff to a higher level to take account of residents' social, emotional and psychological needs.

As a result, residents' needs were being met more consistently. Stress and distress was much reduced, and there was a greater level of engagement with staff which had a positive impact on residents' mental and physical health.

#### Met - within timescales

#### Requirement 5

By 30 November 2024, the provider must ensure that people's health, welfare and safety are promoted and protected. The provider must ensure that repairs and maintenance that have the potential to affect people's safety are actioned and completed as a priority.

This must include but is not limited to:

- a) Ensure infection prevention and control is effective, monitored and evaluated to ensure best practice.
- b) Damaged fixtures and fittings that have potential to harbour bacteria and germs are repaired or replaced as a priority.
- c) Any internal and external maintenance and repairs having the potential to cause harm to residents are actioned as a priority.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements

for Care Services) Regulations 2011 (SSI 2011/210). Regulation 10 (Fitness of premises) and Regulation 4(1)(a) (Welfare of users).

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 5.24).

This requirement was made on 13 September 2024.

### Action taken on previous requirement

We saw that the issues identified in the last inspection report had been addressed and there were arrangements to complete the outstanding repairs before Christmas.

### Met - within timescales

#### Requirement 6

By 30 November 2024 the provider must ensure that service users experience safe and compassionate care and treatment that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with nutrition, falls, stress and distress, and moving safely.

In particular, but not exclusively, you must ensure that:

- a) Service users' assessments, care plans and any relevant supporting documents set out service users' health, safety and wellbeing needs and preferences and detail how they should be met, including when there is a significant change to those needs.
- b) Staff responsible for clinical oversight have the necessary skills and knowledge to assess service users' health, safety and wellbeing needs, including when there is a significant change in those needs.
- c) Staff at all levels must take appropriate actions as are necessary to ensure that service users consistently experience safe and compassionate care, ensuring service users receive assistance that meets their care needs and preferences at all times.
- d) Managers, nursing and care staff understand and fulfil their roles and responsibilities in relation to promptly identifying, reporting and responding when there are changes in service users' health, wellbeing or safety needs, including when service users may be unhappy or at risk of harm.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210); Regulation 4(1)(a); and Regulation 4(2) (Welfare of users); Regulation 5(1); and Regulation 5(2)(b)(ii) (Personal plans).

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).

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

This requirement was made on 13 September 2024.

### Action taken on previous requirement

We found little change to the care planning system. Care plans were not well organised or up to date, and it was difficult to locate information. Care plans contained basic information which was often repetitive and lacked detail that would ensure care and support was provided in accordance with people's needs, wishes and preferences.

The requirement is Not Met.

We have extended the timescale to meet this requirement until 14 February 2025.

### Not met

## 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 the health safety and wellbeing of people, the provider should ensure:

- a) There are always sufficient staff available to support people to achieve their outcomes, through regular participation in activities and being supported to maintain their preferred routines and interests.
- b) Opportunities for meaningful indoor and outdoor activities are maintained and links with the local community promoted.
- c) Activities and interests, as identified in people's support plans, are evaluated, and reviewed with people, or their representatives, on a regular basis to ensure they remain relevant for each person.
- d) Detailed risk assessments are completed for people. This included but is not limited to the recreational, social, and cultural activities for each person and group outings.
- e) Risks are reviewed and updated regularly with the person and their representative to ensure control measures remain effective.

**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 13 September 2024.**

#### Action taken since then

Cameron House had a dedicated activities coordinator who is skilled at organising and engaging people in a range of different activities. We saw a planned programme of activities covering December and the Christmas period. This included visits out to Simpson's to see the Christmas displays and shopping trips for Christmas presents.

Improved staffing meant that staff were engaging people in conversations and leading different activities in the dining room. Examples included board games and reminiscence, singing and dancing (staff), and exercise with a soft ball.

However, activities care plans had not been developed and we did not see risk assessments in relation to activities or discussion about activities in review documents.

We have amended the area for improvement to reflect progress to date and to address the outstanding aspects.

**See Area for Improvement 1 under key question 1.**

## Previous area for improvement 2

To support safe handling of people's monies and ensure their welfare is promoted and protected, the provider should review their system for managing people's monies.

At a minimum they should but is not limited to ensuring:

- a) Residents' personal monies and valuables are stored securely in individual sealed wallets.
- b) Two members of staff are present and sign receipts for cash withdrawals, deposits and reconciliations.
- c) Discrepancies in cash balances are reported to the manager.
- d) Suspected theft must be reported to appropriate agencies including the Care Inspectorate.
- e) Staff adhere to Crossreach's policy on managing people's finances.

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

**'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20).**

**'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded'. (HSCS 2.5).**

**This area for improvement was made on 13 September 2024.**

### Action taken since then

The organisation does not manage monies for any of the residents. All residents have either POAs or Guardianships in place.

Every resident has a see through wallet with their spending cash which is held securely in a locked cupboard. Access to the keys said to be limited to seniors and management.

We saw that transactions for cash into and out of people's wallets were recorded and signed by staff. We sampled a number of financial records for people and found these to match the records and receipts obtained. All balances were accurate. Receipts for goods bought were retained and numbered appropriately.

The area for improvement is **Met**

### Previous area for improvement 3

The provider should ensure that staff are consistently supported in their role. In order to achieve this, they should ensure that they implement a formal process of professional support, reflection and learning for staff that contributes to their professional development.

In order to achieve this, the provider should ensure:

- a) Competency assessments accurately reflect the skills, knowledge and practice demonstrated and identifies any gaps in staff practice.
- b) Develop individual training needs analysis for each member of the care team based on the outcomes from competency assessments.
- c) Training needs analysis informs meaningful annual training plans for the service.
- d) The impact of training on staff is evaluated to support their professional development.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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).**

**'I use a service and organisation that are well led and managed'. (HSCS 4.23).**

**This area for improvement was made on 13 September 2024.**

#### Action taken since then

We observed good evidence of staff support on the floor with the depute observing practice, mentoring and coaching staff with moving and assistance.

Staff completed reflective accounts following training events which showed how the training had impacted their thinking and influenced their practice going forward.

Competency assessments we sampled had been completed well. Good practice had been identified as well as where different approaches could have improved outcomes for people. Feedback had been discussed with the staff involved. Staff we spoke with said they found training, supervision discussions and the flash meetings supportive and helped support good teamwork.

The area for improvement is **Met**.

### Previous area for improvement 4

To support people's health and wellbeing, the provider should improve how they communicate concerns about people's health and wellbeing, in particular when someone is isolating due to an infectious illness.

**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 care and support because people have the necessary information and resources' (HSCS 4.27).**

**This area for improvement was made on 13 September 2024.**

## Action taken since then

Since the last inspection, we have received regular notifications about accidents, incidents and other issues appropriately. Notifications regarding protection issues have a copy of the referral attached for information.

We were satisfied that the area for improvement is **Met**.

However, the provider should ensure that senior staff have access to the Eform system and can submit notifications to the Care Inspectorate so there is no delay in making the notification within the required 24 hour timeframe.

## 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).



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

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