

## Gilmerton Care Home Service

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Gilmerton  
Edinburgh  
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**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

Four Seasons Health Care (Scotland)  
Limited, a member of the Four Seasons  
Health Care Group

**Service provider number:**

SP2007009144

**Service no:**

CS2003010639

## About the service

Gilmerton is a purpose built care home, situated in a residential area, in the south of the city of Edinburgh. There are local amenities nearby, such as shops and local services. The home has a garden, two small car parks and is close to main bus routes.

The service is registered to provide care for a maximum of 60 older people. At the time of our inspection there were 57 residents in the home.

Resident's accommodation is set out over two floors, and is divided into four units. On the first floor, Eden and Hume units provide care for people who have dementia. On the ground floor, Gladstone and Churchill units provide care for physically frail older people.

All resident's bedrooms are single rooms with an en-suite toilet and wash hand basin. Each of the units has two sitting rooms and a dining area. There are shared bathing and toilet facilities on each of the units. The home also has separate kitchen, laundry and staff facilities.

The service is owned by Four Seasons Health Care (Scotland) Limited.

The service's aim is:

"We know what we do is important, so we work together to deliver high quality care to all our residents. We will listen to you to enable us to provide you with individual care and support based upon what you are telling us".

## What people told us

At this inspection there were 57 people using the service. We spoke with around 20 residents in some detail about their experience and we chatted with, or observed the care, of other residents. Residents gave us mixed views about some aspects of the service.

We sent 20 questionnaires for residents and we received 14 completed questionnaires. Staff had helped residents to complete the questionnaires. The service may wish to consider using independent advocacy services to assist residents to complete questionnaires in future. This ensures residents can express their views freely. Some residents told us that they had to wait for assistance but were positive about the kindness of staff.

Comments included:

- "I'd like more of a choice with meals, for example, no sauce on chicken.", another said "I get fed up with the food, but I'm not a big eater, they do right by me. I never have any problems-I like it here",
- "Staff are very helpful when I need assistance, I get to choose my meals from a menu and I like to join in almost all the activities",
- "The heating is not working in my room at all, it's getting me down"

One resident commented that the management in the home is good.

We spoke with 12 family members in more detail during the inspection. We also sent 20 questionnaires to relatives of people who use the service. We received nine completed questionnaires.

One relative commented on the friendliness of the staff and the welcome which they always received at Gilmerton. They said "I never have to worry as they are so well cared for and more."

Other comments included: "I am happy with the changes that have recently taken place in Gilmerton. New manager and Deputy. The new manager has made the effort to ensure she is always available should relatives feel they need to discuss anything. She leads a fantastic team and is very well-respected by anyone you speak to".

We received similar comments from residents and relatives during our inspection. The manager was highly regarded by residents, relatives and staff. They told us that they were confident in her abilities to make the necessary improvements in the home and that she was approachable and listened to their concerns.

Another relative's comment captured the staffing issues: "As a daily visitor I observe how attentive and patient the staff are with my husband. They understand fully his needs, likes and dislikes. The staff also communicate with relatives and take time to build rapport. On occasions, the unit has been low on resources. I feel strongly that this has a negative impact on my husband's care and the wellbeing of the staff."

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection, (SOFI). This helps us evaluate experiences of people who cannot always verbally tell us what it is like to live in the care home.

We saw that staff were mostly caring when they interacted with residents and worked very hard, but our overall impression was that there were not enough staff to provide the support that residents needed. For example, residents who were up first were waiting alone in the dining room for breakfast. There were no staff assigned to the dining room to greet them or offer a hot drink or cereal. Staff said some residents were at risk of choking and could not be left alone to eat breakfast but staff were needed to help residents to get up. This added to our view that more staff were needed at key times to help improve the quality of residents experience. Many of the interactions at mealtimes were neutral and task related which may be related to the high number of residents who needed full or partial assistance, or encouragement to eat. This was seen especially, but not exclusively, on the two units for people who have dementia. Some of the relatives comments confirmed our view of the positive way staff interacted with residents in general, although they said there were not enough staff and no activity staff.

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

2 - Weak

Residents experienced compassionate care. We observed warmth and kindness between staff and residents and genuine affection was evident in the way residents were cared for. Two members of care staff especially stood out because they were good at developing bonds with residents and their interactions showed genuine warmth, compassion and understanding.

Whilst staff demonstrated kindness in their practice, availability of staff and the level of assistance needed by residents, meant that at times interactions were mostly task related or residents had to wait for help. At mealtimes we saw staff were unable to assist all of the residents who needed help at once. There were periods when call bells rang for prolonged times or we found residents who did not get responsive care until we asked staff to provide it. We have made a requirement about staffing in "How good is our staff team". Some residents were distressed when they were helped by female carers and preferred male carers. We thought the service could have done more to organise this when there were male care staff available. More compassionate care could be demonstrated by ensuring residents' hearing aids were working and worn and making sure any utensils or aids needed to help the resident maintain their independence were available.

Activity provision had deteriorated since the last inspection. There were no activity staff currently in the home although new staff had been recruited and were receiving an induction. Care staff needed to spend their time caring for residents and did not have the time to provide meaningful activities or to organise activities.

Some external entertainers had been invited in to the home periodically and staff put on music in the lounge for residents. Some families visited frequently and provided stimulating company for their loved one and we saw a church service taking place in the home which was well attended by residents.

There were few other opportunities to help residents with their aspirations or goals on an individual basis and none of the residents we spoke with had been on an outing. As at the previous inspections, activity staff were due to start and we saw them in the home on the day we gave the inspection feedback. It is hoped that this addition would provide more varied and individual opportunities for residents to keep active and maintain their interests. When we looked at records we saw a record of attendance. We expect records of activities to show the outcomes for participants rather than simply a record of attendance. The inspection showed there was little opportunity for residents to participate in a range of recreational, social and creative physical and learning activities which suited their individual needs. **See area for improvement 1.**

At the last inspection there were plans to develop the newsletter as a way of communicating with residents and relatives. Both residents and relatives told us that the manager was good at sharing information and asking for feedback on the service. Relatives told us that the new manager listened to their feedback and told us they were confident that she would make the necessary improvements in the home. Continuing with this progress would help residents and relatives stay informed about events in the home, staffing and planned changes.

Staff tried hard at mealtimes to encourage residents who were reluctant to eat and offered assistance to residents who could not eat independently. Some residents would have benefitted from staff sitting with them to prompt eating, but the staff were busy helping other residents who needed direct assistance. Those residents at risk of under nutrition were identified through assessment and residents' weights were monitored. However, care plans were not always clear about the planned interventions or outcome of referral to a dietician when a risk was identified. Improvements were needed to the meal time choices offered, especially for residents who needed a texture modified diet as they did not receive a choice of meal. We identified at the last inspection that the menu needed to be reviewed and this was still to take place. We saw that the chef and kitchen staff worked hard but budget and staffing resources made development and improvement difficult. **See area for improvement 2.**

When medicines are administered at mealtimes it interrupts the meal experience and can affect resident's appetite, it also takes the nurse away from overseeing and assisting with mealtimes. At the last inspection we asked the manager to review the practice of administering medicines at mealtimes. The permanent staff had changed their practice, however, we noted that this practice had continued with bank and agency staff.

Improvements had been made to the completion of medication administration records (MARs). However, there were still occasions when staff missed administering medicine although the instances were fewer. When medicines were omitted there was no explanation for this recorded in the relevant section of the MAR.

The way that medicines were counted was inconsistent and had the potential to cause confusion for staff. The stock count for one controlled medicine did not tally with the stock in the home. The medicine was found two days later, however, this means the systems used to store medicines in the home were not effective.

More attention was also needed to make sure that medicines, including topical preparations, were not being returned to pharmacy when they were still prescribed for residents. Improvements in this were underway. This will help reduce unnecessary waste. Topical medicines needed to be dated when opened. Where a reduced dose of paracetamol was prescribed due to a low body weight, "as required protocols", needed to show the correct maximum dosage of medicine that could be given in 24 hours. This ensures staff have accurate information to guide their practice.

Where medicines were administered covertly, (in a disguised form), best practice guidance was generally being followed. However, we noted, that as at the last inspection, medicine additions had been made for one resident without the appropriate protocol being followed. This had not been detected by the home's internal quality assurance systems. In keeping with best practice guidelines, review dates should be set and adhered to, and the need for covert administration should be reviewed when new medicines are prescribed. The home needs to check that dosages on the medicines administration records match the prescription to prevent potential errors and that records of medication allergies correspond and are correctly recorded on all the necessary records.

Through our notification system we note that residents missing medicines through unintentional omission continues to occur. The manager has taken steps to address this, however errors continue. **See requirement 1.**

Pain assessment and monitoring could be improved. Even when pain was not well controlled, pain assessments were being carried out monthly. More frequent assessment and evaluation of the effectiveness of analgesia could help staff identify patterns and trends and links with rest and activity. This could help improve pain management for residents. Some residents who experienced pain told us that there were things that staff could assist them with such as repositioning prior to receiving analgesia. The pain management plan did not clearly identify how staff should help residents manage pain. For some residents, who experienced pain associated with wound dressing changes, pre-dressing analgesia had not been considered and planned for. **See area for improvement 3.**

An effective system was still needed to help staff to communicate the frequency of position changes for individual residents to ensure the risks of skin damage were minimised. Where repositioning frequency has been changed, the rationale for this should be clearly recorded. We have suggested some best practice tools to help the manager and staff keep a clear overview of wounds and pressure ulcers.

We discussed with the provider and manager that the service needed to complete a review of the physical environment of the home to identify where improvements could be made. This would help the service provide an environment that was more enabling for residents with dementia, or visual or hearing impairment.

This is to take account of the current available guidance on dementia enabling environment. There had been limited progress from the last inspection. We found that residents could not easily access a safe outdoor space. The garden was unattractive and uninviting although work to improve the safety of the space had started. Residents on the top floor were now benefitting from accessing the communal areas on the top floor between the two units and we could see these were well used and improved residents control over their environment. **See area for improvement 4.**

At the last inspection we highlighted the volume of unclaimed resident's clothing and slippers being stored in an area of the home which was not accessible to visitors. We noted that this problem still needed to be addressed through a better labelling and returns system. Carefully ironed clothing was being crushed in transit to residents bedrooms because of the lack of a suitable clothes rail which fitted in the lift. This also needed to be rectified. **See area for improvement 5.**

Resident's personal allowances were held safely. There was a system for financial transactions which was traceable. As at the previous inspection the provider should consider how to ensure residents rights are upheld. **See area for improvement 6.**

## Requirements

1. In order to ensure that residents are safe and protected, the provider must improve medicines management and ensure residents receive their medicines in accordance with the prescription, by 30 August 2019. In order to do so;

- medication records need to be completed accurately,
- where medicines are omitted, a clear reason for this must be documented.
- where medicines are administered in a covert (disguised) way, all medicines given in this way need to be recorded using the recognised protocol and the recording of authorisation by a medical practitioner must be unambiguous.
- records of medicine allergies must be consistent, accurate and up to date.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "any treatment or intervention that I experience is safe and effective," (HSCS 1.24). It is also necessary to comply with Social Care and Social Work Scotland (Requirement for Care Services) Regulations 2011, Regulation 4(1)(a)-a regulation regarding the welfare of users.

## Areas for improvement

1. The provider should improve the activity opportunities for all residents. This ensures care and support is consistent with the Health and Social Care Standards, which state that: "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 can maintain and develop my interests, activities and what matters to me in the way that I like."(HSCS 2.22)

2. The provider should improve the meal choices for residents. Choice should be available for residents who need a modified, food textured diet. Residents who need a special diet should have food presented in an attractive, palatable way. More suitable facilities and greater support could be offered people who need snacks and drinks between meals to help them gain or maintain weight or hydration.

This ensures care and support is consistent with the Health and Social Care Standards, which state that:

"I can choose suitably presented healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning," (HSCS 1.33),

"If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected," (HSCS 1.34) and

"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).

3. Improving the quality of care through pain assessment and management will help prevent the potential under treatment of pain which can be disabling and distressing for residents. This ensures care and support is consistent with the Health and Social Care Standards, which state that: "My care and support meets my needs and is right for me (HSCS 1.19), and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) 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).

4. The provider should provide an environment that is more enabling for residents, including making improvements to facilitate people with dementia, or visual or hearing impairment to be stimulated, encourage activity and independence both indoors and outdoors. Improvement plans should take account of the current available guidance on dementia enabling environments. The improvement plan should be sent to us alongside the action plan for this inspection. This ensures 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 the organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6) and

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

This also takes into account: Building better care homes for adults, Care Inspectorate (2018), Designing interiors for people with dementia, Stirling University (2012), Light and lighting design for people with dementia, Stirling University (2010), and Developing supportive design for people with dementia, Kings fund (2014).

5. The service should review the system for ensuring items of resident's clothing and slippers going to the laundry can be identified and promptly returned to the correct resident after laundering. A suitable rail should be used to transport clothing with care to prevent unintended crushing and creasing. This is to ensure that care and support is consistent with the principles of the Health and Social Care Standards which state that: "I am respected and treated with dignity as an individual" (HSCS).

6. Where personal allowances are held for residents, the provider should consider a system whereby they can apportion interest to resident's accounts or hold personal allowances in individual interest bearing accounts. The provider should also consider how they can make it easier for residents to have access to their money out of office hours. This ensures 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 the organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6) and

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

This should also be consistent with the principles of the Health and Social Care Standards which state that: "I am respected and treated with dignity as an individual" (HSCS).

## How good is our leadership?

## 3 - Adequate

A new manager had been appointed and had been in post since January 2019. The manager had made a good assessment of the service and was aware of what changes needed to be made to make improvements to the home. She had met with residents, relatives and staff and demonstrated to us an understanding of the actions needed to improve both the facilities and care. We received very positive feedback from residents, relatives and staff about the manager's management and leadership since appointment. This had given the people we spoke with hope that the needed improvements to the home would be taken forward.

At the last inspection we described the lack of suitable facilities for staff to take meal breaks. The facilities provided in the staff room had been improved. This meant that staff had a more suitable place to rest during breaks. Staff told us that they appreciated the improvements in the facilities carried out by the provider.

Staff we spoke with felt comfortable at giving feedback to the manager about how they thought the home could be improved, and were motivated by her leadership. The deputy manager was also new in post, but well known to residents and families. The manager said that she and the deputy were working well together. We saw that the opportunities for the management team to make improvements and to guide, direct and monitor staff were hampered because of a lack of supernumerary time for the deputy manager.

A range of audits and checking procedures were carried out by the provider to try to ensure the quality of the service. These did not always identify the areas of improvement that we found were needed. We saw that some of the audits carried out in the home were not completed correctly. This means that the results were not reliable.

Some issues identified in audits had not been rectified and during our inspection we found some of the same issues. In order to progress changes and implement robust systems and processes the manager needs to be supported by a deputy who can help to guide and direct staff in the new systems and processes and to check that these are being followed.

The work started by the previous manager and volunteers to improve the external appearance of the home had not been sustained and the front garden had become overgrown again. The current manager had asked the provider for support to tidy up the approach to the home but the work had not made the improvements needed to make the garden accessible and suitable for the residents in the home.

When adult protection concerns are raised, the provider and the manager need to ensure that staff have appropriate knowledge and understanding to make sure the correct procedures are followed. This will ensure the better protection of residents and staff. Since the last inspection staff had received training. The understanding of some staff was good but others did not know about adult support and protection as we would expect. **See requirement 1.**



Records and discussions showed that staff were unclear about the powers and responsibilities of power of attorney and guardianship orders. Records showed that the principles of the legislation around capacity and consent were misunderstood. We have asked the provider and manager to address this.

The provider and manager need to make sure that there are enough staff to meet the needs of the residents. We found that staff worked hard but there were not enough of them to meet the high needs of the people they were caring for. The provider could not demonstrate to us that they had based staffing on any calculation of needs. **See requirement 2.**

In order to progress the work needed to make improvements in the home we have suggested that the provider and manager should agree a service development plan which includes timescales for improvement. This should be shared with residents, relatives, visitors and the Care Inspectorate. This will help the provider and manager to demonstrate that they have a clear understanding about what needs to improve and their intentions for the future direction and development of the care home. **See area for improvement 1.**

We considered that the manager had the skills and personal abilities to improve the service and guide the future direction of the care home. She also had staff, resident and relative support. However, their capacity to improve the service was constrained. The building needed investment to bring it up to the Health and Social Care standards. Employing enough staff and a permanent and stable staff group could help to ensure that changes are made which can be sustained in line with the Health and Social Care Standards.

## Requirements

1. In order to ensure that residents are safe and protected, the provider and manager must ensure staff have a good awareness of adult protection issues and a sufficient level of knowledge to be able to respond appropriately to concerns that they have whilst providing support, by 30 September 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20). It is also necessary to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a)-a regulation regarding the welfare of users.

2. In order to ensure that residents are safe, protected and have their wellbeing needs met, the provider must, having regard to the size and nature of the service, the statement of aims and objectives and the numbers and needs of the service users, ensure that at all times suitably qualified and competent persons are working in the care service and in such numbers as are appropriate for the health, welfare and safety of service users. By 30 September 2019.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: "My needs are met by the right number of people" (HSCS 3.15) and "People have the time to support and care for me and to speak with me." (HSCS 3.16). It is also necessary to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a)-a regulation regarding the welfare of users.

## Areas for improvement

1. The provider and manager should agree and share a development plan to set out clear direction and plans for improvement in all aspects of the running of the home, to include clear timescales for each improvement. This should be shared with residents, relatives, visitors and the Care Inspectorate. This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My care and support meets my needs and is right for me" (HSCS 1.19), "My needs, as agreed in my personal plan are fully met and my wishes and choices are respected" (HSCS 1.23) and "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6)

## How good is our staff team?

## 2 - Weak

Residents could be confident that people who supported and cared for them had been appropriately and safely recruited following an interview and a range of pre-employment checks.

Care and nursing staff were registered with a professional body and regular checks were made to ensure staff kept their registration up to date. Some staff needed to complete a Scottish Vocational Qualification to meet their conditions of registration and the timescales for this were approaching. We were assured by the service that there were plans in place for staff to be supported to achieve the qualification in time. We will follow this up at future inspections.

Staff were kind and caring when they helped residents. Relatives we met confirmed the compassionate and understanding approach was a normal part of the care they and their loved one received. Residents and relatives were very complimentary about the more permanent staff and their dedication and commitment to providing good care.

Over a year ago the service planned to improve resident access to meaningful activities by employing an additional activity co-ordinator. However, this had been unsuccessful and for a significant period of time there had been no activity staff and further deterioration in activity provision. As referred to earlier in this report, there were limited opportunities for people to participate in a range of recreational, social and creative activities as they chose. Two new activity coordinators had been appointed but had not started in the home at the time of our inspection.

Despite the hard work and effort of staff, we were not confident that there were enough staff to meet the needs of residents. This was the case in respect of care staff, activity staff and kitchen staff and limited the opportunity for improvement and service development. **See requirement 1.**

Although staff worked well together at times, the number of agency staff needed meant it was more difficult to give consistent care. When service improvements were made these were not sustained as some agency staff tended to revert to the previous practices they had known in the home.

Staff practice and records did not show that they had a good understanding of capacity and consent which followed Scottish legislation. We felt staff would benefit from more help in understanding how residents rights are upheld when they do not have capacity, and more support in how to put their training into practice. We again highlighted this as an area for improvement with the manager and provider. It is important that staff know who has the legal authority to make decisions on residents behalf and the breadth and scope of those authorities. This is to make sure people's rights are upheld. **See area for improvement 1.**

## Requirements

1. In order to ensure that residents can be confident that their needs are met by the right number of staff, and the staff can respond promptly, including when residents ask for help. The provider must use a recognised tool to calculate residents needs and demonstrate how this relates to staffing. In doing so the provider must also take into account time for staff to complete non-direct care work, the layout of the building and the skills and experience of staff. By 30 September 2019.

This ensures 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), " I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and "I am supported and cared for by people I know so that I experience consistency and continuity." (HSCS 4.16). 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 15 (a)- staffing.

## Areas for improvement

1. To ensure that residents are safe and protected, the provider and manager must ensure staff have a good awareness of adult with incapacity legislation and capacity and consent. They should also have a sufficient level of knowledge to be able to consult with the appropriate person and act appropriately to whilst providing support. This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

## How good is our setting?

### 2 - Weak

The environment was kept clean and tidy by domestic staff, who were regular and well known to the residents. However, there were some areas of the home such as the medicine room and laundry that needed a deep clean.

Some work to replace broken laminate worktops in pantries had taken place since the last inspection. This reduced the risk of cross-contamination for residents when food and snacks were prepared on the units.

Residents had their own bedroom and en-suite. Personalisation of some bedrooms was seen with photos, pictures and bedding. As with other areas of the home the natural and artificial lighting was poor and needed addressing. Poor lighting can lead to trips and falls and can increase symptoms of distress.

Appropriate lighting levels can promote normal patterns of waking and sleeping and reduce symptoms of dementia. We found that there was poor natural light with artificial lighting used all day. The artificial lighting was dim and it was difficult to distinguish night from day. At the last inspection, we asked the provider to include levels of appropriate lighting as part of a review of the environment. We were informed that lighting had been reviewed. Despite this, lighting remained dim, even in bright sunny days and artificial lights were needed all day.

People with dementia lived on the two upper floor units. Although access from the units was restricted by use of keypads these were now opened during the daytime to allow residents to use the communal space between the two units on the upper floor. We saw that this had positive outcomes for residents. Residents had more space to move around and were more likely to find a quiet area to sit or watch the day to day movement of people in the home. The provider should look at the positive benefits of this simple change and look at how enabling more free movement can be facilitated.

The setting did not promote independence or choice of where to spend time out with the first floor. There was no independent access to an outdoor space and staffing was not adequate to allow residents to access the downstairs outdoor space as they wished.

The main garden, at the back of the home, still needed attention and was not attractive or welcoming. The set up and furniture did not promote use of the outdoor space available. The work to tidy the garden, completed by the previous manager was needed again. The front garden was overgrown. During the inspection work was started to tidy up the hedges and shrubs at the front of the home. This made the approach to the home more attractive for visitors, although this area was not suitable for residents to use for sitting outside.

The manager had improved access to tea and coffee making facilities to offer residents and relatives an opportunity to have a cup of tea together. The solid doors on the locked pantries had been replaced and now included a glass panel. Although this allowed staff to check who was behind the door, the glass was rather too high to allow staff and residents to be visible to each other or provide residents with reassurance that staff were still in the vicinity.

We were informed that the remedial work to ensure hot water did not pose a scalding risk to residents had been completed and records showed that regular checks of hot water temperature checks were made. However we identified that there was not a thermometer available in every bathing facility for staff to use to check water temperatures. Other thermometers were dirty and needed to be replaced.

Some improvements had been made to inform relevant staff about Legionella management. The need for keeping better records of water safety checks had already been identified by the home.

There were a number of issues within the setting of the home which could have the potential to cause risk of infection, and potential risk to the health, safety and wellbeing of residents, staff and visitors. These are listed below:

- Not all of the water taps have water that is safe to drink. We have asked the provider again to make sure that residents, relatives, staff and visitors know which taps have safe drinking water and these are clearly labelled.
- Bathing and showering facilities need to be kept in a good state of repair so that they are available to residents and offer choice.
- A hot trolley used for transporting meals to the dining rooms was overheating and rusty, the provider agreed to replace this during the inspection.
- Improve the storage of mops and mop buckets must meet the standards to prevent cross contamination and the potential for infection.
- Improve cleaning of the laundry room including the window blinds, extractors, floor, washing machines and behind the laundry machines. This will help prevent any spread of infection.
- Items in first-aid boxes should be in date
- Equipment logs needed to be kept to ensure staff could quickly and easily identify that the required checks had been carried out in line with legislative requirements.

At this inspection there were significant leaks in the roof which caused water to penetrate resident's bedroom en suite toilets and the electricity needed to be cut off as a precaution. We highlighted that repairs were needed to the roof at previous inspections. Delays to the roof repairs resulted in the leaks causing damage to resident bedrooms and communal corridor and lounge. Since the inspection a roof repair has been carried out. We were concerned that the provider fails or delays carrying out repairs and maintenance until prompted by the inspection. The provider must keep the premises in an adequate state of repair. **See requirement 1.**

We found the call bell system was inadequate. Staff were busy and we heard call bells ringing for prolonged periods. The call bell system was not sufficiently up to date to allow management to check how long residents were waiting for assistance. In addition if two calls were made at the same, only one call showed on the panel. A call made in one unit made an audible alarm in the adjoining unit which some residents found distressing. **See requirement 1.**

At the previous inspection in one unit the lock was broken on the medicine trolley and repair or replacement was awaited. After a significant delay this had been replaced, however at this inspection a further medicine trolley lock was broken.

Some residents told us the home was cold. We asked staff to monitor the temperature and ensure it was comfortable for residents. Staff said many of the windows needed to be left open to keep the home ventilated and free from intrusive smells. One residents room above the staff smoking area smelled of smoke fumes.

The provider had a system for repairs and maintenance. A timescale for repair was not always clear to staff. This led to delays and lack of clarity for staff to know when, and if, repairs would be carried out. Non-permanent staff told us that they did not necessarily report repairs.

The provider could improve the setting by completing a programme of refurbishment to bring the setting up to the standard needed to promote and enable resident's independence. In doing so the provider should consider the Health and Social Care Standards, Scottish Government (2017), Enhancing the Healing Environment assessment tool, Kings Fund (2014), Good practice in the design of homes and living spaces for people with dementia and sight loss, Adams et al (2014), Building Better Care Homes, Adults Care Inspectorate (2018) and other best practice guidance available to help them assess and improve the setting. Uncared for and unwelcoming spaces can cause anxiety and provoke concerns both for residents and their relatives about the standards of care. **See area for improvement 1.**

## Requirements

1. To ensure residents health, wellbeing and safety, the provider must keep the premises in a good state of cleanliness and repair. This must include ensuring the laundry is clean and ensuring residents have access to a call bell system that is fit for purpose and does not add to intrusive noise. By 30 December 2019.

This is to ensure that people benefit from high quality facilities and care and support is consistent with Health and Social Care Standards which state that: "My environment is secure and safe" (HSCS 5.17) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22). 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 4(1)(a)-a regulation about the welfare of users and regulation 14(d)-a regulation about facilities. This also takes account of Building better Care homes for Adults, Care Inspectorate (2018).

## Areas for improvement

1. The provider should improve the setting by completing a programme of refurbishment to bring the setting up to the standard needed to promote and enable resident's independence and comfort. This should include clear timescales.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that "I can use an appropriate mix of private and communal 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), "If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom" (HSCS 5.14), "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16), " My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. (HSCS 5.18) , "My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes."(HSCS 5.19) and "If I live in a care home, I can use a private garden." (HSCS 5.23).

## How well is our care and support planned?

## 3 - Adequate

Residents should expect their care plans to reflect all aspects of their wishes and care needs and give clear direction to staff about how to deliver their care. They should also expect these plans to contain accurate information that is updated when their care needs change. This is important in helping staff give consistent and safe care in the way residents want.

There was some useful information in the care plans which was written in a personalised way. However, the size and volume of information, and how this was recorded, meant that it was difficult for staff to use the care plans to get to the crux of the day-to-day care in a timely fashion. We have raised this at previous inspections but there had been no change.

There were a number of areas where we thought the service could improve care planning. We saw examples where plans contained inaccurate information especially in relation to legal proxies. Care plans guided staff to make best interest decisions when there were already legal proxies in place. We found staff needed better understanding of capacity, consent and legal proxies. There was some confusion between legislation applicable in England which differs from Scottish legislation.

Guidance to help staff support residents who experienced periods of stress or distress could be better. This should detail the steps that staff should take prior to administering medication.

We were unable to find daily assessments of pain where these had been requested by a medical practitioner.

Anticipatory care planning was not well planned or recorded. This means that residents who are clear about their wishes for future care do not have the opportunity to have these discussed or recorded. Staff needed more guidance and confidence to collect and record people's wishes for their end of life care appropriately and sensitively. **See area for improvement 1.**

Staff had gathered good life history from some residents, but this was not yet being used to good effect to help resident's set goals or to help understand people's aspirations.

Although care plans had sections which would have provided good quality information to help staff improve people's quality of life, such as "What does a good day look like?". These were not completed.

The detail needed to provide care from some healthcare assessment tools, such as frequency of repositioning, was lost within the volume of care files. Where a resident had a wound, which needed redressed the care plan did not always record the timescale for redressing or review. The evaluation of care plans was not meaningful because it was unclear what information was being considered when measuring if the planned approach met resident's care needs. All of this could result in residents receiving inconsistent care. There was acknowledgment from the manager and provider that work was needed in developing a more useable care planning system. **See area for improvement 1.**

Promoting independence and supporting risk taking was not well recorded. We expect that people are helped by the service to get the most out of life and reach their potential and that wishes, choices and any agreed restrictions are clearly recorded. Where equipment is in place the care plan should state which piece of equipment is being used.

There were some language usage and wording issues in care plans which, in some cases, changed the meaning of the care. We have asked the manager and provider to address this. Using the existing audit system could be one way of addressing this.

We saw that staff sought the advice of medical and health professionals to help them care for residents and followed their advice. However, when care changed this did not always result in the care plan being updated. Clear information needs to be provided for staff when residents need medicines given in a disguised form. This allows staff to administer medicine safely and legally. Inaccurate records resulted in inconsistent care which was potentially harmful. It is especially important to have accurate and up to date records when the service relies on a large number of agency staff. **See area for improvement 1.**

Residents and their families should be recognised as experts in their own experiences, needs and wishes. They should benefit from care plans which are regularly reviewed, evaluated and updated involving relevant professionals. There should be a range of ways to ensure that residents and/or their legal proxies are able to be involved in a meaningful review of care. We could not establish that regular reviews were taking place for each resident. The quality of recording of the reviews that had taken place did not demonstrate that residents and their families had a comprehensive discussion about their needs, preferences and were able to give their views on the quality of care they received. **See area for improvement 2.**

## Areas for improvement

1. Work was needed to make sure that care plans reflected all aspects of resident wishes and care needs. They needed to be improved to give clear direction to staff about how to deliver the care. Care plans should contain accurate information that is updated when their care needs change.

This ensures care and support is consistent with the Health and Social Care Standards, which state that "My care and support meets my needs and is right for me." (HSCS 1.19), 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).

2. Resident's should benefit from care plans that are regularly reviewed, evaluated and updated involving relevant professionals and taking account of best practice and their own individual preferences and wishes. Reviews should take place at least 6 monthly, when requested or when needs change. Records should be kept of the discussions and decisions made and any actions to be completed following the review.

This ensures 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. (HSCS 1.12), "My care and support meets my needs and is right for me." (HSCS 1.19), " 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) and "My care and support is consistent and stable because people work together well. (HSCS 3.19).



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

### Requirements

#### Requirement 1

To ensure that residents are safe and protected, the provider and manager must follow local area inter-agency adult protection procedures.

This is to ensure that care and support is consistent with the Health and Social Care Standards, "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20). It is also necessary to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) – a regulation regarding the welfare of users.

**This requirement was made on 4 September 2018.**

#### Action taken on previous requirement

From notifications made to us and records reviewed at inspection we established that the new manager was aware of the local inter-agency adult protection procedure and made appropriate referrals of any adult protection concerns.

**Met – within timescales**

#### Requirement 2

The provider must ensure that residents are safe, and protected and can have their wellbeing needs met. In order to do so, the provider must, having regard to the size and nature of the service, the statement of aims and objectives and the numbers and needs of the service users, ensure that at all times suitably qualified and competent persons are working in the care service and in such numbers as are appropriate for the health, welfare and safety of service users.

This is to ensure that care and support is consistent with Health and Social Care Standards, "My needs are met by the right number of people" (HSCS 3.15) and "People have the time to support and care for me and to speak with me." (HSCS 3.16). It is also necessary to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) – a regulation regarding the welfare of users.

**This requirement was made on 4 September 2018.**

#### Action taken on previous requirement

See key question 2 How good is our leadership? and key question 3, How good is our staff team?

**Not met**

## Requirement 3

Residents should be confident that their needs are met by the right number of staff, and the staff can respond promptly, including when residents ask for help. In order to do so the provider must use a recognised tool to calculate residents needs and demonstrate how this relates to staffing. In doing so the provider must also take into account time for staff to complete non-direct care work, the layout of the building and the skills and experience of staff.

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), " I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and " I am supported and cared for by people I know so that I experience consistency and continuity." (HSCS 4.16). 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 15 (a)-staffing.

**This requirement was made on 4 September 2018.**

### Action taken on previous requirement

See key question 2 How good is our leadership? and key question 3 How good is our staff team?

**Not met**

## Requirement 4

To ensure residents have adequate access to showering facilities, repairs must be made to the shower room and other bathing facilities.

This is to ensure that care and support is consistent with Health and Social Care Standards "As an adult living in a care home, I have en suite facilities with a shower and can choose to use a bath if I want.(HSCS 5.28). 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 4(1)(a)-a regulation about the welfare of users and regulation 14(d)-a regulation about facilities. This also takes account of Building better Care homes for Adults, Care Inspectorate (2018).

**This requirement was made on 4 September 2018.**

### Action taken on previous requirement

See "How good is our setting?"

**Met - within 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 improve the activity opportunities for all residents. This ensures care and support is consistent with the Health and Social Care Standards, which state that "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 can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

**This area for improvement was made on 4 September 2018.**

#### Action taken since then

Not met. See key question 1.

#### Previous area for improvement 2

The provider should improve the meal choices for residents, choice should be available for residents who need a modified, food textured diet. Residents who need a special diet should have food presented in an attractive, palatable way. More suitable facilities and greater support could be offered to support people who use the service to access snacks and drinks between meals. This ensures care and support is consistent with the Health and Social Care Standards, which state that "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33), "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected." (HSCS 1.34), and "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 4 September 2018.**

#### Action taken since then

See key question 1.

#### Previous area for improvement 3

Medicines management needed to be improved. Medication records needed to be completed accurately, where medicines were omitted clear reasons for this needed to be documented. Handwritten changes made to medicine records needed to be clear and the authoriser recorded. Consistency was needed in the way medicines were counted to ensure the safety and accuracy of medicines administration. Where medicines were administered in a covert (disguised) way, all medicines given in this way needed to be recorded in the correct protocol and recording of authorisation by a medical practitioner needed to be unambiguous. This ensures care and support is consistent with the Health and Social Care Standards which state that "any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

**This area for improvement was made on 4 September 2018.**

## Action taken since then

We were concerned that medication issues persist which have potentially detrimental outcomes for residents and we have made a requirement about medicines management. See key question 1.

## Previous area for improvement 4

The provider should provide an environment that is more enabling for residents, including making improvements to facilitate people with dementia, or visual or hearing impairment to be stimulated, encourage activity and independence both indoors and outdoors. Improvement plans should take account of the current available guidance on dementia enabling environments. The improvement plan should be sent to us alongside the action plan for this inspection.

This ensures 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 the organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11). This also takes into account: Building better care homes for adults, Care Inspectorate (2018), Designing interiors for people with dementia, Stirling University (2012), Light and lighting design for people with dementia, Stirling University (2010), and Developing supportive design for people with dementia, Kings fund (2014).

**This area for improvement was made on 4 September 2018.**

## Action taken since then

More work was needed. See key question 1.

## Previous area for improvement 5

The service should review its systems for ensuring items of residents' clothing going to the service's laundry system can be identified and promptly returned to the correct resident after laundering.

This ensures care and support is consistent with the principles of the Health and Social Care Standards which state that, "I am respected and treated with dignity as an individual" (HSCS).

**This area for improvement was made on 4 September 2018.**

## Action taken since then

Further work was needed, see key question 1.

## Previous area for improvement 6

Work was needed to make sure that care plans reflected all aspects of resident wishes and care needs. They needed to be improved to give clear direction to staff about how to deliver the care. Care plans to contain accurate information that is updated when their care needs change.

This ensures care and support is consistent with the Health and Social Care Standards, which state that "My care and support meets my needs and is right for me." (HSCS 1.19), 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).

**This area for improvement was made on 4 September 2018.**

## Action taken since then

More changes were needed to improve care planning and reviews of care. See key question 5.

## 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	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?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak
How good is our setting?	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak
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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