

Three Towns Care Home Care Home Service

20 Afton Road
Stevenston
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Telephone: 01294 469711

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Lakewood Limited

Service provider number:

SP2011011672

Service no:

CS2011300271

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service registered with the Care Inspectorate on 31 October 2011.

Three Towns is a care home (with nursing) registered for 60 older people who may have dementia and/or physical disabilities. This includes the provision of respite care to a maximum of three older people on each floor at any one time. There were 58 residents living in the home at the time of our inspection. The provider is Lakewood Limited.

The service is located in a residential area of Stevenston, North Ayrshire close to local amenities, shops and transport links. The care home is purpose-built with accommodation over two floors connected by a passenger lift. Ardeer unit, which is located on the first floor has 33 single en-suite bedrooms, a large lounge, dining area and a smaller, quiet lounge. The ground floor Nobel Unit has 27 single en-suite bedrooms, a large lounge, dining room and a tearoom that is being converted into a small lounge. Assisted bathing and showering facilities are provided on each floor. Residents also have access to an enclosed garden area with some bedrooms having patio doors leading onto this area.

The stated aim of the service is:

"To provide the level of care and support needed to ensure that, as far as possible, residents can maintain their independence and individuality."

What people told us

We spoke to 14 residents and 11 relatives during this inspection. We also received 12 completed care standards questionnaires in which respondents all agreed or strongly agreed they were happy with the quality of care provided. People commented:

"It is my opinion that quality of care and attention of all the staff is approximately in the region of 90%."

"I am happy here - all the staff are kind."

"I feel very safe here and contented."

"I really love my little flat - it has a lovely view."

"(Relative) is treated respectfully and I'm delighted she has settled in so well."

"I don't worry - everything's perfect and (manager) keeps me well informed. I'm very happy mum's here."

"I'm very happy - I trust the staff. They are very responsive to (relative's) needs - a great bunch. I have no concerns leaving him here."

"Mum enjoys sitting in the lounge with company and she is always well turned out."

"I'm very satisfied - mum is very happy here and I can't ask for more than that."

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
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How good is our leadership?	3 - Adequate
How good is our staffing?	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

People in receipt of care services should experience compassionate care and support that promotes dignity and respect for their rights as an individual. Residents and their families told us they had developed valued and trusting relationships with staff. We saw staff using their knowledge of individual residents to deliver support in a responsive and compassionate manner that demonstrated genuine warmth and concern. Comments included:

- "Mum is a different person since moving here. She's eating more, mobilising more and sitting with others at mealtimes and getting more involved in general."
- "During periods of being unwell and having to be admitted to hospital, the care staff at the care home treated me with care and kindness during these times and went out of their way to look after me."
- "Quality of care and support of a very high standard to date."

However, we found that the delivery of support continued to focus on routines and tasks in a way that constrained a fully person centred approach. We discussed the need to ensure that people's wishes and preferences take priority, using these to inform the planning and delivery of care that is driven by individual lifestyle preferences. Staff should strive to ensure that this is not limited to residents who are easily able to express themselves - see area for improvement 1.

Being able to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health is essential to maintain wellbeing. People said:

- "Activities are improving but there needs to be more done to keep folk occupied."
- "There could be more interaction and stimulation for residents."

We discussed the need for activity to extend beyond the recreational programme in order to embed a culture where opportunities for residents to be more physically active in purposeful ways were recognised and supported. To achieve this, we asked staff to consider and promote the benefits of supporting residents to take positive risks. This approach can enhance people's quality of life by not being over-protective in a way that curtails opportunities for individuals to make use of their full potential, enabling them to grow in confidence, learn from experiences, develop new skills and abilities or maintain the ones they already possess. A new activity coordinator had been appointed and we were pleased to see the programme developing. Her motivated and enthusiastic approach had been appreciated by residents and their families with lots of good ideas and plans forthcoming.

Residents told us they felt safe and staff were aware of their role in protecting vulnerable adults from harm. Where residents' ability to exercise choice and control was reduced, legal arrangements were in place to protect and promote their wellbeing with the involvement of people who were important to them.

The care and support provided by staff should be beneficial to people's health and any treatment and intervention should be informed by evidence based good practice. We found that staff had used their skills and knowledge effectively to assess residents' healthcare needs, reviewing and adapting support responsively as things changed. They had planned care well to help reduce health related risks and supported residents to maintain, and improve their health where possible. In order to ensure that residents received the right healthcare from the right person at the right time, staff had involved other professionals promptly when needed, working in partnership to promote positive outcomes for each individual. Medication management was good and records were accountable. We spoke to an advanced nurse practitioner who visited the service regularly and praised staff for the good standard of care provided, commenting:

"Staff are welcoming and professional. I'm called out appropriately and staff are always responsive, acting on advice and treatment in residents' best interests."

Residents should be able to enjoy well-presented healthy meals, snacks and drinks that reflect their dietary needs and preferences. People told us they enjoyed their food and were happy with the quality and variety of choices offered. Mealtimes were relaxed and unhurried with staff providing dignified support and encouragement. Changes to the management of mealtimes in Ardeer unit had resulted in significant improvements and we enjoyed a pleasant and sociable meal with residents at lunchtime. Staff should continue to involve residents and their families in menu planning as much as possible and observations of mealtimes should continue to be carried out to maintain good practice.

People experiencing care should benefit from high quality facilities that are well looked after as the physical environment has been shown to influence the quality of life and wellbeing of older people living in care homes. Furthermore, this demonstrates respect for residents wellbeing and the setting in which they live and spend time with family and friends. The bathroom facilities and lounge furnishings in Ardeer unit had a functional and neglected feel that detracted from the otherwise clean, comfortable and homely setting despite the best efforts of staff. Relatives commented:

"Recent upgrades and decoration has been a big improvement but this is let down by the state of the sitting room."

"The only thing I can fault is the lounge - it badly needs attention."

Following the inspection, we received confirmation that action would be taken to carry out the necessary upgrades to the bathrooms. Plans to improve the lounge and dining areas were in place and we were reassured that the provider was continuing to invest in the premises.

A requirement about the development of a dementia strategy had been met with evidence of positive outcomes for residents. Work was ongoing to fully achieve the set objectives and this should continue to be progressed - see area for improvement 3.

Areas for improvement

1. Staff should ensure that people experiencing care are supported to play an active role in defining the outcomes that are important to them through shared decision making and a genuine approach to working in partnership that will embed a person centred approach to the planning and delivery of care. Staff should strive to

adopt an inclusive approach regardless of residents needs or abilities. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change." (HSCS1.12)

"I am empowered and enabled to be as independent and as in control of my life as I want and can be." (HSCS 2.2)

"If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12)

2. The ability to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health should be promoted to maintain the wellbeing of people experiencing care. Positive risk taking that enhances people's quality of life by helping them to reach their full potential should be promoted. 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)

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

"I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life." (HSCS 2.24)

3. The dementia strategy should continue to be progressed to provide the best possible support to residents living with dementia after diagnosis and on an ongoing basis thereafter, in order to help each individual to achieve their potential and promote their right to personhood, full citizenship and optimum participation in daily and community life. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

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

How good is our leadership?

3 - Adequate

People experiencing care should benefit from well led quality assurance processes that inform and support a culture of continuous improvement.

The monitoring of staff registration with the Scottish Social Services Council had failed to prevent an un-registered care worker from continuing to practice. The management team must ensure that robust checking of registers and any subsequent action required prevents recurrence. Staff must also be reminded of their responsibility to maintain their professional registration - see requirement 1.

People were positive about the management team, commenting:

"Management are a great support to me."

"(Manager) is very approachable and has dealt with any issues I have raised regarding my relative."

"(Manager) is very approachable - she would do anything for you."

"(Manager) is great."

We saw that residents and their families had been given opportunities to express their views and, overall, feedback had been positive. However, it was not always clear how staff had used learning from this to make improvements and there was a lack of evidence to demonstrate how people's views had been taken into account and acted on. The evaluation of residents' experiences and regular, inclusive opportunities for people to express their views should be reviewed to support meaningful and impactful involvement - see area for improvement 1.

Since the last inspection, planned improvements had been successful in making aspects of the service better for residents. This included the activities programme and the care home setting. The staff team did demonstrate a pleasing commitment to ongoing improvement and were motivated to work together to achieve this. We suggested that the inclusion of a development focus during staff meetings and supervision could help to empower staff to become more confident in recognising their role in driving forward improvement. However, we concluded that the pace of change was too slow in relation to some areas for improvement identified through our evaluation and the provider's own audits. We had to continue recommendations for improvement that, if fully addressed, would have embedded positive changes to enhance people's experiences. The approach to quality assurance should be improved by ensuring robust monitoring processes informed by evidence based good practice and a strong focus on personal outcomes, are used effectively to improve the service for people experiencing care - see area for improvement 2.

The complaint procedure was on display and the people we spoke to all said that they felt comfortable raising any issues with staff without having to be concerned about any negative consequences. Staff were said to be approachable and responsive, acting quickly to address any concerns in a helpful and professional manner.

We directed the management team to the improvement resources on the Care Inspectorate good practice 'Hub' and discussed the benefits of empowering others to become involved in quality assuring the service. This helps to raise awareness of the expected quality standards as well as promoting responsibility and accountability. Awareness of the Health and Social Care Standards - My support, my life (June 2017) and the quality framework for care homes for older people (2018) should also be promoted with a focus on self evaluation and improvement.

Requirements

1. The provider must ensure that all staff required to be registered with a professional body such as the Scottish Social Services Council or the Nursing and Midwifery Council, remain registered and eligible to practice in order to protect people experiencing care. By 31 March 2019, a robust procedure must be devised and implemented to monitor registration, re-registration and revalidation. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

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

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

This is also in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(a) - Welfare of users; Regulation 9(b) - Fitness of employees; Regulation 15(a) - Staffing.

Areas for improvement

1. Regular, inclusive opportunities for people to express their views, and the evaluation of residents' experiences should be established to support meaningful and impactful involvement. Responsive actions that take people's views into account need to be demonstrated, using learning from feedback to make improvements. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I am actively encouraged to be involved in improving the service that I use, in a spirit of genuine partnership." (HSCS 4.7)

"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)

2. The approach to quality assurance should be improved by establishing robust monitoring processes informed by evidence based good practice and a strong focus on personal outcomes, are used effectively to improve the service for people experiencing care. This is to ensure care and support is consistent with the 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)

How good is our staff team?

3 - Adequate

People experiencing care should benefit from the right staffing levels and staff working well together. We found that staff were clear about their roles and responsibilities and valued their work. It was pleasing to hear staff say they enjoyed their work and loved their job. Overall, good working relationships and effective communication promoted a relaxed, warm atmosphere for residents. Comments included:

"Staff always comfort me when I get upset."

"The staff are kind and lovely to me."

"I came in here for respite and just stayed - it's marvellous. Staff are great and can't do enough for me."

"It took me a while to trust staff but do so now completely. They look after me too. I get very upset and depressed watching my (relative) go through dementia so the staff always look out for me and try to cheer me up if I'm down. I don't know where I'd be without them."

Being able to take time to engage in meaningful interactions and conversations with residents without feeling under pressure is important to avoid a task-orientated culture, elements of which were still obvious. The management team were aware of the need to review and develop staff practice to embed a more flexible approach, including the small group living being worked towards through the development of the care home setting.

There were varying views about staffing levels. Comments were:

"Staff always promptly answer my buzzer."

"There are times when I feel more staff would be beneficial to the clients and the staff." "Sometimes staff seem stretched."

"Staff sometimes are over-stretched, e.g. they cannot take a resident to the toilet until another member of staff returns. This is not the fault of the staff - higher staff ratio is needed."

During our inspection, we saw that staff were present and available, attending to residents' needs promptly. Staff told us they felt able to provide consistent care and support but did feel stretched at times. A holistic dependency assessment that informs staffing levels, skill mix and the deployment of staff should be used regularly to consistently demonstrate an evidence based approach to staffing. This should take account of the complexity of residents' needs, the layout of the setting and other measures linked to quality assurances, including people's views, outcomes and experiences - see area for improvement 1.

The role of the keyworker and the benefits this relationship can deliver should be further developed to have a meaningful impact on the quality of residents' daily lives. It should extend to more involvement in care planning, review meetings, communication with families and protected time to promote opportunities for social and functional activity - see area for improvement 2.

To ensure the correct skill mix, the provider and the management team should closely monitor the SVQ strategy, using forward planning to enable the remaining members of the staff team to achieve the qualifications they need to remain registered with the Scottish Social Services Council.

Staff awareness of the Health and Social Care Standards should be raised so that they are able to develop, and reflect on the way they apply the principles in their day-to-day practice.

Areas for improvement

1. A holistic dependency assessment that informs staffing levels, skill mix and the deployment of staff should be used regularly to consistently demonstrate an evidence based approach to staffing. This should take account of the complexity of residents' needs, the layout of the setting and other measures linked to quality assurances including people's views, outcomes and experiences. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"My needs are met by the right number of people." (HSCS 3.15)

"People have time to support and care for me and to speak with me." (HSCS 3.16)

2. The role of the keyworker and the benefits this relationship can deliver should be further developed to have a meaningful impact on the quality of residents' daily lives. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I am confident that people are encouraged to be innovative in the way they support and care for me." (HSCS 4.25)

How good is our setting?

3 - Adequate

People experiencing care should expect to live in a setting that promotes their independence as this maintains people's dignity, giving a sense of control, self-fulfilment and wellbeing.

The facilities allowed people to control the heating, lighting, security and ventilation in their own surroundings and all bedrooms were single with en-suite toilets. Internet access was being improved, which helps people to stay connected.

Decoration of bedrooms, the lounge in Nobel unit and both corridor areas had enhanced the setting, giving it a more homely and welcoming feel. Residents and their relatives spoke positively about being encouraged and supported to influence the decor and furnishings in bedrooms and some shared areas. The dementia strategy

continued to progress changes aimed at improving the setting for people living with dementia. This included better lighting, signage and decor that can help to promote orientation and independence.

Previously, the setting in Ardeer unit did not offer sufficient space or different options where people could choose to spend their time and this had a negative impact on people's experiences, largely due to noise levels and there being too many people together in one area. Since the last inspection, an additional lounge had been developed and staff practice at mealtimes had changed so that residents could be supported to take their meals across three areas. We saw that this had significantly improved the dining experience.

Residents' freedom of movement was not curtailed by staff practice but the layout and facilities of the home environment did not currently encourage people to achieve their full potential. The plans to add an additional quiet/therapy lounge should be progressed as a priority as the main lounge continued to be very busy at times and this would further enhance the setting by supporting small group living - see area for improvement 1.

People experiencing care should be supported to spend time outdoors. The service was well placed for residents to experience care and support free from isolation given the location in the community with good access to local services and facilities. The setting also benefitted from having an enclosed garden area but this had not been used to its full potential. There was scope to develop this in partnership with residents and their families to provide an outside space that people could use more regularly. The developing activities programme and the 'Care About Physical Activity' (CAPA) project should be used to explore and improve opportunities for residents to spend more time outside - see area for improvement 2.

Staff should explore the role of equipment, adaptations and technology in promoting independence for individual residents using a strengths-based approach. This, along with participation in the CAPA project and the planned improvements to the care home setting would help to embed an enabling approach that recognises and develops people's abilities so they can be as independent as possible - see area for improvement 3.

Areas for improvement

1. The setting should be developed and used to its full potential to support independence as well as offering sufficient space and different areas where people can choose to spend their time. The approved plans to add an additional quiet/therapy lounge should be progressed as a priority to enhance small group living. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"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)

"I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSCS 5.11)

2. Opportunities for people experiencing care to spend time outdoors should be explored and improved. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I am supported to participate fully as a citizen in my local community in the way that I want." (HSCS 1.10)

"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)

3. Staff should explore the role of equipment, adaptations and technology in promoting independence for individual residents using a strengths-based approach in order to fully embed an enabling approach that

recognises and develops people's abilities. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment." (HSCS 1.22)

"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 well is our care and support planned?

3 - Adequate

People experiencing care should be fully involved in assessing their care and support needs at an early stage, regularly and when their needs change. This helps to ensure that personal plans are right for each individual, setting out how their needs will be met, as well as their wishes and choices so that staff can deliver care and support effectively.

We saw some good care planning that detailed residents' needs and preferences and the actions taken by staff in response. Staff had assessed people's needs and planned support that would reduce potential health and wellbeing risks. Supporting legal documentation was in place to protect and uphold people's rights where capacity for informed decision making was reduced and we saw examples where staff had involved individuals important to residents in discussions around care and support where residents were not able to fully express their wishes. However, the quality of residents' personal plans was inconsistent and there was a lack of information about what was important to each individual outwith their healthcare needs. We concluded from our discussions with staff that they knew individual residents well, including their preferred choices and routines but the assessment and recording of this information needed to improve as did the consideration of past life and the role this plays in underpinning and supporting a person centred approach to care planning. The meaningful involvement of all residents and their representatives in directing and leading their own care and support should be revisited to embed more of a shared ownership of personal planning. This empowers people to exercise as much choice and control over their lives as possible - see area for improvement 1.

Although care planning around healthcare had been well managed, there was a lack of information to show how residents made decisions and choices about their daily lives. The information recorded was often too generalised and tended to centre on what staff had done without considering the impact of these interventions and how they enabled each individual to get the most out of life and achieve what matters to them. Care planning, evaluations and minutes of six monthly reviews need to have more of a focus on the way that planned care has promoted positive outcomes as well as reflecting people experiencing care having a sense of worth and engagement with life - see area for improvement 2.

People experiencing care should feel safe and protected whilst being able to take informed risks. We discussed the importance of having an enabling culture that maximises opportunities for people to be more physically active to promote wellbeing. Using a strengths-based approach to care planning explores, in a collaborative way, the individual's abilities rather than making deficits the focus of the intervention and care planning should evolve to support this. When using a strengths-based approach, risk is looked at as an enabler, not as a barrier. The role of staff should focus more on supporting people to manage risk, looking at circumstances from their point of view - see area for improvement 3.

Anticipatory care planning was being progressed. Staff should ensure that residents and their families understand the purpose of anticipatory care plans and are supported to complete these records, as a relative we spoke to expressed anxiety about this.

Areas for improvement

1. Staff should develop dynamic personal plans that fully reflect people's wishes, choices and preferred routines, taking account of their past life and what is important to them. This should be managed in partnership with residents and their representatives to promote shared ownership in order to empower people to maintain their identity and exercise as much choice and control over their lives as possible. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I am fully involved in assessing my emotional, psychological and physical needs at an early stage, regularly and when my needs change." (HSCS 1.12)

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

2. Care plan evaluations and minutes of six monthly reviews should reflect people experiencing care having a sense of worth and engagement with life, focussing on the way that planned care has achieved personal outcomes and delivered positive experiences for residents. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

"My care and support meets my needs and is right for me." (HSCS 1.19)

3. A strengths-based focus that fully recognises people's abilities should be established in conjunction with an enabling approach towards risk promotion in order to develop care planning that will support people to maximise their potential. 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)

"I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance my quality of life." (HSCS 2.24)

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

Requirements

Requirement 1

The provider must devise and implement a targeted and evidence based strategy to meet the health and welfare needs of residents living with dementia.

In order to do this the provider must:

- take account of good practice
- involve residents, relatives and staff in developing the strategy

- ensure staff have the required knowledge and skills
- implement each stage of the strategy within agreed timescales
- review and measure the impact of the strategy in improving outcomes.

This is in order to comply with:

- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of users
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15(b)(i) Staffing.

The following National Care Standards were taken into account when making this requirement:

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

This requirement was made on 5 July 2017.

Action taken on previous requirement

The dementia strategy had been implemented and progressed with evidence of positive outcomes for residents. This requirement had been met and we made a new area for improvement to ensure that the strategy continued to achieve the planned priorities for improvement.

Met - outwith timescales

Requirement 2

A programme of meaningful activities that engage residents in purposeful ways must be developed and implemented to promote positive outcomes and experiences, quality of life and wellbeing. In order to achieve this the provider must:

- explore good practice in relation to delivering meaningful activities, including activities for individuals living with dementia
- consult with residents, their families and staff, taking account of individual preferences and addressing any barriers to inclusion and involvement
- enable residents to enjoy an active life and participate in a range of recreational, social, creative, physical and learning activities on a regular basis, both indoors and outdoors
- provide opportunities to experience companionship and maintain and develop personal interests in a way that matters to each individual
- develop the role of key workers and the wider staff team in developing, supporting and delivering the activities programme
- review the activities programme regularly with residents, relatives and staff to maintain good practice.

This in order to comply with:

- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 Principles
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of users

- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5(1) Personal plans
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15(b)(i) Staffing

This requirement was made on 19 March 2018.

Action taken on previous requirement

The activities programme was being developed following the appointment of a new coordinator and the people we spoke to were positive about progress to date. This requirement had been met but opportunities for residents to engage regularly in purposeful and meaningful activities remained a continued area for improvement.

Met - outwith timescales

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

Areas for improvement

Previous area for improvement 1

Personal plans should reflect residents' abilities, personal preferences, choices and routines in detail. Daily notes, evaluations of care plans and the minutes of six monthly reviews should fully reflect residents' experiences and the impact of care planning in promoting positive outcomes.

This area for improvement was made on 19 March 2018.

Action taken since then

We saw a good level of care planning in relation to residents' healthcare needs. However, the level of information about residents' abilities, personal preferences, choices and routines was lacking and there needed to be more of a focus on the way that evaluations of care plans and the minutes of six monthly reviews considered the impact of care planning in promoting positive outcomes. This remained a continued area for improvement.

Previous area for improvement 2

Carpets and furniture that are worn or can no longer be adequately cleaned should be replaced and a more proactive approach should be taken in future to maintain the overall home environment to a high standard using regular environmental audits.

This area for improvement was made on 19 March 2018.

Action taken since then

The provider had committed to ongoing investment that would enhance the quality of the setting, including the imminent upgrading of the bathrooms in Ardeer unit.

Previous area for improvement 3

The role of the keyworker should be fully established ensuring that residents, relatives and staff are familiar with the purpose and remit of this role.

This area for improvement was made on 19 March 2018.

Action taken since then

More work was needed to continue to fully develop the key working role in a meaningful way. This remained a continued area for improvement.

Previous area for improvement 4

Staff should be knowledgeable about the definition and use of restraint as well as having a clear understanding of the provider's restraint policy.

This area for improvement was made on 19 March 2018.

Action taken since then

This had been progressed. The provider's policy and good practice guidance such as 'Rights, risks and limits to freedom' and 'Safe to wander' published by the Mental Welfare Commission should continue to be used to support staff learning. This recommendation had been met.

Previous area for improvement 5

An effective quality assurance framework should be devised and implemented to inform, monitor, maintain and improve quality across the service in a more planned and proactive way.

This area for improvement was made on 19 March 2018.

Action taken since then

The quality assurance checks carried out did not consistently identify areas for development and it was not always clear how the information gathered had been used to inform improvement. This remained a continued area for improvement.

Previous area for improvement 6

A formal development plan should be devised to inform the future direction and improvement of the service in a purposeful and structured way.

This area for improvement was made on 19 March 2018.

Action taken since then

A service development plan had not yet been finalised. This remained a continued area for improvement.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health 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 levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

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