

Goldielea Care Home Care Home Service

Dalbeattie Road
Dumfries
DG2 7PE

Telephone: 01387 730 471

Type of inspection:
Unannounced

Completed on:
11 September 2024

Service provided by:
Goldielea Care Home Limited

Service provider number:
SP2012011762

Service no:
CS2012306097

About the service

Goldielea Care Home is registered to provide care and support to 47 older people. The service provider is Goldielea Care Home Limited which is part of Advinia Healthcare Ltd.

The care home is a large period property near Dumfries situated in countryside. Accommodation is provided between two units, known as "the main house" and "Woodlea". The main house has communal areas located on the ground floor comprising of two sitting rooms, dining area, conservatory, and access to an outdoor seating area.

Accommodation on the first and upper floors was not in use and refurbishment plans were in progress. All bedrooms have en-suite toilet and wash basin. There are shared bathroom facilities on each floor. The small unit (Woodlea) has accommodation for 12 older people and is quieter than the main house. This small unit has its own living, dining room and access to a courtyard sitting area.

There are car parking spaces at the front of the building. During the inspection 33 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 10 and 11 September 2024. 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 10 people using the service who were able to give their opinion and four relatives.
- Received ten completed questionnaires (this includes all types)
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with one visiting professional.

Key messages

- Staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- People's wellbeing should benefit from regular activity and social opportunities.
- The service should improve daily record keeping.
- The service should continue to make improvements to the environment.
- Six areas for improvement had been met since the last inspection.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

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

To ensure that the health and wellbeing needs of residents were met, regular assessments were carried out and risk assessments completed. Where specific health needs were identified relevant external professionals were involved, for example District Nurses, Speech and Language Therapists and the Dietetics Team.

Residents and families told us that they had been involved in care planning and they were happy with the care provided. Staff knew people well and their interactions were kind and considerate.

We observed the mealtime experience. The dining room was pleasant, and the tables nicely presented. Most residents appeared to enjoy their food. However, there was a delay in serving lunch and residents were seated in the dining room for half an hour before their food was served. Some residents required prompting or assistance to eat, but there was insufficient staff to do this in a calm and dignified manner. This impacted on the quality of the dining experience. Although menus were available, these did not reflect the food that was on offer. (See area for improvement 1)

Medication was being administered in the dining room while people were waiting for lunch to be served. Consideration should be given to how best to manage the administration of medication in a way that is person centred and does not impact on the dining experience.

Medication was stored securely, however records for the temperature of the fridge had not been routinely recorded. There were systems in place to ensure that medication was being managed safely and effectively. Staff involved in medication management understood their responsibilities to follow best practice guidance about safe medication administration.

People should have the opportunity to be involved in meaningful activity. An activities co-ordinator had recently been appointed and we saw residents taking part in activities. There are plans to develop links with groups from the local area to enhance the range of activities on offer. One resident told us that he was bored and "found it a long day." Further work needs to be done to provide activities that are varied and meet residents' interests and preferences. (See area for improvement 2)

Areas for improvement

1. So people experience better choice at mealtimes the provider should take account of best practice such as:

- Offering real time visual choices.
- Offer a clear alternative menu for those who don't like the choices on offer.
- Evaluate the arrangements for group dining and serving of meals, so as to be able to respond to individual preference/needs better.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and

participate in menu planning". (HSCS 1.33)

2. To support people's wellbeing and social inclusion, the provider should ensure meaningful connections and person-centred support is reviewed to enable people to participate in a range of activities of their choosing, both indoors and outdoors. In doing this they should:

- (a) develop activity plans with people which demonstrate that good conversations have been at the centre of taking account of people's preferences, abilities, life histories, aspirations, wishes and goals.
- (b) consider any staff training needs.
- (c) the review of care plans dedicated to meaningful connection must assess and evaluate the experiences and outcomes from the person's perspective.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, '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); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)

How good is our leadership?

3 - Adequate

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

Since the last inspection, we could see progress in making improvements. The management team had oversight of what was happening within the home. We saw that regular audits occurred where issues were identified. These covered a range of areas including wounds, falls, accidents and incidents, medication, and reviewing personal plans. This assured us that processes were in place to promote a culture of continuous improvement and good practice.

People we spoke with told us the management team were approachable and effective in dealing with any issues. We saw complaints were recorded and responded to effectively and where improvements were needed, they were acted on. This reassured us there was a system of checking in place to sustain good practice and keep people safe.

Staff had regular meetings, and the minutes showed that there was a focus on improving the quality of care provided. Consideration should be given to how best to engage all staff in self-evaluation to ensure a shared responsibility for service improvement. (See area for Improvement 1)

There was a service improvement plan in place. However, the plan lacked evidence of obtaining people's views. The home had started to hold meetings with residents and relatives, and surveys had recently been undertaken. The service should consider various methods to gather and increase feedback from people. Actions taken as a result of feedback should be recorded and shared. This would help ensure that people experiencing care and support, and their relatives could influence the direction of the service. (See area for improvement 1)

The service improvement plan showed the results of quality assurance work, helped the manager have oversight of the home's performance. However, timescales for some areas for improvement had not been

met. For example, improvement to Woodlea garden and some internal doors were awaiting repair for several months. This does not ensure a proactive approach to quality assurance and may result in poor outcomes for people. (See area for improvement 2)

Areas for improvement

1. So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.
- Ensure feedback is obtained from stakeholders, people who use the service and their representatives and actions are taken in response.
- Enhance staff leadership skills to build capacity for improvement.
- Empower staff at all levels to be involved in service improvement and consider use of "practitioner" roles as described by Scottish Social Services Council to support existing staff roles.

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

2. The provider should ensure that people experience a culture of continuous improvement. This should include:

- Ensure that there is an effective and responsive environmental audit in place.
- There must be sufficient information to show actions taken and progress made until fully resolved.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: ' I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our staff team?

3 - Adequate

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

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare, and safety of people using the service.

The staff team were valued by people experiencing care, this was representative of feedback from residents, relatives, and stakeholders. We observed kind and caring interactions between staff and people. Some comments we received included: "The staff are lovely and kind," and "the staff appear to know my relative's needs." This assured us that the staff team were caring and considerate in their practice.

Staffing requirements were identified through regular assessment of people's care needs. Recruitment was ongoing to fill vacant positions. The service used agency staff to maintain safe staffing levels. We saw staff did not always have time to engage meaningfully with residents and were task focussed. There were times throughout the day, for example at mealtimes where additional staff were needed. This will support better outcomes for people. (See area for improvement 1)

Staff received supervision but not always in line with organisational policy. Supervision sessions should allow staff the opportunity to reflect on their practice and learning in order to consolidate knowledge. A trained and competent staff team will improve outcomes for people. (See area for improvement 2)

Team meetings and daily staff handovers took place. Staff handovers were detailed and supported staff to be knowledgeable about people's needs. This supported effective communication and better outcomes for people.

Areas for improvement

1. The service provider should review the staffing arrangements in the home to ensure that there are sufficient staff numbers available to meet the health and care needs of the people living in the home.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

2. The provider should ensure staff are supported through regular supervision, to identify areas where support is required to improve practice. This should include reflection and competency checking to ensure learning is effective and influences better outcomes for people supported.

This is 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).

How good is our setting?

3 - Adequate

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

There had been investment in the improvement of bathing/shower facilities, replacement of carpets and one of the outdoor enclosed gardens. These improvements had made a difference in people's experiences. This supported people to get involved with gardening or other leisure pursuits and supported them in maintaining their mobility and independence. The home should continue to make improvements identified within the service improvement plan.

The small unit (Woodlea) on the ground floor, offered a quiet environment and facilities close to where people have their bedrooms. This meant people in this unit experienced small group living which is beneficial to their well-being.

The first floor was currently closed to allow refurbishment and improvements to be made. Discussions took

place with the provider and local Health and Social Care Partnership to reopen this soon. Plans were in place to create an additional lounge/dining and kitchenette space.

The ground floor had a communal lounge, dining area and choice of bath and shower facilities. Some areas of the home had good use of colour to create contrast and lighting had been improved. However, other areas were still to be done. This meant some people experienced an environment which had been adapted better than others. Further improvement is needed. (See Area for improvement 1)

The premises were clean and mostly well maintained. Some issues had arisen with window cleaning and large items stored outside which needed removed. Equipment was checked regularly to ensure people are kept safe. The laundry was in the basement, and this meant heavy laundry bags had to be transported up/downstairs. This should be reviewed to allow easier transportation and safer flow of laundry to minimise cross infection.

People should be able to go outside independently if they are able to do so. However, some outdoor areas including Woodlea courtyard had yet to be maintained meaning they were not accessible. The outdoor spaces needed improvement to make them safer and more attractive. Parts of the outdoor space was not freely accessible or used to its potential. This meant people could not freely choose to spend time outdoors. (See Area for improvement 2)

Areas for improvement

1. The service provider should improve the facilities in order to support people to get the most out of life:

- Kitchenette facilities should be available for use by staff to support people living in each small group living area (ground and first floor) to allow easier access to drinks and snacks.
- Use of colour and contrast should be improved to help people with dementia and visual impairment to recognise surroundings as far as possible.
- Lighting should be improved in areas which are too dull.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes". (HSCS 5.16)

2. So people can go outside independently and enjoy gardens which are accessible, the service provider should review:

- Access to the courtyard in Woodlea and consider if patio doors can allow easier access from the lounge.
- Facilities outdoors so they are more welcoming.
- How people can connect better with the outdoors to allow gardening and walks around the building more easily.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "If I live in a care home, I can use a private garden". (HSCS 5.23)

How well is our care and support planned?

3 - Adequate

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

Everyone using the service had an electronic personal plan which documented their care and support needs. An overview paper copy was also available in people's rooms which meant residents and their families could look at their plans when they wanted to.

The plans were person centred and described the care and support residents need in relation to their health, mobility, medication, and personal care. Residents likes and dislikes were recorded and there was a focus on what people could still do independently. However, not all care plans were up to date, and some had not been reviewed when people's needs changed or in response to incidents or accidents. (See area for improvement 1)

Where residents were at risk of dehydration, targets had been set for daily intake of fluid however, the quality of daily recordings was variable which made it difficult to establish if the target had been achieved. Elements were not in keeping with best practice and records could be improved further. (See area for improvement 2)

Personal plans contained the relevant documents for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. Most plans also detailed people's wishes in respect of end-of-life care.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

Areas for improvement

1. The provider should ensure personal plans are updated to reflect people's changing needs. This will ensure care is person-centred and outcome focused to provide guidance for staff on how best to support people using the service.

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

2. In order for people to benefit from care that is person centred and responsive, the provider should ensure record keeping standards are improved to accurately reflect the care and support delivered. This should include but not limited to:

- Outcomes for people are captured in daily recordings.
- Daily recording must improve reflecting the care given and the effect this has on people.
- Staff are aware of the importance of accurately completing care plans and related documentation, and their accountability in line with professional Codes of Practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs'.

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

So people experience care with compassion, dignity and respect.

- People's views should be sought and responses provided, to show actions taken.
- Care provided should be according to individual preferences and supported by staff who take time to listen.
- Forums to engage with people and support involvement using advocacy and other external supports should be explored so people's rights are promoted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention." (HSCS 3.1)

This area for improvement was made on 18 October 2023.

Action taken since then

We saw that staff interactions with residents were kind and compassionate. The staff we spoke to were able to describe some of the preferences of the people they support. The daily huddle and Resident of the Day helped staff increase their knowledge of the needs of individual residents.

Visitors we spoke to were generally positive about staff and felt that they were aware of their relatives' preferences. The manager had sought the views of relatives via a questionnaire but not many responses were received. Feedback provided indicated that there had been engagement with relatives to establish individual preferences.

Resident and relative meetings had started to take place, and we could see comments and suggestions were acted upon. People had six monthly reviews which involved family members.

Previous area for improvement 2

The provider should further develop support for meaningful activity and connections. With particular regard to:

- People at the later stages of dementia to ensure they have opportunities for tailored sensory interaction suitable to their needs and wishes.
- People who need support to spend their money to ensure this benefits their day-to-day life and is agreed reviewed at six monthly meetings.
- Consider how to use volunteers within the service more proactively to enhance day to day living.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6)

This area for improvement was made on 18 October 2023.

Action taken since then

There had been some improvement to encourage people to join activities and spend time in the garden area. People's money was discussed at reviews, and it was clear how they spent their money, for example on hairdressing and footcare. We have reported on this further under Key Question 1 – How well do we support people's health and wellbeing?

This area for improvement has been partly met and re-written to reflect the findings from this inspection.

Previous area for improvement 3

The provider should continue to improve staff practice in relation to dementia care, palliative care, infection control, mealtime experience and other key areas to ensure assessments are carried out by competent staff. This should include the following:

- Review roles and function of nurses and senior carers to ensure there is best use of how roles and how shifts are led.
- Clear responsibility for key areas of clinical improvement within the service.
- Leadership training to support staff development.

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

This area for improvement was made on 3 July 2019.

Action taken since then

The review of roles and functions had taken place, the home no longer employ nurses and changed their registration to reflect this. One Senior Care worker is undertaking the Step into Leadership provided by the SSSC. The intention is that all senior care staff will undergo this training. The home had a more consistent management structure in place.

This area for improvement had been met.

Previous area for improvement 4

So people experience better choice at mealtimes the provider should take account of best practice such as:

- Offering real time visual choices.
- Offer a clear alternative menu for those who don't like the choices on offer.
- Evaluate the arrangements for group dining and serving of meals, so as to be able to respond to individual preference/needs better.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning". (HSCS 1.33)

This area for improvement was made on 30 June 2023.

Action taken since then

We saw visual menus in place although these were not being used effectively or updated daily. This continues to be an area for improvement, and we have reported on this further under Key Question 1 – How well do we support people’s wellbeing?

This area for improvement has not been met and has been restated.

Previous area for improvement 5

So people can be confident their medication is managed well, and they get the right medication at the right time, the provider should:

- review medication audits and balance checks.
- consider more person-centred approaches to medication storage such as individual medication cabinets in bedrooms.
- review competency of and number of staff who administer medication, discussing this at regular supervisions.

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

This area for improvement was made on 30 June 2023.

Action taken since then

An E-mar system was in place, which provided robust recording of medications given and the current balance of medication, both daily and monthly. We checked the balance of medication and found it was accurate. Very few errors were noted, where these had occurred there was a clear explanation of what had occurred, and a record of the action taken.

We saw that competency assessments had been undertaken for staff. We were told that the introduction of cabinets in residents' rooms, was under consideration and the provider was currently trialling this in other areas.

This area for improvement had been met.

Previous area for improvement 6

So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.
- Enhance the monitoring of six-monthly personal plan reviews.
- Ensure feedback is obtained from stakeholders, people who use the service and their representatives and actions are taken in response.
- Enhance staff leadership skills to build capacity for improvement.
- Empower staff at all levels to be involved in service improvement and consider use of "practitioner" roles as described by Scottish Social Services Council to support existing staff roles.

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

A service improvement plan was in place which has been the focus of the manager since coming into post.

A review of resident's personal plans had taken place and improvement had been made. Relatives gave positive feedback about recent changes and commented on the visibility and approachable of management.

Training required to upskill and develop leadership continues to be in progress. One Senior Carer is undertaking leadership training provided by SSSC.

Meetings were in place, and we saw evidence of consultation methods, the home should continue to develop this and further improve opportunities to evaluate the service, and the feedback used to shape the Service Improvement Plan including self-evaluation.

This area for improvement has been partly met and reworded to reflect the findings from this inspection.

This area for improvement was made on 4 May 2022.

Action taken since then

A service improvement plan was in place which has been the focus of the manager since coming into post.

A review of resident's personal plans had taken place and improvement had been made. Relatives gave positive feedback about recent changes and commented on the visibility and approachable of management.

Training required to upskill and develop leadership continues to be in progress. One Senior Carer is undertaking leadership training provided by SSSC.

Meetings were in place, and we saw evidence of consultation methods, the home should continue to develop this and further improve opportunities to evaluate the service, and the feedback used to shape the Service Improvement Plan including self-evaluation.

This area for improvement has been partly met and reworded to reflect the findings from this inspection.

Previous area for improvement 7

The service provider should create more small group living in order to allow people to live in a more homely setting. This can foster greater choice and independence if the facilities allow and supports staff to deliver compassionate care with dignity and respect.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes". (HSCS 5.16)

This area for improvement was made on 30 June 2023.

Action taken since then

The use of space had been reviewed which meant changes were in place to create small group living. The main house and Woodlea had their own dining area and lounge space. We discussed ensuring hot drinks are accessible in all areas, so people do not have to rely on set times for this.

Hydration and snack stations were available throughout the home and a new bathing/shower room was available on the first floor. The home should continue to make improvements detailed in their improvement plan.

This area for improvement had been met

Previous area for improvement 8

The service provider should improve the facilities in order to support people to get the most out of life:

- Wet floor showers should be considered for the first floor, or upper floor to provide greater dignity and choice of facilities.
- Kitchenette facilities should be available for use by staff to support people living in each small group living area (ground and first floor) to allow easier access to drinks and snacks.
- Use of colour and contrast should be improved to help people with dementia and visual impairment to recognise surroundings as far as possible.
- Lighting should be improved in areas which are too dull.
- An action plan setting out environmental improvements and timescales is requested.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes". (HSCS 5.16)

This area for improvement was made on 30 June 2023.

Action taken since then

It was positive to see Improvement had been made in some areas. The home was aware of the areas that still need attention and had a plan in place with timescales to make these happen. We have reported on this further under Key Question 4 – How good is our setting?

This area for improvement had not been met and has been re-worded to reflect the finding from this inspection.

Previous area for improvement 9

So people experience a setting which is safer and cross infection is minimised, the service provider should review:

- Location, flow of laundry, provision of hand wash sink in the laundry and
- housekeeping cupboard downstairs has hand wash sink.
- Cleaning of fabric chairs is carried out according to manufacturer's instructions with suitable equipment supplied.
- Use of chlorine is specified in the COSHH folder.
- Greater oversight of cleaning schedules is carried out to ensure all areas are cleaned appropriately.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My environment is secure and safe". (HSCS 5.17)

We viewed the laundry and found it to be clean, tidy, and well organised. We were told that there is a plan to move the laundry to ground level, however these plans are not yet approved. The housekeeping cupboard is

now moved to give better access to handwashing.

We looked at the COSHH folder and found that it contained reference to the use of bleach and chlorine tablets. There were descriptions of where the product should be used. Cleaning schedules were available and found to record daily cleaning practice and meet best practice.

This area for improvement had been met.

This area for improvement was made on 30 June 2023.

Action taken since then

We viewed the laundry and found it to be clean, tidy, and well organised. We were told that there is a plan to move the laundry to ground level, however these plans are not yet approved. The housekeeping cupboard is now moved to give better access to handwashing.

We looked at the COSHH folder and found that it contained reference to the use of bleach and chlorine tablets. There were descriptions of where the product should be used. Cleaning schedules were available and found to record daily cleaning practice and meet best practice.

This area for improvement had been met.

Previous area for improvement 10

So people can go outside independently and enjoy gardens which are accessible, the service provider should review:

- access to the courtyard in Woodlea and consider if patio doors can allow easier access from the lounge,
- access to the outdoors from the main house and consider better signposting,
- facilities outdoors so they are more welcoming and
- how people can connect better with the outdoors to allow gardening and walks around the building more easily.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "If I live in a care home, I can use a private garden". (HSCS 5.23)

This area for improvement was made on 30 June 2023.

Action taken since then

Access to the garden area from the main house was now accessible and we saw people using this at the time of inspection. Improvement to Woodlea courtyard remains outstanding. We have reported on this further under Key Question 4 – How good is our setting?

This area for improvement had partly been met and reworded to reflect the findings from this inspection.

Previous area for improvement 11

So people's preferences for future care needs are known and recorded, the service provider should use best practice in anticipatory care planning and ensure this links to E-KIS.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My future care and support needs are anticipated as part of my assessment". (HSCS 1.14)

We saw that there were Anticipatory Care Plans and Death and Dying Care Plans for most residents. The manager advised that there have been discussions with some family members and a plan is in place to ensure this is embedded in practice and part of care planning.

This area for improvement had been met.

This area for improvement was made on 30 June 2023.

Action taken since then

We saw that there were Anticipatory Care Plans and Death and Dying Care Plans for most residents. The manager advised that there have been discussions with some family members and a plan is in place to ensure this is embedded in practice and part of care planning.

This area for improvement had been met.

Complaints

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

Detailed evaluations

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

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