

## Lornebank Care Centre Care Home Service

3 Lorne Street  
Hamilton  
ML3 9AB

Telephone: 01698 539440

**Type of inspection:**

Unannounced

**Completed on:**

3 July 2019

**Service provided by:**

Hudson (Lorne) Limited

**Service provider number:**

SP2011011699

**Service no:**

CS2011301463

## 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](http://www.careinspectorate.com).

This service registered with the Care Inspectorate on 14 November 2011.

Lornebank Care Centre is operated by Hudson Healthcare Limited. The service is registered to provide care and support to a maximum of 74 older people some of whom may have dementia. Inclusive in the maximum number are up to 10 places for older adults aged 50 years and above with conditions aligned to old age. The occupancy of the home increased from 41 to 74 as a result of a new extension known as Willowbank that opened in September 2018. At the time of the inspection there were 59 people living in the service.

The home is situated in the town of Hamilton and is close to local amenities and local transport links.

The objectives of the service are 'to provide a high standard of individualised care to all its service users who will live in a clean, safe environment and be treated with care, dignity, respect and sensitivity to meet the individual needs and the abilities of the service user. The care service is delivered flexibly, attentively and in a non-discriminatory fashion with respect and independence, privacy and the right to make informed choices and to take risks.'

## What people told us

We spoke with a number of residents and relatives during the inspection. People highlighted concerns around staffing levels as well as meals and activities.

We received seven completed questionnaires from relatives and carers of people residing in the service prior to the inspection. Of these, three strongly agreed and four agreed with the statement 'Overall I am happy with the quality of care my relative receives at this home'.

People made the following comments:

'Staff are very good and work hard, they are understaffed in my opinion'.

'My relative/friend recently passed away, all staff were most caring to all their friends and family and couldn't be more helpful/caring at this sad time and was much appreciated'.

'Carers should belong in the one unit for reasons that most of the residents know them and are comfortable, rather than moving staff every time into other units'.

'Some times staff moved to cover units where short of staff thus leaving that unit short'.

'Good staff services to residents but the problem here was staffing in off duty never resolved'.

'Staff are leaving and look under pressure to me'.

'Two staff to a unit is not meeting needs of residents. Have heard it will be put up to three but I am not convinced. Needs two staff to toilet most residents'.

## 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?	2 - Weak
How good is our setting?	3 - Adequate
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

People experiencing a care service should be treated with compassion, dignity and respect by staff. This ensures people are confident that they are treated as individuals and their views are acknowledged and their choices are respected.

In line with previous inspections we continued to see some lovely interactions between staff and those living in the service. We saw that people's privacy and dignity were respected. However, we also saw some practice that caused us concern that we fed back to management to action.

Some service users commented that there were frequent changes of staff working in the areas they lived in and that this made it difficult to build up relationships with staff. It also meant that staff were not always aware of individuals care and support needs. We have made an area for improvement under 'How good is our staff team' section of this report relating to this.

At the last inspection we made a requirement in relation to the service effectively monitoring people's health needs and where documentation was in place to monitor that this had to be completed appropriately. In line with previous findings we continued to identify that documentation was not being completed in line with best practice guidance and that this meant that staff were unable to clearly show that people's health needs were being effectively managed particularly around food and fluid intake and how people's skin was being monitored. The outcome of this was that the service were failing to effectively monitor people's healthcare and putting people at risk. This was despite staff receiving appropriate training from healthcare professionals, and in part due to the new electronic care planning documentation that had recently been introduced. It was positive to see that staff acted on verbal feedback given at the inspection and reintroduced paper documentation that management could monitor daily (see requirement 1).

We reviewed how the service managed people's medication and identified some issues in relation to recording and medication being out which had the potential to impact on people's health and well-being (see requirement 2).

We made an area for improvement at the last inspection that the way people spend their day should promote feelings of purposefulness and well-being. Activities should be meaningful and suited to individual's abilities and needs. Again we continued to find that the activity co-ordinator ensured that there was a wide range of activities and entertainment happening in the service, particularly when they were on shift. However, despite them leaving a range of resources for staff to access in their absence we noted that very little took place. This was also highlighted by those living in the service and their relatives and was particularly noticeable when staffing levels were below that assessed as needed. We will therefore repeat this area for improvement and monitor progress at the next inspection (see area for improvement 1).

People who experience care should expect to have access to suitably presented healthy meals and snacks that help them maintain nutritional health and wellbeing. New menus had recently been introduced in the service following consultation with those living there. We observed a couple of mealtimes and generally found that people were offered a choice at each meal. People received assistance in a dignified way which respected personal preferences. Again residents spoken with told us that the meals were of variable quality and a number of those spoken with were not aware if there were alternatives if they did not like what was on the menu. We also noted that menus did not reflect meal choices for those who needed a modified diet. We noted that in some units there were days when staff recorded that they had insufficient quantities of food to meet people's nutritional needs (see requirement 3).

## Requirements

1. To ensure that where people's care needs are being closely monitored that this documentation is appropriately completed and evaluated to ensure that the persons needs are being met and where not action taken to address this, the provider must put in place an effective monitoring systems by 14 August 2019.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'My care and support meets my needs and is right for me' (HSCS 1.19) It also complies with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. The service provider must ensure the health and welfare of residents by ensuring safe administration and recording of medicines. To do this they must ensure that medication is given in a manner that allows the resident to get the intended benefit of the medicine. In order to achieve this:

- the service must ensure that medication is available at the time of administration.
- that where a regular medicine is not given as prescribed, a reason for this must be clearly annotated on the Medicines Administration Recording (MAR) chart.
- where a "when required" medicine is given (e.g. to manage an emotional or mental health need) the service should ensure that the reason for use and outcome are recorded.

This ensures care and support is consistent with the Health and Social Care Standards which state - 'If I need help with medication, I am able to have as much control as is possible' (HSCS 2.23). It also complies with Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2011/210 Regulation 4 (1)(c) - a requirement to ensure that no-one is subject to restraint unless it is the only practicable means of securing the welfare of that or any other resident of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This has to be achieved by the 14 August 2019.

3. The service provider must ensure that people are provided with a range of nutritious meals and ensure that these are in sufficient quantities to meet people's needs. People must be made aware of choices available for those on modified diets as well as alternatives available if people do not like the choices on offer. This is to ensure that people's nutritional needs are fully met and has to be achieved by the 14 August 2019.

This ensures care and support is consistent with the Health and Social Care Standards which state - 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37) It also complies with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Areas for improvement

1. The provider should ensure that people living in the service are supported to take part in a wide range of activities that are meaningful to the individual. This should include periods where an activity co-ordinator is not available.

This ensures care and support is consistent with the Health and Social Care Standards, which states - '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)

## How good is our leadership?

## 2 - Weak

We inspected Lornebank in February 2019 and it was disappointing that the service had only met one of the requirements and three of the areas for improvements highlighted.

We made a requirement at the last inspection about the service developing and reviewing its quality assurance systems to ensure that they were robust and effective and that any actions identified were actioned promptly. Although we noted improvements in the range of audits undertaken we found that these were often not being completed as intended by staff. This resulted in a lack of monitoring around the quality of care, support and outcomes experienced by people living in the service. This meant management did not have a clear overview of improvements needed in the service (see requirement 1).

It was disappointing that the service was unable to show that it had taken learning from previous issues highlighted and created robust systems around this to potentially prevent these reoccurring.

In line with previous findings we continued to identify that although accidents and incidents were recorded there was no evidence to show that the service had analysed the information contained in these to look at any patterns such as times of occurrence and any preventative actions needed to avoid reoccurrence. This could potentially mean that people remained at risk of further injury.

We did note that there had been improved opportunities for residents, relatives and staff to comment on and influence service provision since the last inspection. However, we were informed that no complaints had been made to the service despite relatives advising us that they had raised some. The service needs to ensure that they have systems in place that record all complaints and/or concerns raised with them and actions taken to address these (see area for improvement 1).

There continued to be no development/improvement plan in place identifying how the service planned to move forward. This plan would help to demonstrate how the service was developing through making continuous improvement. This should be shared with residents, relatives and staff to show what the priorities would be for the home and demonstrate how and by when these would be addressed (see area for improvement 2).

### Requirements

1. The provider must demonstrate how audit systems have helped improve the service namely:

- demonstrate that practices and processes have improved as a result of the audit
- improve records to reflect the actions required to address deficits identified through audit processes and assessments
- record the reasons why if actions have not been taken where there are on-going issues
- reflect that the actions which had been identified had been taken.

This ensures care and support is consistent with the Health and Social Care Standard 4.23 'I use a service and organisation that are well led and managed'. This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, and (b) provide services in a manner which respects the privacy and dignity of service users. Timescale: to be completed by 1 October 2019.

## Areas for improvement

1. The service have to ensure that where they receive any complaint or concern that this is appropriately recorded and the outcome of investigation is given to the individual raising the issue.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences' (HSCS 4.21)

2. The service should bring together a development plan that shows how it plans to move the home forward in the coming months and years. This should be done following consultation with residents, their relatives and staff.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HCSC 4.6)

## How good is our staff team?

### 2 - Weak

People using the service should feel assured that there are enough staff to support them and/or their families or visitors. They should also experience care that is not unduly rushed or delayed.

We noted that safe recruitment practices were adhered to and staff continued to be registered with their appropriate governing body. Recruitment was ongoing to fill staff vacancies. Good attention was paid to staff training, with regular training opportunities made available to staff. Staff advised that they had the necessary training to carry out their roles and responsibilities and that if they identified any additional training that this would be provided.

We made a requirement at the last inspection in relation to the service being able to show how staffing levels were being assessed and reviewed to ensure staffing was appropriate to meet the care and support needs of those living in the service. A system to monitor and review staffing levels had been introduced and from our observations and discussions with people using the service, their relatives and staff it would appear that if all staff attend for their work then assessed staffing levels were appropriate.

The service could evidence that staffing levels were being increased in line with people's needs and occupancy. However, we identified a number of days where staffing levels fell significantly below the assessed need and that this had an impact on the support provided to people. Relatives spoke of the lack of staff presence in the units, delays in care being provided and lack of stimulation and engagement for those living in the service. Staff also spoke of issues in relation to poor staffing levels and a recognition that they were unable to provide the care and support they would wish to deliver at these times. Management were unable to demonstrate what actions had been taken in an attempt to secure additional staff to cover shifts when numbers fell below the assessed level (see requirement 1).

We identified that there was a lack of staff taking responsibility in the units. This was due to staff being moved around the home and working within different units. This meant that staff were not always aware of the needs of people they were responsible for providing care to that day. This was compounded by poor care planning documentation and recording. Management advised that they had been identifying specific staff for units in order to address this issue. We would ask that this be prioritised and will monitor the impact of this at the next inspection (see area for improvement 1).

We noted that the majority of staff were wearing name badges which helped to ensure that those living in the service and their relatives were aware of who staff were.

## Requirements

1. To ensure that people get the care and support needed to meet their assessed care and support needs, the provider must be able to demonstrate the actions taken to ensure appropriate staffing levels are maintained where possible where staff do not arrive at work by 14 August 2019.

This ensures care and support is consistent with the Health and Social Care Standards which state - 'My needs are met by the right number of people' (HSCS 3.15). It also complies with Regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Areas for improvement

1. The provider should ensure that there is a consistency of staff working within set areas of the home to provide continuity of care to those living there.

This ensures care and support is consistent with the Health and Social Care Standards which state - 'I know who provides my care and support on a day to day basis and what they are expected to do. If possible I have a say on who provides my care and support' (HSCS 3.11)

## How good is our setting?

### 3 - Adequate

Lornebank Care Centre consists of five separate units each having its own lounge and dining areas. The accommodation provides people with single bedrooms, all with en-suite shower facilities. An emergency call system was fitted to bedrooms to allow people to summon staff assistance when needed. Additional communal bathrooms and toilets were available in each unit. A café area was available at the front entrance for visitors and residents to use. The service had controlled door entry systems which helped to ensure people's safety. A lift was available in each building.

We found that the environment was mainly clean and fresh although there were areas that needed some additional attention.

The service had assessed the accommodation using the King's Fund Environmental Tool to assess changes needed to improve the environment for those living there. Where issues had been highlighted these had been added to the services development plan for the accommodation. This included the need to improve signage and have names on people's doors to help improve people's ability to orientate themselves around the accommodation.

We found that the three units in the original building needed upgraded in terms of fixtures and furnishings, with some furnishings damaged and potentially a health and safety and infection control risk for people. We acknowledge that the provider had plans to address this but at the time of the inspection there was no date for this work to take place (see area for improvement 1).

During the inspection we noted that the Peacock unit had become a through corridor between the two buildings with staff and visitors using this as a short cut to move from one building to another. This had a negative impact on those living in that unit whose privacy was impacted on as well as an increase in noise levels that people had



to regularly put up with. This was particularly concerning as this unit accommodates people living with dementia, many of whom have been assessed as requiring a quiet environment to benefit their wellbeing. We highlighted this to management who did take action to try to ensure that visitors used the most appropriate entrance when visiting their relative. Management also agreed to review the unit in order to improve people's privacy and quality of life (see area for improvement 2).

People continued to inform us that they liked their bedrooms and had been encouraged to personalise these with their own belongings.

At the last inspection we highlighted that there were facilities where people could make themselves hot or cold drinks. However, we again found that there were missed opportunities in relation to staff supporting people to access these areas as well as further developing them to provide people with opportunities to make their own snack thus supporting and promoting people's independence (see area for improvements 3).

Access to outdoor space is important in encouraging people to move around and get fresh air. People had access to a well maintained, secure outside garden area but for the majority of people would need the assistance of staff or family members to access this area. At the time of the inspection access to one area of the garden was locked so people were unable to access it, despite the lovely weather (see area for improvement 4).

## Areas for improvement

1. The provider should provide a time frame for works to be carried out to improve the fixtures and furnishings in the original building. This work should include facilities that are appropriate and help to maintain peoples independence.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16)

2. The provider should review how staff and visitors use the Peacock unit as a short cut to other areas of the home. This is to improve people's right to privacy and safety in this area and also to reduce the significant noise levels of through traffic.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18)

3. The provider should ensure that where possible people living in the care service are supported to make their own drinks and snacks.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'If appropriate I can choose to make my own meals, snacks and drinks with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS 1.38). Repeated.

4. The provider should ensure the people have access to the garden at all times to encourage mobility and accessing fresh air.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'If I live in a care home, I can use a private garden' (HSCS 5.23)

## How well is our care and support planned?

2 - Weak

Assessment and care planning should reflect people's needs and wishes. Since the last inspection the service had moved to new electronic care plans. We read a sample of these across all areas of the service and found that there were significant issues with the lack of detail and follow through contained within this documentation. We found that information was not always being recorded within the relevant sections of the care plans and when we asked staff to find information for us they had difficulty in doing so. We therefore assessed that people's care needs were not being appropriately and clearly recorded, thus putting people at risk in terms of their care and support needs not being addressed (see requirement 1).

From discussions with staff it was clear that people were at different stages in terms of their knowledge and understanding of how to use the electronic care planning system and this had impacted on people's ability to accurately detail and record the care and support people required.

We had previously suggested that the service should consider developing one page profiles to provide staff with an overview of each resident and how best to support them. This would help to ensure continuity in care, especially where staff were working in other units in the service or agency staff were being used. These had not been developed and staff spoken with continued to highlight issues of being unable to read people's personal plans due to lack of time which often meant they did not have the most relevant details about a person support needs when they were providing direct care. This could have a detrimental outcome for individual residents.

The keyworker role was still not fully established and should be developed to support relationships which enhance people's quality of life (see area for improvement 1).

### Requirements

1. The provider must ensure that all service users have a detailed personal care plan in place that highlights people's care and support needs by 1 September 2019. This is to ensure that staff support people to address their health and wellbeing needs appropriately and that this is regularly reviewed and updated to reflect people's needs at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standard 1.15 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'. It also complies with Regulation 5(1) - Personal Plans ) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

### Areas for improvement

1. The service should consider how the keyworker role can be developed to ensure that all residents have opportunities to spend time with their named worker on a regular basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which state - 'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8)

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

### Requirements

#### Requirement 1

To ensure that where people's care needs are being closely monitored that this documentation is appropriately completed and evaluated to ensure that the persons needs are being met and where not action taken to address this, the provider must put in place an effective monitoring systems by 1 April 2019.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'My care and support meets my needs and is right for me' (HSCS 1.19). It also complies with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 15 February 2019.**

#### Action taken on previous requirement

We examined how people's care needs were being monitored. We found that the new electronic care planning system introduced by the service was not being used effectively. Recording of areas such as food and fluid in take and skin pressure relieve were poor and failed to demonstrate care and support being provided around these key areas. As a result we were unable to say that people's care needs were being met in this area.

This requirement is unmet and will be repeated.

**Not met**

#### Requirement 2

The provider must demonstrate how audit systems have helped improve the service namely:

- demonstrate that practices and processes have improved as a result of the audit
- improve records to reflect the actions required to address deficits identified through audit processes and assessments
- record the reasons why if actions have not been taken where there are on-going issues
- reflect that the actions which had been identified had been taken.

This ensures care and support is consistent with the Health and Social Care Standard 4.23 'I use a service and organisation that are well led and managed'. This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, and (b) provide services in a manner which respects the privacy and dignity of service users.

Timescale: to be completed by 31 May 2019

**This requirement was made on 15 February 2019.**

## Action taken on previous requirement

We examined the audits in place and continued to identify failings in how the audits were being used within the service. This resulted in management not having a clear overview of potential issues in the service or effective actions in place to address these.

This requirement has not been met and will be repeated.

## Not met

### Requirement 3

To ensure that people get the appropriate care and support from staff, the provider must put in place an effective system to assess and monitor staffing levels to ensure these meet the care and support needs of those living in the service. This must include people's social and emotional needs.

This has to be achieved by 12 April 2019. This ensures care and support is consistent with the Health and Social Care Standards which state - '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) and 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17). It also complies with Regulation 15(a) (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 15 February 2019.**

## Action taken on previous requirement

The service had introduced a system to monitor and review staffing levels in the service. We found through observations and discussions with staff that if all staff attended for their shifts then staff found the staffing levels to be effective. Issues arose where staff called in last minute to say they could not come to work and this resulted in the service operating under the assessed number. The service were also unable to show what actions it had taken to attempt to get staff in to cover shifts.

This requirement is met in relation to assessing staffing levels however we will make a new requirement in relation to maintaining staffing and demonstrating actions taken where staff do not attend work.

## 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

The provider should ensure that people living in the service are supported to take part in a wide range of activities that are meaningful to the individual. This should include periods where an activity co-ordinator is not available.

This ensures care and support is consistent with the Health and Social Care Standards, which states - '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)

**This area for improvement was made on 15 February 2019.**

#### Action taken since then

We continued to find that when the activity co-ordinator was in the building that a range of activities took place. However we continued to identify that in their absence activities were very limited. Staff had a range of resources available to deliver activities throughout the day but where staffing levels dropped below that assessed to meet people's needs activities were not delivered in any meaningful way.

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

#### Previous area for improvement 2

The service need to re-establish ways to engage those using the service and their relatives, friends and staff in seeking regular feedback and views on all aspects of the service.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HCSC 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' (HCSC 4.8)

**This area for improvement was made on 15 February 2019.**

#### Action taken since then

The service had re-established ways to seek people's views on service provisions through regular service user and relative meetings as well as questionnaires.

This area for improvement has been met.

#### Previous area for improvement 3

The service should bring together a development plan that shows how it plans to move the home forward in the coming months and years. This should be done following consultation with residents, their relatives and staff.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HCSC 4.6)

**This area for improvement was made on 15 February 2019.**

#### Action taken since then

The service still need to bring together an effective development plan that identifies how the service plans to move forward and progress in the coming months and years. This needs to include areas identified through inspection and effective audit processes.

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

#### Previous area for improvement 4

The provider should ensure that all staff wear name badges so that people using and visiting the service are aware of who staff are.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'I know who provides my care and support on a day to day basis and what they are expected to do. If possible I can have a say on who provides my care and support' (HSCS 3.11)

**This area for improvement was made on 15 February 2019.**

## Action taken since then

We found that there had been an improvement in this area and that the majority of staff were wearing name badges to identify themselves to those living in the service and visitors.

This area for improvement is met.

## Previous area for improvement 5

The provider should ensure that where possible people living in the care service are supported to make their own drinks and snacks.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'If appropriate I can choose to make my own meals, snacks and drinks with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS 1.38)

**This area for improvement was made on 15 February 2019.**

## Action taken since then

Despite having facilities available we did not see people being assisted to make their own drinks or snacks.

This area for improvement will be repeated.

## Previous area for improvement 6

The provider should undertake a review of the accommodation to ensure that it is appropriate to meet the needs of those living there.

This ensures care and support is consistent with the Health and Social Care Standards, which state - 'The premises have been adapted, equipped and furnished to meet my needs' (HSCS 5.16)

**This area for improvement was made on 15 February 2019.**

## Action taken since then

The service had carried out an overview of the accommodation as asked for. From this they had identified areas that needed to be improved and had developed an action plan to upgrade the environment where needed. We will review how effective the planned changes are at future inspections.

This area for improvement has been met.

## Previous area for improvement 7

The provider should ensure that information contained in personal plans remains relevant and updated as needed.

This ensures care and support is consistent with the Health and Social Care Standards, which state - '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' (HSCS 1.15)

**This area for improvement was made on 15 February 2019.**

#### Action taken since then

We were concerned about the quality of information contained in people's personal plans which has resulted in us making a requirement in this area.

See the section on 'How well is out care and support planned' for detail.

## 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	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak
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?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak



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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

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