

# Morar Lodge Nursing Home Care Home Service

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Helensburgh  
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**Type of inspection:**  
Unannounced

**Completed on:**  
5 August 2025

**Service provided by:**  
Morar Lodge Nursing Home Limited

**Service provider number:**  
SP2003002232

**Service no:**  
CS2003010220

## About the service

Morar Lodge Nursing Home is registered to provide a nursing home service to 33 older people with a range of support needs. These include physical frailty and dementia. The service is operated by Morar Lodge Nursing Home Limited.

In total there were 31 people living there at the time of inspection. Twenty seven people in the main house and four people in the adjacent bungalow.

The service is situated within a quiet residential area in the west end of Helensburgh. Some rooms on the upper floor provide spectacular views over the Firth of Clyde. Most rooms are single occupancy, however there are a few larger rooms that currently have couples sharing.

There are no ensuite bathrooms in bedrooms, however all rooms have a toilet and hand washing facilities. Shower rooms have shared access on each floor. There are enclosed garden and seating areas within the grounds and car parking is on site, including suitable space for disabled parking.

## About the inspection

This was an unannounced inspection which took place on 29, 30 and 31 July 2025 between the hours of 7:30 and 20:15. 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 seven people using the service and nine of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

## Key messages

- People's good health was a priority for staff.
- The service has good links with external professionals to help support people with a range of health needs.
- People were treated with compassion and respect by staff who knew them well.
- People's personal plans were not always clear and this could lead to confusion when reading the most up to date information.
- People and staff in the bungalow were isolated from the main house.
- Staffing numbers and staff deployment should be reviewed to ensure good care.

## 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 only just outweighed weaknesses.

We saw warm and kind interactions between staff and people living in the service. Staff knew people well and knew how to respond to them in the most effective way. People were clean, tidy and well cared for, and staff were available to give assistance to people when they needed it.

People in care homes deserve to have good care and have their emotional needs and mental health cared for as much as their physical health. We saw that care staff had the time to provide basic care for people, such as ensuring that they were up in the morning, washed dressed and assisted to the lounge. However, this took up most of staff time.

There was very little activity happening in the home. We saw people had little to occupy them. We understood that there were usually activities that took place, and we saw a weekly planner that showed us what should have been happening and when. However, this was not the case while we were on inspection. The situation highlighted to us that care staff did not have time to spend with people in any meaningful activity and ensure that they got the best out of life. (Please see requirement 1).

People who needed assistance with eating were served first at mealtimes. This meant that they were able to have their food when it was freshly made and did not have to wait. Most people ate either in their own rooms, or remained in the lounge to eat. This helped in that staff were able to be around to monitor people. However, it meant that meal times did not give opportunities for social interactions between people. Good posture is important when eating and this could not be achieved while sitting in the lounge chairs. We spoke with the manager about this and the following day some people who could do so were assisted to the dining room to eat. (Please see requirement 1).

Meals were nutritious and well made with fresh ingredients. There was a new cook in the service and they were about to review the menu plan with families and residents. Consulting people ensures that menus become more varied and can be changed depending on peoples likes and dislikes.

There was a good skill mix of care staff and nurses in the home and this meant that people's health needs were well looked after. Staff were well informed about choking risks for older people. They knew how to deal with these incidents and nursing staff made appropriate referrals to the speech and language team (SLT) when required. This ensured that people experiencing choking risks were assessed by the right people and given the right type of diet in order to try and prevent this.

People at risk of becoming underweight or overweight were seen to be weighed on a weekly basis. Their levels of risk was identified, dieticians consulted and appropriate foods prepared for them. The service cook was well informed and knew how to prepare the right meals for people.

Care staff were able to identify when there was a change in people's presentation or condition and would report this to the senior nurse. With the right information the nurse then contacted the appropriate external health professional to either attend or advise of a treatment plan.

The homes own nurses had good knowledge of how to maintain peoples skin integrity and how to treat or prevent pressure sores and moisture wounds. They had also started to share this knowledge and practice with care staff and this meant that skin integrity issues were identified and treated at an early stage, which improved outcomes for people.

Nurses and senior carers were responsible for dispensing and administering medication to people. Medication was managed safely with robust systems in place and they supported individuals' health needs. We saw medications were reviewed regularly to ensure they met individual identified health needs. However, there was a need for staff to have their competency assessed more regularly, and in particular for newer staff. (See "How good is our Leadership").

The service had recently started to use an electronic "pain app". This was an aid to be used for people with communication difficulties who could not express their level of pain. The app helped identify levels of pain, and as such informed care staff when people needed pain intervention.

## Requirements

1. By 20 September 2025, the provider must provide a varied programme of meaningful activities on a daily basis. To do this the provider, must at a minimum provide:

- a) An activity plan developed from people's interests and hobbies.
- b) A range of meaningful activities for people living in the service.
- c) Staff who are allocated to coordinate activities.
- d) Encouragement for people to mix with their peers by attending a pleasant dining room for meals.

This is to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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 meets my needs and is right for me' (HSCS 1.19).

## How good is our leadership?

## 3 - Adequate

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

The service manager was new to the home and had been in post for two weeks at the time of inspection. They were still trying to find where everything was stored, getting to know residents and the full staff team, their strengths and developmental needs. They were also learning how to use the new electronic recording system.; how to input information in the right area, as well as glean information from it that would show where the home was performing well, or areas that needed improvement.

It is important that services have effective systems to assess and monitor the quality of service provision. This helps drive service development and improvement which results in good outcomes for people living there. Quality assurance had not been taken place while the manager post was vacant. Regular audits should be resumed in line with the organisational quality assurance framework. The audits should include oversight of observation of staff practice. This will ensure that staff are supporting people well in different areas of their life, such as medications and personal care. (Please see requirement 1).

There was systems in place where all accidents and incidents were recorded, for example - peoples falls. In this system we could see who had fallen and when, was there an injury and what was the outcome for the person. Analysis of this information is important and would help with any "lessons learned" for the service, however we did not see any analysis.

There were policies and procedures in place and a new Dysphagia (choking) policy had been updated to a good standard. However, several policies had not been updated and needed some improvement work to bring them up to date and ensure they met current guidelines. (Please see area for improvement 1).

A service improvement plan was in place that had been produced before the new manager took up the post. The manager was now working their way through the plan and some areas had been achieved, however they were also able to identify other areas that had not been included in the plan and needed improvement. The plan was being reviewed and will go some way to improving outcomes for the service staff and the people living there.

We were told there was a training matrix in place that included all staff, with both mandatory and additional training. We were unable to see this plan. The manager must have a good overview of all staff training, as well as when to refresh the training in order to ensure that all staff have the knowledge to support people well. (Please see area for improvement 2).

We discussed with the provider and the manager that there would be a benefit in providing some additional support for the manager until they had fully settled into their role. Both agreed that this was something they would be happy to do. After this period of support we believe that there will be strong leadership in the service.

## Requirements

1. By 31 October 2025 the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service. To do this the provider must ensure:

- a) Routine and regular management audits are being completed across all areas of the service being provided, including staff observations of practice.
- b) Internal quality assurance systems effectively identify any issue which may have a negative impact on the health and welfare of people supported, including oversight of reviews and care plan updates.
- c) Accident and incident reports are reviewed and analysed on an appropriate timescale.
- c) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- d) Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

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

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

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

## Areas for improvement

1. The provider should ensure that all policies are reviewed on at least a yearly basis. This is to ensure that all policies are still relevant and with up to date legislation, guidance and practice.

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 based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. In order to ensure that managers have good oversight of staff training, the provider should ensure that there is a visible training matrix in place. This should include all staff and clearly show what is mandatory training and what is additional training. This should also alert managers when refresher training is required for staff.

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).

## How good is our staff team?

## 3 - Adequate

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

We observed that staff were caring to people and their relatives. There was positive feedback from relatives about about the values and caring attitude of staff towards their loved ones.

The skill mix of staff was positive and each person worked well in their designated role. There was a dedicated day shift and night shift team in the home. Each team worked well with their colleagues on shift, however at times there did appear to be a divide between both teams. The low numbers of care staff working on each team contributed to this as neither team felt able to complete all of their allocated tasks. The manager had already taken some steps regarding recruitment of new staff, however we asked that a staffing review take place. This was not only about the numbers of staff available, but also about the deployment of staff throughout the whole service, including the bungalow. The bungalow generally operated with one member of staff, which was sufficient in care for four people, however it was not sufficient when there were people living upstairs and downstairs. There was at times a colleague who was "on call" from the main house if assistance was required, however there was not always someone available. (Please see requirement 1).

Staff training had taken place, covering a variety of areas, such as Dysphagia (swallowing/choking) moving and handling of people and adult support and protection. A lot of staff training had been completed online. Other training providers provide good quality training that meets the requirements of care legislation in Scotland. This includes the Scottish Social Services Council (SSSC) and TURAS, which an NHS training platform. It was difficult for the manager to see who had completed what training when, and who was due a training refresher in particular subjects. This will be rectified once the training matrix is updated and available.

All staff were registered appropriately with their appropriate body, for carers the SSSC and nurses with Nursing and Midwifery Council (NMC).

It is important that staff have opportunities to discuss their roles both in supervision and regular team meetings. A chance to reflect on their practice and discuss future development, receive praise and recognition, as well as areas that may be causing them concern. Staff supervisions had not taken place for some time, nor had team meetings. The manager had plans in place to have a first team meeting and was looking to develop a supervision matrix to ensure that staff received this regularly. Staff practice had not been formally observed by managers (see requirement 1 in "How good is our leadership") and this is a process we discussed that must be implemented. Once these are in place staff will be more confident and knowledgeable about how to provide the right care, and this will lead to better outcomes for people.

The whole staff team had been through a long period of upheaval due to multiple changes of manager of the past two years. This had affected motivation and continuity, leading to several leavers and new starts. Several staff made comment to us that they now have a feeling of hope as the manager makes a point of being visible throughout the service, assists with supporting people when needed and has already made a few positive changes.

## Requirements

1. By the 31 October 2025 the provider must, ensure that people's care and support needs are met effectively by ensuring staffing arrangements are right. As a minimum, the provider must:

- a) assess people's needs regularly and use this to determine staffing levels over seven days including evenings, weekends and nights
- b) ensure that there are appropriate staff numbers and that they are deployed appropriately to fully meet the health, welfare and safety needs of people
- c) take into consideration the additional needs that people may have.

This is in order to comply with section 7(1)(a) 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).



## How good is our setting?

## 3 - Adequate

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

The grounds surrounding the service were well kept and attractive with outdoor seating areas for residents and visitors visible. On entering the main house the home smelled fresh and everything looked clean and tidy. There was a well furnished and well planted secure seating area at the back of the house. This was easily accessed by people via an unlocked door and ensured security and safety for people going into the garden.

We had concerns about the bungalow building. There was no feeling of "home" in the building, mainly down to the plain decor and the layout which did not meet the needs of people living there. There were rooms both upstairs and down and a small lift was available to go between both. This was a difficult lift to use and could only be used with a member of staff supporting the person. If staff were supporting someone in the lift, there was no one available to support or supervise the other residents. There was no unrestricted access to safe and secure outside spaces, as is the requirement for care homes, and people did tend to keep to their own space. This meant that integration, meaningful connection and activity for people was limited and had an impact on people's wellbeing. The provider had plans in place to improve the bungalow and access to the main house and garden, but these plans have not yet been implemented. (Please see requirement 1).

The layout of both buildings was confusing and in the main house fully maximises the number of rooms available. There were many rooms that were further away from the main body of the building and this could make it difficult for people to get around. Storage for larger items, such as hoists, the laundry trolley and walking frames was very limited and as such could clutter up areas where people walk, causing risk of accident or injury. (Please see area for improvement 1).

Each room has a large photograph of the person living there on the door, along with their name. This makes it easier for people to identify their own room. However, we asked the provider to look at ways to make wayfinding easier for people.

The dining room was not used much by people, although use was improving before we left, and decoration of the room looked as if it had not taken place for some time. It was clean, but very plain and uninviting. The lounge sitting area is large in the main house, but had an institutional layout which did not support interaction and small-group living. We discussed this with the manager and they have plans in place to make the room look more comfortable, sociable and homely. for people, therefore improving their wellbeing. People often have a favourite chair or other piece of furniture and some rooms had been made to look familiar and comfortable for people. There were other rooms which, though clean, did not have that comfortable look for people. The service did ask people and families when moving in if they wanted particular colours in their rooms, or to bring their own belongings. However, we discussed that it may benefit people if there was more discussion around this at families and residents meetings. The bungalow would also benefit from an upgrade throughout in decoration to ensure a more comfortable environment for people.

Maintenance checks and repairs were carried out as they should be. There was a repairs book in place for staff to record any areas of repair required. The maintenance person checked this each day he was working and made the repairs. We saw that other safety checks were in place, such as gas boiler checks, water checks and fire safety.

We noted that only one fire drill had been carried out in the past year. These must be carried out at least twice a year in order to ensure that staff and residents know how to act in event of a fire. (Please see requirement 2).

## Requirements

1. By 31 October 2025, the provider must have an agreed environmental improvement plan in place that is workable mid to long term. This in order to improve the quality of the living environment and ensure non restricted access for people to outdoor spaces.

To do this the provider must:

- a) Carry out an environmental audit of the whole service with a particular focus on the layout of the care homes bungalow.
- b) Produce an environmental plan based on the results of the audit.
- c) Ensure that within the plans access to areas upstairs, downstairs and outside is safe and non restricted for all.
- d) Ensure that the manager, or other appropriate person, has good oversight of all environmental issues and works being carried out.

This is in order to comply with: Regulation 10(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 can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11),

and

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

2. By 15 September 2025, the provider must ensure that people are kept safe by having clear oversight and implementation of fire safety arrangements in the service. These must meet the requirements of the Practical Fire Safety Guidance For Existing Care Homes (Scottish Government, 2022).

To do this, the provider must, at a minimum:

- a) ensure evacuation procedures are clear, up-to-date and take account of risks in the environment and staffing levels throughout the day and night
- b) ensure all staff are given instruction and training on the actions to be taken in the event of a fire by participating in a full fire drill.

This is to comply with Regulation 10(1) and 10(2)(b) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'My environment is secure and safe' (HSCS 5.19).

### Areas for improvement

1. In order to ensure a safe environment throughout the care home, the provider should explore how extra space can be provided for storage of large health assistance equipment, such as hoists, walking frames and laundry trolleys.

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

'My environment is secure and safe' (HSCS 5.19).

### How well is our care and support planned?

### 3 - Adequate

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

The content and quality of personal plans varied, some contained clear information in the correct area of the plan, but this was not the case for all the plans we viewed. There had been a lack of leadership oversight of care plans and this was needed to improve and minimise risk to people.

Personal plans should include up-to-date information about people's health and care needs, while directing staff to meet these needs in a person-centred way. They should be regularly reviewed to reflect people's needs and information should be stored in the correct place.

We were able to see that personal plans were reviewed monthly for people and where any changes had occurred they were updated in the Care Vision system. However, we saw that there had been little oversight by management of the system, as many still had old information included that was no longer relevant. We were concerned that staff may not always deliver care and support to meet people's current needs. (Please see requirement 1).

Through discussion it was apparent that some staff did not have the skills to complete the personal plans and therefore the quality was inconsistent. We discussed that some staff would benefit from further information in how to update personal plans, and how to record outcomes for people. Managers agreed and are now planning to implement a different system of personal plan preparation that they would expect to rectify the issues.

Families and external health and social care professional should be present, or consulted at statutory six monthly reviews for people. We saw that these had not always taken place and that some had fallen behind. Where reviews had taken place, review minutes were not available for people or their families. These reviews are important to people as it gives a formal opportunity for open discussion regarding the person's care needs. (Please see requirement 1).

People's personal plans did highlight where families/representatives had legal decision making powers in place. (Power of Attorney). They also highlighted where, in some circumstances, people did not want medical intervention. There were a few occasions where we saw that either staff had not read personal plans, or decisions had not been communicated clearly. This meant that people's wishes regarding treatment had not always been upheld. (please see requirement 1).

When a person is reaching end of life it is good practice to have a future personal plan in place. This ensures that the service follows the person, or families, wishes with regard to pain relief, hospital admission and who should be informed when. There were some future plans in place for people, however some were only being made once the person had reached possible end of life stage. The service should address these plans earlier with people, ideally on admission to the home. We understood that some people and families found these difficult to discuss but having these discussions when people are anxious, upset and emotional is much more difficult. The service should continue to be pursue future planning on an appropriate time scale. (Please see area for improvement 1).

There were personal evacuation plans in place for people (used in case of fire). We saw although all were completed, some were out of date by a considerable time. Peoples health conditions change as they become more frail and mobility can change significantly. Therefore, plans should be reviewed and updated with accurate risk assessments to ensure that everyone has an appropriate plan in place that will be relevant if evacuation is needed. (Please see requirement 1).

## Requirements

1. By 31 October 2025, The provider must ensure that care plans, risk assessments and personal evacuation plans are accurate and up to date.

These should give staff clear instruction on how to meet people's needs and wishes safely. To do this the provider must:

- a) carry out regular reviews of care plans in line with legislation, to ensure these reflect people's current needs and keep a record of when these have been completed
- b) ensure that amendments to care plans and risks assessments are made timeously when people's needs have changed
- c) ensure they communicate people's changing needs and wishes clearly to all staff
- d) use care plan audits to ensure information about people and their needs are accurate and any issues identified are addressed effectively.

This is to comply with Regulation 5(1)(2)(Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

## Areas for improvement

1. People should be able to have their needs and wishes met at their end of life. The provider should ensure that future plans are recorded and in place, and that they were detailed with people's choices and wishes.

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15),

and

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

## 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

People should be supported to ensure their nutritional needs are identified and delivered safely. The service should ensure that staff providing support to people with modified diets are knowledgeable and competent in accordance with the International Dysphasia Diet Standardisation Initiative (IDDSI). Referrals to speech and language (SALT) should be made timeously, copies of reports held, and support detailed within care plans.

This is to ensure support is consistent with Health and Social Care Standards (HSCS) 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.12).

**This area for improvement was made on 5 April 2024.**

#### Action taken since then

Kitchen and care staff had received training in Dysphagia and International Dysphasia Diet Standardisation Initiative (IDDSI). We were also able to see that staff were now more aware and knowledgeable regarding the different levels of food that people are assessed for according to their ability to chew and swallow. There was information posted throughout the service that could easily be seen by staff, and it showed different levels and types of food; how it should be prepared and provided. This information was also recorded in individuals personal plans.

New kitchen staff are now in place since the area for improvement was made. They had knowledge of IDDSI and had previously completed the training. However this was now due to be refreshed. The service should ensure that this completed on time. A new policy and procedure has been developed by the service with regards to people with Dysphagia, how it should be treated and managed by staff. This gives clear and up to date information to people.

#### Previous area for improvement 2

The service should ensure that staff practice is safe and consistent to meet the current assessed needs of people using the service. The service should ensure that changes identified in care plan reviews are updated timeously and effectively. Evidence of how these changes have been communicated to staff should be made clear.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 5 April 2024.**

**Action taken since then**

We saw that care plans were now reviewed monthly and that all staff had access to them. However, when we looked at these further, we saw that the older care plan information had not been removed.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 5'.

**Previous area for improvement 3**

People living with Dementia should be supported by staff who have the necessary skills and knowledge to meet their needs. The service should consider the specific knowledge and skills needed to carry out individual job roles when determining the level of training required. Reference should be made to the Scottish Government's Dementia Strategy Promoting Excellence 2021.

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 area for improvement was made on 5 April 2024.**

**Action taken since then**

Some staff in the service had completed Dementia training, however this was not at the level we had suggested they access. This meant that the whole staff team did not have all the skills and information as to how best support people experiencing Dementia.

The service now has its own Dementia champion employed and they will provide in-person dementia training to all staff at an acceptable level. This is a work currently in progress and is ongoing for now.

Therefore, this area for improvement has not yet been met and will be repeated.

**Previous area for improvement 4**

People's health and wellbeing should benefit from safe infection prevention and control practice and procedures. The service should carry out a review of the role and duties of domestic staff to ensure that cleaning tasks assigned are achievable and realistic to meet standards of cleanliness required. Cross contamination should be minimised in the safe transfer of linen and clothes to the laundry area. This should comply with Standard Infection Control Procedures (SIPS) and follow safe systems of work set out in the NIPCM for Care Homes.

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 area for improvement was made on 5 April 2024.**

**Action taken since then**

There is a domestic cleaning schedule in place that meets infection and prevention and control standards, however due to the large and complicated layout of the building this is a difficult task for one person on each day to fully achieve. The manager has recognised this and is currently recruiting.

Within the laundry area There is still a risk of cross contamination. This is due to an insufficient number of individualised laundry bags. We also noted that there was no coverage available for clean laundry as it was transported throughout the building. Providing covers for clean laundry is also an effective way of preventing cross contamination.

Actions are currently underway to improve this situation, but as yet have not been completed.

This area for improvement has not been met and will be repeated.

## Previous area for improvement 5

People should be kept safe and receive their care and support at the right time, from the right people to meet their individual needs. The service should review the current dependency tool to ensure staffing provisions accurately represent direct care hours required in accordance with the Health and Care Staffing (Scotland) Act 2019. This includes identifying gaps in the day where nursing staff may not be available to provide direct support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**This area for improvement was made on 5 April 2024.**

### Action taken since then

There is a good skill mix of staff in the service with nurses, senior carers and carers in place. They meet the basic dependency needs of people, however people in care/nursing homes deserve to receive more than "basic" care. There are several periods in the day where the staffing provision is less than required.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 3.

## 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
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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

## To find out more

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