

Preston House Care Home Service

Alburne Park
Glenrothes
KY7 5RB

Telephone: 01592 612418

Type of inspection:

Unannounced

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Service provided by:

Kingdom Homes Ltd

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About the service

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

During the inspection we used the Health and Social Care Standards (HSCS) to help evaluate the quality of the service and people's experiences. The standards can be accessed at www.scot.gov

Preston House is a purpose built care home for older people set in Glenrothes, Fife. The home was registered with the Care Inspectorate on 20 October 2009 to provide 24 hour care and support for up to 64 older people within 60 rooms. The home is on four levels with an underground car park. Bedrooms are on three floors and there is an enclosed garden. The service is owned and managed by Kingdom Homes Ltd. The providers description of Preston House and what people should expect from the service can be found on their website at www.kingdomhomesltd.co.uk

On the days of inspection there were 55 people using the service including people accessing short stay support. The business of the inspection was supported by the newly appointed manager.

What people told us

The views of people using the service and visiting relatives were gathered throughout the inspection, and we were encouraged by reports of improvements having been the result of recent interim management arrangements. At the time of our visit, the newly appointed manager had yet to formally meet and greet relatives.

Before the inspection we received completed care standards questionnaires from seven relatives and seven service users. We also received nine completed staff questionnaires. It was clear from people's responses that there were a number of areas for improvement but a degree of optimism around the potential for improvement.

Our inspection was supported by our inspection volunteer scheme*

It was clear people felt well cared for and comments included:

- "food is standard but it is good"
- "you have the freedom here, you can get up when you want, you can go to bed when you want"
- "if I have a grudge I tell them"
- "they are very very good here, carer that looks after me is a great boy"
- "everyone smiles at you and speaks to you, staff are friendly"
- "good banter with the staff"
- "the girls are good here they'll go the extra mile"
- "sometimes what's on the menu is not what you get".

We carried out SOFI 2 observations. SOFI 2 is a short observational framework for inspection. This is designed to gather information about people's experience of care and support, particularly those who have difficulty with verbal communications. Our observations were carried out over a mealtime. Although we were reassured that no poor interactions were observed, there were a number of missed opportunities where staff's interactions were limited to simply carrying out a task and where better interaction could have improved the quality of people's experience of care and support.

*An inspection volunteer is a member of the public who volunteers to work alongside the care inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services.

The inspection volunteer's role is to speak to people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

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

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 using registered care services can expect to experience high quality care and support where they and/or their representatives are fully involved in decisions made about their care and support. We have evaluated Preston House, adequate where strengths can have a positive impact but where areas of performance need to improve. A good example was in regard to the consistent support for meaningful activity.

During our inspection we observed residents' views and preferences were sought in regard to the day-to-day planning and delivery of care. People we spoke with provided a mixed view in regard to their satisfaction with the care and support they or their loved ones received.

People we spoke with reported feeling safe and that they had confidence in most staff. Although staff were not fully aware of the HSCS, we observed interactions that were generally respectful and caring. We did, however, observe some task orientated practices. We discussed this and the opportunity to develop consistently good standards and responsive care and support through developing the service provided to people living with dementia and the promotion of the HSCS in staff training and reflective accounts.

We were encouraged by feedback from people using the service in regard to the provision of activities. Access to the garden was highlighted as a real asset as was the new 'nail bar'. We were also conscious of people being cared for with a broad range of care and support needs, and where meaningful activity could vary from enjoying outside entertainment, outings and reminiscing with others to simply resting quietly after personal care or meals.

Our own observations, however, were of a lack of provision when the activity staff member was off duty and inconsistencies in regard to the quality of staff interactions with people living in Preston. This, therefore, remains an area for improvement and in regard to staff performance. Information and good practice guidance can be found on 'The Hub' on the Care Inspectorate website at www.careinspectorate.com

People we spoke with continued to provide a mixed review about the quality of meals. There were no complaints about the availability of drinks and snacks and we were reassured at their satisfaction in regard to the ease in which they were given alternatives to the planned menu.

We were encouraged by the provider's recognition of areas for improvement needed in regard to the management and administration of medication and record keeping. Our own examination of a sample of personal plans showed improvements within the assessment and planning of care but little meaningful evaluation within reviews. This was particularly evident in personal plans belonging to people who had been living in Preston long-term. The personal plans for people accessing short-stay support, although not all fully complete, reflected a good process of assessment.

The provider's ongoing development of personal plans provides an opportunity to support good communication and responsive care and support. The new manager had set completion of personal plans as a specific focus for improvement.

How good is our leadership?

3 - Adequate

People using registered services can expect they experience care and support that provides them with confidence in the provider, staff and management. In recognition of the recent changes in management, we have evaluated Preston House, adequate where strengths can have a positive impact but where improvements need to be sustained.

We recognise the provider's own systems of quality assurance and control could support improvements and were encouraged by recent audit activity that had established a baseline and identified slippage in record keeping and staff training and support. We were concerned that remedial action was at an early stage but recognise standard operational procedures were being re-established. We can be confident that proper execution of the provider's quality assurance systems would support improvements in service provision and will re-examine these as part of our ongoing inspection process.

With changes in management and leadership, the provider has an opportunity to ensure their vision, aims and objectives are clear and inform practice. We were encouraged by the example and role model set by the newly appointed manager. People we spoke with provided mixed reviews of their experience. It appeared that there was growing confidence in staff and management. We were further encouraged by the way our feedback was received and where improving the experience of people using the service was identified as crucial to the measurement of performance.

We were concerned about our observation of some task orientated practices. We recognised that this may be a stage in establishing baseline standards, however, this risks staff not getting to know the people in their care or develop record keeping that reflects the experience of people using the service and indicates the effectiveness of care delivered. We were, however, reassured that the recent interim management arrangements had been quite effective in guiding and supporting all staff in the execution of their roles and responsibilities. As a result, we could also be quite confident that the culture of care could develop away from a traditional task orientated model and result in a positive climate of care. This could ultimately support the development of a focus on outcomes rather than just what has to be done to complete the work.

How good is our staff team?

3 - Adequate

People using registered services can expect they experience care and support that provides them with confidence in staff, whatever their role and responsibilities. We have evaluated Preston House, adequate where strengths can have a positive impact but where areas of performance need to improve in order people enjoy good outcomes.

We were reassured that staff were generally held in high regard and where people described staff as caring and patient. We were further reassured by the presence of staff and the quick response to direct requests for assistance.

We recognise the provider's own systems for staff development could support improvements in terms of raising awareness and refreshing knowledge. This in turn could increase confidence and verify competence. We were encouraged by management's recognition of slippage in terms of training and supervision. Remedial action was seen to be at an early stage but systems were being re-established.

The skill-mix, numbers and deployment of staff had been reviewed and the provider used a staffing model to determine the number of staff needed to support the assessed dependency of people using the service. We would encourage the additional consideration of meaningful activity and layout of the building.

We were encouraged by observed staff practice which reflected some flexibility and teamwork. We recognise the challenges faced by new management in establishing a consistently warm atmosphere and good working relations between teams. The work already started in improving communication and clarifying roles and responsibilities should result in improved outcomes for residents in terms of experiencing reliably consistent care and support and good outcomes.

Following discussions with staff and observations of practice we could be confident in the motivation of staff to spend time with the people in their care and support visitors. We were also encouraged by the contribution made by staff not providing direct care and support.

Feedback from people we spoke with and our own observations verified a high standard satisfaction with housekeeping and laundry.

How good is our setting?

4 - Good

People using registered care services can expect to experience a high quality environment. We have evaluated Preston House, good and where strengths can have a significant positive impact, but where efforts must continue to maximise wellbeing and ensure people consistently have positive experiences.

Preston House has been built and adapted to provide good quality care and support within a pleasant environment. People living here can choose to use private and communal areas. We could also be confident in the provision of equipment needed to support people with a variety of care and support needs. The environment was clean and tidy with housekeeping staff carrying out their duties discreetly and engaging with people in a warm and friendly manner.

The garden at Preston House is well maintained and welcoming with the potential to support people get involved in gardening or other leisure pursuits. We were reassured by our own observations of people enjoying the garden and by people verifying they got out. It did remain an area where relatives felt more staff should be available to support people getting out into the garden. As part of their consideration of developing the provision of activities, the provider may have an opportunity to actively involve people in a meaningful way about the layout, setting, and how the garden and space inside the home is used.

We were encouraged that the activities coordinator had identified family and friends as being an asset and often involved in events and activity. She had also identified networking with their sister homes as another way people could get the most out of the home.

How well is our care and support planned?

4 - Good

People using registered care services and or their family/representatives can expect to be fully involved in assessing their needs. This should be supported by the right staff and be carried out on a regular basis. We have evaluated Preston House, good in recognition of ongoing efforts although improvements are required to ensure outcomes are as positive as possible.

We were encouraged by the provider's recent audit activity that had identified areas for improvement in regard to record keeping. We recognise remedial action had been taking place over time and despite other priorities, improving the quality of care records had remained a priority. Our review of a sample of care plans reflected some inconsistencies in relation to care planning and little evaluation of care and support delivered at routine reviews. We could, however, be confident that gradual improvements would continue and the provider had the support of staff in regard to improving the detail and completion of care records.

Staff fully understood the legal implications of maintaining proper records and could demonstrate the role that good record keeping played in supporting communication. We were further encouraged that they were quite aware of how good record keeping can help:

- to maintain a person's unique identity,
- support effective responses to changes in health/wellbeing and
- promote good outcomes for everyone with an interest in a person's care and support.

Although we recognised improvements are required to ensure outcomes are as positive as possible, we could be confident that progress was being made.

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

Requirements

Requirement 1

Medication must be managed in a manner that protects the health and wellbeing of service users.

In order to achieve this, the provider must:

- ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine.
- develop and implement a procedure to communicate verbal orders when there is a change to a prescription.
- ensure that all handwritten entries are signed by two members of staff and reference is made to the prescriber.
- ensure that staff have the skills and knowledge to ensure safe and effective medication administration in accordance with protocols.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

This requirement was made on 30 May 2018.

Action taken on previous requirement

As recorded within our last inspection report, we recognised the provider's ongoing commitment to ensure staff are trained and supported to administer medication, safely. At this inspection it was reassuring to see medication highlighted within the provider's improvement plan.

We were further encouraged by the number of staff trained to administer medication and who demonstrated good knowledge of their role and responsibilities. Our observations at this visit were of medication being administered safely and discreetly.

As a result of a recent focused effort, stock control had improved and staff were alert to any mid-cycle changes or shortfalls. We were, however, aware of continuing anomalies in regard to maintaining a running total of medication in use and the risk of current medication being out of stock.

The provider had taken steps to re-introduce their quality measures and gather information about how well they were performing in regard to the management and administration of medication.

Our audit of medication administration records found no handwritten prescriptions but there were a number of missed signatures. We were concerned this presented an avoidable risk to people receiving their medication as prescribed.

This was discussed with staff and management and reflected the ongoing findings from the provider's own audits. It was agreed that in regard to missing staff signatures: 'Medication Administration Records' could be better and the risk to people getting the right medication at the right time, further reduced.

We concluded that this remains an area of staff performance that must improve:

While we recognise steps taken to improve the management and administration of medication, we would expect evidence of staff consistently following the provider's standard operational procedures before this requirement can be removed. This may continue to have implications for staff training, supervision and deployment.

Not met

Requirement 2

In order to ensure that the individual needs and preferences of people using the service are met in a person centred way, the provider must ensure that the personal plans detail the assisted needs of service users in relation to care and support. This must include, for example, records and evaluation of weight management, hydration and night time routine.

The provider must ensure that staff are also aware of the care and support needs of the people using the service and are able to completely provide information about these needs to colleagues at staff handover.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.51 which states: "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" and HSCS 1.19 which states "My care and support meets my needs and is right for me".

It is also necessary to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 31 October 2018.

Action taken on previous requirement

This requirement reflects a focus on evidence from records to provide assurance about the effectiveness and quality of care and support delivered. At this inspection it was reassuring to see personal plans highlighted within the provider's improvement plan.

We recognised the provider's ongoing commitment to ensure staff are trained and supported to complete records to support effective communication and responsive care and support. We were reassured by our discussions with staff and in regard to their understanding of their role and responsibilities.

However, from our sample of personal plans and supporting records, it was clear that records continue to vary in terms of completion and detail. We were concerned that this presented an avoidable risk to effective communication and people getting the care and support that was right for them.

Although we could see that some personal plans were being reviewed, there was a lack of meaningful evaluation in terms of describing the effectiveness of care and support in terms of outcomes. This was discussed with staff and management in relation to: evidencing a consistently high standard in record keeping, addressing their own audit findings and improvement planning.

We concluded this remains an area that must improve if we are to have confidence in personal plans being responsive and consistently informing all aspects of care and support.

While we recognise steps taken to improve care records we would also expect evidence of consideration of the HSCS and outcomes before this requirement can be removed.

This may also continue to have implications for staff training, supervision and deployment.

Not met

Requirement 3

In order to ensure the health, welfare and safety for people experiencing care, the provider must ensure that staff follow best practice guidance and their service policy in relation to the administration of medication and record keeping.

This must include:

- a) complete records of medicines held within the care home. Records should be able to be audited. The medication administration record (MAR chart) should be used to record all medicines coming into the home and also medicines left over from the previous month which are still prescribed and in date.
- b) Ensure that medicines are administered as instructed by the prescriber.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 3.14 which states: "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 and HSCS 4.11 which states: "I experience high quality care and support based on relevant evidence, guidance and best practice".

It is also necessary to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Guidance about medication, personal plans, review, monitoring and record keeping in residential care services is available on our website at www.careinspectorate.com

This also takes into account: 'The Handling of Medicines in Social Care by Royal Pharmaceutical Society of Great Britain'.

This requirement was made on 22 January 2019.

Action taken on previous requirement

This requirement reflects a focus on evidence from records to provide assurance about the safe management and administration of medication.

As recorded under requirement (1) we recognised the provider's ongoing commitment to ensure staff are trained and supported to administer medication, safely. At this inspection it was reassuring to see medication highlighted within the provider's improvement plan.

We were further encouraged by the number of staff trained to administer medication and who demonstrated good knowledge of their role and responsibilities. Our observations at this visit were of medication being administered safely and discreetly.

As a result of a recent focused effort, stock control had improved and staff were alert to any mid-cycle changes or shortfalls. We were, however, aware of continuing anomalies in regard to maintaining a running total of medication in use and the risk of current medication being out of stock.

We recognise the provider had taken steps to re introduce their quality measures and gather information about how well they were performing in regard to the management and administration of medication.

Our own audit of medication administration records found no handwritten prescriptions but there were a number of missed signatures. We were concerned this presented an avoidable risk to people receiving their medication as prescribed. This was discussed with staff and management and reflected the on-going findings from the provider's own audits. It was agreed that in regard to missing staff signatures: 'Medication Administration Records' could be better and the risk to people getting the right medication at the right time, further reduced. We concluded that this remains an area of staff performance that must improve.

While we recognise steps taken to improve the management and administration of medication, we would expect evidence of staff consistently following the provider's standard operational procedures before this requirement can be removed. This may continue to have implications for staff training, supervision and deployment.

Not met

Requirement 4

In order to ensure that the individual needs and preferences of people using the service are met in a person centred way, the service provider must, having regard to the size and nature of the care service, the stated aims and objectives and the number and needs of service users:

- (i) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
- (ii) ensure that staffing levels take account of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 3.15 which states: "My needs are met by the right number of people" and HSCS 3.16 which states: "People have time to support me and to speak with me"

It is also necessary to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 7 February 2019.

Action taken on previous requirement

The provider uses a staffing model to determine the number of staff needed to support the assessed dependency of people using the service. We were encouraged by the system in place to deploy staff on a day-to-day basis and which demonstrated some responsiveness to the changing demands for staff support. However, this does not take into consideration the social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, or staff training and staff supervision needs.

Our observations over mealtimes continued to reflect inconsistencies in regard to there being enough staff, well enough organised appropriate for the welfare of service users. We were also aware of a lack of meaningful activity when the activities staff member was not on duty.

Whilst we recognise steps taken to ensure good staffing levels, before this requirement can be removed, we would expect evidence of staffing that at all times provided suitably qualified and competent persons in such numbers as are appropriate for the health, welfare and safety of service users. This should take account of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.

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

In order we can be confident that records reflect a high standard of care and support that is right for the individual, the provider should improve the way they are completed and maintained to evidence:

- effective assessment of need
- delivery of planned care and
- evaluation of outcomes of care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "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) and "My care and support meets my needs and is right for me" (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This area for improvement was made on 28 June 2018.

Action taken since then

This area for reflects a focus on evidence from records to provide assurance about the effectiveness and quality of care and support delivered. It also reflected our previous concerns around the effectiveness of nursing provision.

Information recorded under requirement (2) applies and we can remove this area for improvement while requirement (2) provides an opportunity to examine the quality of care records as part of our next inspection.

Previous area for improvement 2

In order we can be confident that people experience high quality care and support the provider should review the way nursing care is provided and how effective their service user dependency measurement is in supporting people with increasing cognitive impairment and frailty.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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) and "If I experience care and support in a group, the overall size and composition of that group is right for me" (HSCS 1.8) and "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "My care and support meets my needs and is right for me" (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23) and "My needs are met by the right number of people" (HSCS 3.15) and "People have time to support and care for me and speak with me" (HSCS 3.16) and "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 28 June 2018.

Action taken since then

We were pleased to see effective nursing provision had been established through recruitment and a consistency in agency staff supplied by the provider's own nurse agency. We were further reassured by the clinical governance established during the period of interim management and in recognition of action taken by the provider to establish support from the central team at head office.

As a result: **we can remove this specific area for improvement in the knowledge that staffing in general will be examined under requirement (4) as part of our next inspection.**

Previous area for improvement 3

In order we can be confident meaningful activity has a sustainable positive impact on the wellbeing of people living in Preston House, the provider should review the way activities are facilitated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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) and "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25) and "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing" (HSCS 2.18) and "I am encouraged and supported to make and keep friendships, including with people my own age" (HSCS 2.19) and "I take part in daily routines, such as setting up activities and mealtimes, if this is what I want" (HSCS 2.21) and "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22) and "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) and "People have time to support and care for me and to speak with me" (HSCS 3.16).

This area for improvement was made on 28 May 2018.

Action taken since then

At this inspection we could evidence an improvement in the experience of people in terms of activities. We did, however, recognise inconsistencies in regard to staff interactions with people and the lack of activity when activity staff were not on duty. We would expect the focus for all staff efforts would reflect the provider's aim to ensure life does not stop when people come to stay in his homes. As recorded under requirement (4).

The provider uses a staffing model to determine the number of staff needed to support the assessed dependency of people using the service. We were encouraged by the system in place to deploy staff on a day-to-day basis and which demonstrated some responsiveness to the changing demands for staff support. However, this does not take into consideration the social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, or staff training and staff supervision needs.

Our observations over mealtimes continued to reflect inconsistencies in regard to there being enough staff, well enough organised appropriate for the welfare of service users. We were also aware of a lack of meaningful activity when the activities staff member was not on duty.

With this in mind we will carry forward this area for improvement.

Previous area for improvement 4

In order for everyone experiencing the service at Preston House to enjoy good quality care and support, the provider should demonstrate staff have the knowledge and skills needed. This will involve delivering a planned training programme and should include the care and support for people living with dementia.

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

This area for improvement was made on 28 June 2018.

Action taken since then

We discussed the provision of care and support for people living with dementia as a possible focus for supporting the development of a positive culture of care. While recognising the skills and experience of staff we were concerned that we observed task orientated practice. In addition, we recognised the disappointment felt by some relatives in regard to their experience of the service.

With this in mind, we will carry forward this area for improvement for examination as part of our next inspection.

Previous area for improvement 5

For people to remain confident in the quality of service they and their loved ones receive, the provider could develop the home's improvement plan to ensure that everyone involved can improve the quality of care experienced in a planned and structured way.

The improvement plan could include details of:

- what areas need to be improved
- what the desired outcomes will be for residents
- how the improvements will be made
- when the improvements will be implemented
- who will be responsible for making improvements and
- how will improvements be measured.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am recognised as an expert in my own experiences, needs and wishes" (HSCS 1.9) and "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11) and "I can be meaningfully involved in how organisations that support and care for me work and develop" (HSCS 4.6) and "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) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 28 June 2018.

Action taken since then

It was encouraging to receive an improvement plan while interim management arrangements were in place. This highlighted action to be taken in regard to personal plans, staffing, management of medication and meaningful activities. This provided good evidence of the initial stages in self-evaluation. We would expect further development to include reference to HSCS and the experience of people in terms of outcomes. We were further reassured by the provider's own "time and motion" study and the immediate action taken to support staff carry out their roles and responsibilities.

On balance we can remove this area for improvement and routinely examine improvement planning as part of our ongoing inspection process.

Previous area for improvement 6

In recognition of the changing needs of people living in Preston House and the opportunity the introduction of the new Health and Social Care standards offers, the provider should review their aims and objectives, service user information and policy and procedure to:

- take into account the new Health and Social Care Standards
- support self-evaluation and improvement planning
- provide more detail about the day-to-day service at Preston House
- inform resources, staff training, roles and responsibilities
- ensure information accurately reflects service provision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I receive and understand information and advice in a format or language that is right for me" (HSCS 2.9) and "I have agreed clear expectations with people about how we behave towards each other, and these are respected" (HSCS 3.3) and "My human rights are central to the organisations that support and care for me" (HSCS 4.1) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27) and "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21).

This area for improvement was made on 28 June 2018.

Action taken since then

This area for improvement was made in reference to the service provided to people accessing short stay. This could be either as assessment or respite and is currently a hugely valued service provided on an ad hoc bed availability basis. The provision of short stay remains an area where clear aims and objectives should be developed in order to mitigate risk and ensure good outcomes for people experiencing respite care or supported in assessment beds.

With this in mind, we will carry forward this area for improvement for examination as part of our next inspection.

Previous area for improvement 7

The provider should ensure that people experiencing care are supported and included, helping them to maintain their interests and what matters to them. This is to ensure care and support is consistent with the Health and Social Care Standards which state: "People have time to support and care for me and to speak with me" (HSCS 3.16)

This area for improvement was made on 31 October 2018.

Action taken since then

As recorded under area for improvement (3)

At this inspection we could evidence an improvement in the experience of people in terms of activities. We did, however, recognise inconsistencies in regard to staff interactions with people and the lack of activity when activity staff were not on duty. We would expect the focus for all staff efforts would reflect the provider's aims and objectives.

With this in mind we will carry forward this area for improvement to be examined again as part of our inspection process.

Previous area for improvement 8

In order to ensure good outcomes for people experiencing care, the manager should ensure that people are supported to attend to their personal care needs in line with their choice, preference and usual routine. Records should clearly reflect the care and support people receive.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, "If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected" 1.4.

This area for improvement was made on 7 February 2019.

Action taken since then

As recorded under area for improvement (1). This area for improvement reflects a focus on evidence from records to provide assurance about the effectiveness and quality of care and support delivered. .

Information recorded under requirement (2) applies and we can remove this area for improvement while requirement (2) provides an opportunity to examine the quality of care records as part of our next inspection.

Previous area for improvement 9

In order to ensure good outcomes for people experiencing care, the manager should ensure that the views of relatives/carers are sought and taken into account when appropriate

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "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" 2.12

This area for improvement was made on 7 February 2019.

Action taken since then

During the course of this inspection we were fortunate to receive a good number of completed care standards questionnaires and gather views throughout the inspection. We recognise that the home has experienced a period of disrupted management and leadership but were encouraged by the approach being adopted by the newly appointed manager. We did, however, receive feedback that reflected a wide range in satisfaction and confidence.

This was discussed with the management and: **we took the decision to carry forward this area for improvement until we see evidence of sustained improvement in levels of involvement and satisfaction.**

Previous area for improvement 10

In order to ensure good outcomes for people experiencing care, the manager should improve standards of cleanliness in the care home. People should expect to live in a clean, odour free environment that is regularly monitored. Cleaning schedules should be easy to audit.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" 5.22.

This area for improvement was made on 7 February 2019.

Action taken since then

We were encouraged by the standards in housekeeping seen and reported. We were further reassured by immediate action taken to repaint a room, improve odours within another and address day-to-day repairs identified as part of the manager's routine walk around the home. Following discussions with staff we could be confident they felt they had good support and could maintain a good level of cleanliness even when short of staff.

As a result we can remove this area for improvement.

Previous area for improvement 11

In order to ensure good outcomes for people experiencing care, the manager should ensure that staff understand the need for people to be appropriately dressed for outings in order to promote their dignity and wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" 1.23.

This area for improvement was made on 7 February 2019.

Action taken since then

Following our own observations and discussions with residents and visitors, we were reassured that staff understand the need for people to be appropriately dressed for outings in order to promote their dignity and wellbeing.

As a result we could remove this area for improvement.

Previous area for improvement 12

In order to ensure good outcomes for people experiencing care, people experiencing care should have their needs assessed and planned for effectively. Any required action or interventions should be clearly detailed along with how they will be achieved.

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" 1.15.

This area for improvement was made on 7 February 2018.

Action taken since then

As recorded under area for improvement (1). This area for reflects our focus on evidence from records to provide assurance about the effectiveness and quality of care and support delivered.

Information recorded under requirement (2) applies and we can remove this area for improvement while requirement (2) provides an opportunity to examine the quality of care records as part of our next inspection.

Previous area for improvement 13

In order to ensure good outcomes for people experiencing care, the manager should ensure that appropriate pain assessment tools are available for staff to use. Where appropriate, staff should be provided with training in the use of pain assessment tools.

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 professional and organisational codes" 3.14.

This area for improvement was made on 7 February 2019.

Action taken since then

The provider had recognised slippage in staff training and supervision. We would expect evidence of a focussed effort to improve staff understanding and performance in regard to pain management.

With this in mind we will carry forward this area for improvement to be examined as part of our on-going inspection process.

Previous area for improvement 14

In order to ensure good outcomes for people experiencing care, the manager should take responsibility for failings in care delivery and issue an apology where things have gone wrong.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, "I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions" 4.4.

This area for improvement was made on 7 February 2019.

Action taken since then

We were reassured by steps taken by the provider to improve the management and leadership. We were aware of concerns being handled at a local level and to the satisfaction of people in general.

With this in mind we can remove this area for improvement.

Previous area for improvement 15

In order to ensure good outcomes for people experiencing respite care, the manager should improve managerial oversight of the care and support being delivered. The manager should demonstrate that there are effective practice monitoring systems in place to promote positive respite outcomes.

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" 4.19.

This area for improvement was made on 7 February 2019.

Action taken since then

As recorded under area for improvement (7): the provision of short stay remains an area where clear aims and objectives should be developed in order to mitigate risk and ensure good outcomes for people experiencing respite care or supported in assessment beds.

With this in mind, we will carry forward this area for improvement for examination as part of our next inspection.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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