

# Ballumbie Court Care Home Service

Ballumbie Road  
Dundee  
DD4 0PD

Telephone: 01382 730913

**Type of inspection:**

Unannounced

**Completed on:**

30 November 2018

**Service provided by:**

HC-One Limited

**Service provider number:**

SP2011011682

**Service no:**

CS2011300849

## About the service

Ballumbie Court is a care home for older people registered to care for a maximum of 58 people at any one time. It is situated within the heart of a quiet residential area on the outskirts of Dundee with local transport routes nearby. The home is built on two levels and comprises 56 single rooms and two twin rooms which were being used as single rooms. All rooms have en-suite facilities. Residents also have access to a well-developed garden with paved patio areas.

At the time of the inspection 55 people were residing in the home. The service provider is HC-One Limited which is a national provider of private health care. The manager was responsible for the supervision of staff and the day-to-day running of the home.

The organisation's philosophy of care states:

'Our aim is to be the provider of the kindest homes in the UK with the kindest and most professional staff, where each and everyone matters and each and everyone can make a difference.

We will strive to provide all our residents with the highest standard of individualised care. We will do this within a warm, friendly, homely and supportive environment where quality of life is paramount and where residents' rights, habits, values and cultural background are safeguarded and respected.

We recognise that the number of years lived does not prescribe how a person should live, behave, think or feel. We value the life experiences and knowledge of every resident. We will spend time with every resident so that they can help us fully to plan their care, which will include opportunities for fulfilment and responsible risk taking.

We value the intrinsic role which relatives, friends and professionals play in the residents' care and we will work in partnership with them.

We will ensure that every resident is treated as an individual with courtesy and respect. We will protect their privacy and dignity, and enable them to gain and maintain as much independence as possible.'

## What people told us

We sent out 20 Care Standards Questionnaires (CSQs) to people using the service, relatives and to staff prior to our inspection, and five were returned to us. In addition, we spoke to 18 residents, relatives and staff during the course of our inspection.

The views of people who responded to our questionnaires, and who spoke to us, are reflected here:

### Residents:

'Life is good here.'

'I like the food.'

'Its fine.'

## Relatives:

'Things have vastly improved - cleanliness, appearance and décor is much better, and my relative's room is personalised.'

'There is a such a difference since the new manager came, its much better.'

'I think there could be more variety with the food; they seem to get the same things.'

'There doesn't seem to be much going on for people in the home.'

'There is nothing that I would not do for the staff and the manager if I could, they have bought me and my relative out of the darkness and into the light, the manager and staff have done so much for us, and I could never thank them enough for everything that they have done for us.'

'Staff seem to do different things when thickening my relatives fluids, despite the training, its different every time.'

'Its ok, but my relative likes to draw, and I'm not sure if they get any opportunities to do that.'

'I can sleep well at night now.'

## Staff:

'We get lots of training, and reminders if we have not completed all of our training on time.'

'Things are much better with the new manager.'

'You only have to ask if you want to speak to the manager, the support is there for you.'

'Its good care here.'

'Most of the staff have been here for a long time, and that says a lot.'

'I haven't had any formal dementia training, it's just what I have picked up along the way, we have recently had the community psychiatric nurse come in and do some training but they haven't been in for a while.'

## 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?	2 - Weak
How good is our leadership?	2 - Weak

How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	2 - Weak

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

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

2 - Weak

We saw good staff interactions during our inspection of this service, with staff responding to people in a kind and caring manner. For example, we saw that where people were unsettled/anxious or becoming upset, staff responded quickly to reassure people which helped to reduce the possibility of escalating anxiety for the person and others. Ancillary staff took the time to chat with people as they worked or to sit with people who requested their company.

We used the Short Observation Focus Inspection 2 (SOFI2) tool to observe interactions between staff and people who lived in the home. In the main the interactions were positive, however, the observation highlighted areas for improvement/missed opportunities. For example, we observed people being supported during lunch/snack time. Some people were offered the choice of tea/coffee whilst others were served without a choice. The lunch time experience downstairs was very busy and it was evident that one carer had to supervise several people at the same time. This meant that the person she was supporting was interrupted frequently during the meal while she supported others. During afternoon tea time one person had three changes of staff to support her with one drink. During this time some staff spoke more to other people, and not the person they were supporting. We highlighted this during our feedback to the manager, who assured us that this would be addressed.

Information about people's interests and hobbies had been gathered at admission and was evident in part, in one page profiles and activity plans. However, there was little evidence of how activities and opportunities were made available to people through the daily records staff had made. We observed that staff were focused on tasks, and did not appear to have time to support meaningful days. Some feedback from our inspection and from the service's own satisfaction surveys state that some people do not feel that there is enough to do. In addition, staff told us that on occasions they felt that there was not enough staff due to staff sickness or vacancies. This impacted on their ability to spend time with people other than during tasks such as personal care or assisting to eat and drink. A previous requirement has been restated. **(See requirement 1.)**

There appeared to be regular contact with family members and this was recorded through monthly evaluation of care plans. Families we spoke to confirmed this and told us they were happy with communication from staff. Where people had been appointed as Power of Attorney (POA) or Guardian - this was evident in care plans; which, in most cases described how the POA should be consulted. However, one of the files that we sampled did not have the correct documentation, and therefore the service could not be confident that the relative had POA in place, or of the powers they should be using for that individual.

The provider had a clear policy/procedure for 'Pressure Ulcer Prevention and Wound Care Management'. It was of great concern that staff had not followed the provider's own policy and procedure when someone developed a

blister on their heel. Key tools such as the Waterlow assessment and skin integrity care plan had been 'evaluated', but did not reflect that a sore existed or how support should be planned to support treatment. The staff on duty were unaware that the person still had this sore/blister which introduced significant risk for the person. **(See requirement 2.)**

We found that medication administration records for topical medications (TMAR) were confusing. Some of these medications were being recorded in the TMAR recording sheet, but others were recorded elsewhere. This made it difficult to track what topical medications people had received. In addition, we found that some recording was incomplete, which meant we could not be confident that people had received their topical medicines correctly. This meant that people were at increased risk of not receiving the right treatment at the right time. **(See area for improvement 1.)**

### Requirements

1. The provider must ensure all activities support plans are meaningful and person-centred and are used to inform and guide staff practice. This means the service should undertake a quality review of all support plans to ensure the planned support delivered by staff meets the assessed need. **By 30 April 2019.**

**This is to comply with:**

**Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011/210 Regulation 4(1)(d) Welfare of users and also to comply with Scottish Social Service Code of practice for all social service workers.**

2. The provider must ensure adequate care and support in relation to wound care. In order to achieve this the provider must:

- Ensure wounds are photographed in order to assess healing.
- Ensure the wound is subject to initial and on going assessment at each dressing change.
- Ensure that a wound treatment plan is prepared and continuously reviewed.
- Ensure where appropriate, other healthcare professionals are involved in wound assessment and treatment planning.
- Ensure dressings are regularly changed in accordance with the wound treatment plan.

**This is in order to comply with:**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulation 4(1)(a) - Requirement for the health and welfare and safety of service users.**

**Timescale with immediate effect as discussed during feedback with the service on 30 November 2018.**

### Areas for improvement

1. The manager should ensure that all prescribed topical applications such as creams and lotions are signed for when they are applied. The manager should also ensure that staff are aware of their responsibilities in maintaining accurate records to confirm application.

**This is to ensure that care and support is consistent with 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) and 'I**

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

## How good is our leadership?

2 - Weak

We heard from relatives, that the manager and staff were approachable and accessible. We also received some good feedback from some relatives, who told us that they had a positive relationship with the manager, who dealt with any issues or concerns that they had, and was making a positive difference to the home.

Records for residents' finances held at the service, evidenced that some people's accounts had become overdrawn. In some cases, repeated withdrawals had been made on some accounts without proper checks to ensure that adequate funds were available. We were concerned that the system in place to manage personal funds had not been followed properly and increased risk to people. We also found that the comfort fund held within the service had not been checked for some time, and the total amount held within the fund at the time of our inspection was not clear. This was because it had not been checked for some time and not all the outgoings had been recorded properly. We were pleased to see that an administration post had recently been filled, and these issues had started to be corrected at the time of our inspection. **(See area for improvement 1.)**

We found that a variety of audits were being carried out to monitor the performance of the service, however, there were inconsistencies in how these had been completed. Some audits had identified areas for improvement, but it was difficult to see how quality assurance activity had led to improvements for the service. In addition, it was not clear how people who used the service, staff and their families and stakeholders had been involved in improvements to the service. For example, although there was some evidence of consultation with relatives - suggestions for improvements appeared repeatedly within minutes but didn't appear to be taken forward. Suggestions such as more opportunities for small outings such as going out for a coffee and 'playlist for life' had not been implemented. In addition, staff did not seem to be aware of some of these suggestions, so were unable to take them forward. New audits had recently been introduced, which were starting to identify areas for improvement, however these needed to be maintained over a longer period to ensure that improvements are sustained. Area for improvement has been restated from previous inspection. **(See area for improvement 2.)**

An analysis of staff training had not been carried out. This meant that there were missed opportunities to support development of staff through supervision and to identify where additional training was required, and also the impact of training on staff practice. In addition there were missed opportunities to develop leadership roles in more junior staff, which could support the manager in her role. Area for improvement has been rephrased from previous inspection. **(See area for improvement 3.)**

We found that the action plan detailing how the service would undertake improvements identified at the last inspection, had not been updated. This meant that progress towards making improvements had been slow in the areas identified.

We shared resources with the manager to support improvements in these areas.

## Areas for improvement

1. The provider should ensure that there is robust accounting and recording of all financial transactions for individuals living at the service: All transactions must be recorded timeously and records kept up-to-date.

The service must ensure that there is a system of regular and effective audit for all financial transactions.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'If I need help in managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).**

2. The manager should ensure that the quality assurance systems continue to identify areas of improvement. They should include clear action plans, timescales, areas of responsibility and a mechanism for checking that any identified area of improvement has been completed and, where required, is subject to continual evaluation.

**This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7) and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).**

3. The manager should ensure that a training needs analysis is carried out for all staff. This should ensure that staff training is up to date and that all staff have the necessary skills and knowledge to carry out their daily tasks.

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

## How good is our staff team?

## 3 - Adequate

There appeared to be sufficient staff available during our visit, with staff present in the lounge areas on both floors of the home. People did not appear to be waiting for support when they required it, and staff responded quickly when needed. For example we saw that when people's anxieties were seen to escalate staff responded quickly to minimise the impact this would have on the person and on others.

When we talked to staff about training that they had undertaken, they told us that most of the training was provided through computer based e-learning. We could see that training was being completed, however, when we asked staff, they had difficulty recalling the details of the training they had completed. Most of the staff we spoke to, told us that they needed more training and support in the area of dementia care. An analysis of staff training had not been carried out. This meant that there were missed opportunities to support development of staff through supervision and to identify where additional training was required. We were pleased to hear that the service had been selected as part of a pilot for the provider's 'Harmony training' which aimed to ensure that all staff have more advanced learning and development opportunities in relation to dementia. We look forward to seeing how this makes a difference to people using the service and for staff at our next inspection. Area for improvement has been rephrased from previous inspection. **(See area for improvement 1.)**

Supervision records evidenced that training was not routinely discussed during supervision and checks were not made to ensure that staff understood the training they had undertaken. We found that some staff had not had supervision as frequently as stated in the service policies and procedures. Area for improvement has been rephrased from previous inspection. **(See area for improvement 2.)**

We discussed how the use of reflective logs could support learning and demonstrate how training had led to better outcomes for people using the service and staff, we also shared resources to support this area.

We observed that the staff team worked well together, and received good feedback about staff communicating well, and we saw that staff generally seemed to get on well together.

## Areas for improvement

1. The manager should carry out a training needs analysis to help identify what training is required to support individuals who live in the home. The results of this analysis should be included in an on-going training plan to address any gaps that are identified. The manager should carry out a training needs analysis to help identify what training is required to support individuals who live in the home. The results of this analysis should be included in an on-going training plan to address any gaps that are identified.

**This is to ensure that care and support is consistent with Health and 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 professional and organisational codes' (HSCS 3.14).**

2. The manager should ensure staff supervision is delivered on a regular basis in accordance with internal policies and procedures.

**This is in order to comply with Social Care and Health Standard (HSCS) '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?

4 - Good

It was good to see that some areas of the home had benefitted from recent refurbishments, and that further work was planned in the near future.

There was cleaning in progress during both days of our inspection, and the home appeared clean and well cared for. Some areas were malodorous, such as corridors leading to main lounges, however, it was anticipated that the planned refurbishments, would resolve these issues in the near future. It was clear that in the meantime, all attempts were being made to ensure that the home was kept clean and fresh.

Some areas of the home lacked homely touches, for example, some bathrooms were clinical in appearance, and were not particularly welcoming spaces for people to spend time in and relax.

The home did not appear to have sensory equipment available and accessible for people with sensory loss and dementia. For example there were no fiddle muffs/cushions or rummage boxes available or in evidence that people could easily access. These items can support people who live with dementia, or have a sensory loss, by providing an activity, or something to touch and enjoy, and can provide a meaningful way of engaging with their environment.

The home benefitted from a large secure garden which residents and their families could access via the downstairs lounge area. We received positive feedback from relatives about the garden, which they told us was well utilised in the warmer weather. The manager had plans to develop the garden further, to ensure that it provided more opportunities for people to enjoy outside space over the coming months.

Although the manager had started to do an assessment of the environment, this had yet to be taken forward at the time of our inspection. We discussed ways in which environmental assessments could be shared with staff



and relatives in order to ensure that a variety of view points are considered and to give everyone an opportunity to contribute their views to improving the home environment.

## How well is our care and support planned?

2 - Weak

Care plans were evaluated monthly, and there was good evidence of service user/relative involvement within support plans. Relatives told us that communication was good and that the manager and staff were accessible, and kept them informed of important changes or incidents involving their relatives.

Formal reviews were held six-monthly, and most of the review documentation was signed by either the resident or their legal representative. We found some reviews had fallen outwith required timescales and were not signed by the resident or legal representative. We discussed the importance of these documents being signed, to ensure that people had opportunities to comment on how care and support was being delivered, and to ensure that people were achieving the outcomes that had been agreed. We were, however pleased to see that relatives had been updated regularly during monthly updates of care plans and had signed or commented within these documents, which did evidence involvement and discussion around people's care and support. The service should continue to ensure that all reviews are signed by relevant people at the required timescales.

Some monthly evaluations did not reflect changes in people's needs for example, in relation to wound care. Staff had not followed the provider's own policy and procedure when someone developed a blister on their heel. This had not been followed up properly resulting in delays in treatment of the wound and ensuring that it was being properly monitored. This meant that we could not be confident that all care was being followed as stated within care plans.

Some care plans were confusing with old and out of date information, kept in files alongside new instructions. For example; we found instances where dressings had been changed for wound care, but it was not clear which dressings were to be used, as old out of date information was stored alongside new instructions. This meant that there was a higher risk of mistakes occurring, especially for new or less familiar staff. In addition we found that plans did not always reflect current best practice guidance. A requirement has been restated from previous inspection. **(See requirement 1.)**

We found that several of the care plans we sampled evidenced that care charts had not been completed properly. For example we saw that daily recordings for oral and personal care had not been completed for several days at a time in some plans that we looked at. This meant that we could not be confident that routine care such as this had been carried out. This also evidenced that there had been ineffective quality assurance of these plans to ensure that care was being carried out, and support plans updated. A requirement has been restated from previous inspection. **(See requirement 2.)**

Some people had been started on food and fluid charts in order to monitor dietary intake, however, we found that these had not been completed properly. We found that these charts were incomplete, with targets for food and/or fluid intake not set or not met at the end of each day. This meant that we could not be confident that people had been offered enough to eat or drink, or that any further action had taken place following poor or insufficient intake. A requirement has been restated from previous inspection. **(See requirement 3.)**

There was a lack of multi-disciplinary involvement evidenced in relation to supporting people with stress and distress. Although Antecedent Behavioural Charts (ABC charts) were in use, these were not correctly completed, or had not been completed for all incidents. Referrals had been made to Community Mental Health Teams (CMHT), but information was not being gathered properly to either inform future assessments or gauge effectiveness of interventions. Stress and distress plans did not have sufficient detail and were not personalised

to each individual. We found examples where language in some of these charts was punitive. We heard that there were plans to involve the CMHT in the coming weeks and this would include access to additional staff training.

## Requirements

1. The provider must ensure adequate care and support in relation to wound care. In order to achieve this the provider must:

Ensure wounds are photographed in order to assess healing.

Ensure the wound is subject to initial and on going assessment at each dressing change.

Ensure that a wound treatment plan is prepared and continuously reviewed.

Ensure where appropriate, other healthcare professionals are involved in wound assessment and treatment planning.

Ensure dressings are regularly changed in accordance with the wound treatment plan.

**This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulation 4(1)(a) - requirement for the health and welfare and safety of service users.**

**Timescale - Immediate, as discussed during feedback with the provider during feedback on 30 November 2018.**

2. The provider must make proper provision for the health, welfare and safety of people using the service. In order to achieve this the provider must:

Ensure that people using the service are fully supported with their nutritional and hydration needs. Including assessment of the support required with meals and how the support should be provided.

Ensure that individual care plans fully detail the needs of people using the service and how these needs should be met.

Ensure that supplementary documentation fully supports the guidance provided in the care plan. This includes oral and personal care charts, and daily records to ensure that basic care and support needs are met.

**This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Principles 3 - requirement about quality, respect and choice & regulation 4(1)(a) - requirement for the health and welfare of service.**

**Timescale : 30 April 2019**

3. The provider must ensure all staff who complete records used to evaluate service users' health can do so accurately. This means the service should ensure all staff revisit essential training in how to complete:

- Malnutrition Universal Screening Tool (MUST)

- food and fluid charts, including daily targets to be achieved for adequate intake, and actions noted if targets are not achieved.
- appropriate and meaningful evaluations, all staff should complete competency in completing records should be assessed on a regular basis.

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

Timescale 30 April 2019

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

### Requirements

#### Requirement 1

The provider must ensure all activities support plans are meaningful and person centred and are used to inform and guide staff practice. This means the service should undertake a quality review of all support plans to ensure the planned support delivered by staff meets the assessed need.

**This is in order to comply with:**

**Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011/210 Regulation 4(1)(d) Welfare of users. And also to comply with Scottish Social Service Code of practice for all social service workers.**

**This requirement was made on 2 February 2018.**

#### Action taken on previous requirement

We saw little evidence of how activity care plans were used to inform and guide staff practice. We saw little evidence of any meaningful activities taking place with people. The Resident of the Day arrangement provided a good opportunity to reflect and review activity plans, however, we saw that this area of the form was generally blank. Although some consultation had taken place to consult with residents about preferred activities - there was little evidence in support plans that people had, had access to them.

There was no evidence of the service supporting residents to maintain connections to their communities - this only happened for people who had relatives who could take them out. Several people identified in consultations that trips out would be welcomed. This requirement has been restated.

**Not met**

## Requirement 2

The provider must make proper provision for the health, welfare and safety of people using the service. In order to achieve this the provider must:

Ensure that people using the service are fully supported with personal care and grooming.

Ensure that people using the service are fully supported with continence care and that continence is promoted rather than managing incontinence and that staff are provided with personal protective equipment at the point of need.

Ensure that people using the service are fully supported with their nutritional and hydration needs. Including assessment of the support required with meals and how the support should be provided.

Ensure that people using the service are supported to partake in activities meaningful to individual needs.

Ensure people using the service are fully supported to use aids to maximise communication. Including the care and maintenance of the equipment.

Ensure that individual care plans fully detail the needs of people using the service and how these needs should be met.

Ensure that supplementary documentation fully supports the guidance provided in the care plan.

Ensure that the Welfare Power of Attorney has the opportunity to contribute to the care plan and that they are fully consulted in all aspects of care and support.

**This is in order to comply with:**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Principles 3- requirement about quality, respect and choice & regulation 4(1)(a) – requirement for the health and welfare of service.**

**This requirement was made on 2 October 2018.**

### Action taken on previous requirement

We found that some areas had improved, especially in relation to personal care and grooming and in relation to continence care. We also saw improved communication with relatives and legal representatives. However, there were some areas that required further development and improvement. This requirement is partially met and those areas that require further work have been restated from this requirement to highlight the areas still requiring further improvement and development.

**Not met**

## Requirement 3

The provider must ensure all staff who complete records used to evaluate service users health can do so accurately. This means the service should ensure all staff revisit essential training in how to complete:

- Malnutrition Universal Screening Tool (MUST)
- food and fluid charts

- activity records
- appropriate and meaningful evaluations

All staff competency in completing records should be assessed on a regular basis.

**This is in order to comply with:**

**Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011/210 Regulation 4(1)(d) Welfare of users.**

**This requirement was made on 2 February 2018.**

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

We found that on examination of support plans, essential charts to monitor food and fluid intake had not been completed or daily totals recorded. This meant that there was insufficient monitoring and evaluation of essential health monitoring for those residents who required them. This requirement has been restated.

**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**

The manager should ensure that the service user or someone on their behalf signs each care review to verify they are satisfied with delivery of prescribed care and support.

**National Care Standards, Care Homes for Older People, Standard 6 - Support**

**This area for improvement was made on 2 February 2018.**

#### **Action taken since then**

We found that although some reviews had fallen outwith the required timescales, we could see that relatives had been consulted regularly during monthly reviews of care plans. We discussed the importance of six-monthly reviews also being signed by people using the service or their legal representatives, and were confident that this would be addressed.

**Met**

#### **Previous area for improvement 2**

The manager should carry out a training needs analysis to help identify what training is required to support individuals who live in the home. The results of this analysis should be included in an on-going training plan to address any gaps that are identified.

This area for improvement was made on 2 February 2018.

## Action taken since then

We found that although mandatory training for staff was being monitored, there had not been any analysis of training in respect of the quality, and the impact of training on staff practice. We have continued and re-phrased this area of improvement to allow for more time for development.

## Not met and carried forward

### Previous area for improvement 3

The manager should ensure that the quality assurance systems continue to identify areas of improvement. They should include clear action plans, timescales, areas of responsibility and a mechanism for checking that any identified area of improvement has been completed and, where required, is subject to continual evaluation.

**This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7) and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).**

This area for improvement was made on 2 February 2018.

## Action taken since then

A variety of audits were being carried out to monitor the performance of the service; however, there were inconsistencies in how these had been completed. Some audits had identified areas for improvement, but it was difficult to see how quality assurance activity had led to improvements for the service. In addition, it was not clear how people who used the service, staff and their families and stakeholders had been involved in improvements to the service.

## Not met and carried forward

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	2 - Weak

1.3 People's health benefits from their care and support	2 - Weak
<b>How good is our leadership?</b>	<b>2 - Weak</b>
2.2 Quality assurance and improvement is led well	2 - Weak
<b>How good is our staff team?</b>	<b>3 - Adequate</b>
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
<b>How good is our setting?</b>	<b>4 - Good</b>
4.2 The setting promotes and enables people's independence	4 - Good
<b>How well is our care and support planned?</b>	<b>2 - Weak</b>
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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Compass House  
11 Riverside Drive  
Dundee  
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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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