

# Heathfield House Care Home

## Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

Heathfield Care and Residential Homes  
Limited

**Service provider number:**

SP2010011376

**Service no:**

CS2010280151

## 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).

Heathfield House registered with the Care Inspectorate on 27 September 2011. The provider is Heathfield Care and Residential Homes Limited.

Heathfield House Care Home is registered to provide a care service for 88 older people including one place for a named individual under 65 years. Within the maximum of 88 places, eight may be used for respite/short stay, including one place for a named individual under 65 years.

The care home is situated in the town of Ayr, close to the town centre. Accommodation is provided over two floors and is connected by two passenger lifts. The accommodation has been subdivided into five smaller units, Glenburn and Barony (ground floor) and William Wallace, Pennyvennie and Kaimies (first floor). Bedrooms are single bedrooms with en-suite shower facilities. Each floor has a large lounge/dining area, toilets, assisted bathing facilities and a small lounge. In addition, there is a café on the first floor which can be used by residents and their families to make hot drinks and a hairdressing salon on the ground floor. The ground floor lounge leads onto a sunroom and garden and the upstairs lounge has an accessible roof garden.

The aims and objectives of the service are:

- to provide a friendly residential setting within a care home environment
- to provide a quality of life which enables residents to retain their independence, identity and sense of value
- to provide stimulation and encourage participation in activities and social events
- to provide physical and emotional support to residents, families and friends
- to involve relatives and friends in the day-to-day lives of the residents
- to maintain and develop close links with the community
- to deliver the best possible care to all residents at all times.

## What people told us

We spoke to 22 residents and 19 relatives during our inspection. Feedback was mainly positive with some issues raised. Comments included:

"I've no complaints - they're all very nice".

"They had a recruitment drive recently and I was involved. I showed staff round and my opinions about their suitability were taken into account".

"(Relative's) key worker is (X). She gave me a form to fill in and takes to do with toiletries, trips and so on. We communicate regularly".

"I'm kept well-informed".

"They have good meetings for relatives and they listen to what you have to say".

"Small niggles like staff saying they will see to things but don't always follow this through".

"I'm not aware of a key-worker. I didn't know about a communication book but now that I do I find that reassuring and will check it".

"Communication is inconsistent - it depends who is on shift. Some are better than others".

"I don't know what her key-worker is supposed to do".

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

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

**3 - Adequate**

People in receipt of care services should experience compassionate care and support that promotes dignity and respect for their rights as an individual. Overall, we saw staff using their knowledge of individual residents to deliver responsive and compassionate support. Relatives commented:

"Staff are very kind. I see lots of hugs and affection".

"We can't fault them - (relative) is doing really well which I don't think she would be if she wasn't here".

"Overall, I find the staff very good. They do listen and they look after (relative) well and are genuinely caring".

"(Relative) suffers from pain and this is now much better controlled which means her mobility has improved".

"I have had some issues in relation to my (relative's) health needs but staff did sort this out".

"Communication could be better. There was an incident involving my (relative) and I wasn't informed about it. If I hadn't asked after her I doubt it would have come up".

Unfortunately, there were occasions where staff failed to offer choice, maintain privacy or engage with residents in a considerate, inclusive and enabling way as a result of their primary focus being on routines and tasks. This constrained a fully person-centred approach and should be reviewed to promote consistently positive

experiences for residents. Staff awareness of the Health and Social Care Standards should be raised so that they are able to understand, develop and reflect on the way they apply the principles in their day-to-day practice. Applying the 'Common Core of skills, knowledge and values' (Scottish Social Services Council, 2016) can help staff to identify where their strengths lie and where they need to improve their practice - see area for improvement 1.

Being able to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health is essential to maintain wellbeing. We saw this had been achieved where residents had been supported to participate in a good range of activities and the gardening and cognitive stimulation therapy groups had proved very successful in promoting positive benefits for residents. People spoke highly of the in-house physiotherapist and his role in promoting physical activity. However, we saw missed opportunities for residents to be independently active where staff, although well-meaning, interrupted tasks individuals were engaged in to provide help that was not required. We discussed the need for activity to extend beyond the recreational programme in order to embed an enabling culture where opportunities for residents to be more physically active in purposeful ways is recognised and supported. To achieve this, staff should fully embed the 'Care About Physical Activity' programme and promote the benefits of supporting residents to take positive risks. This approach can enhance people's quality of life by not being over-protective in a way that curtails opportunities for individuals to make use of their full potential, enabling them to grow in confidence, learn from experiences, develop new skills and abilities or maintain the ones they already possess - see area for improvement 2.

Sometimes, individuals can exhibit anxious or distressed behaviours as a result of their illness and in response to their surroundings and experiences. In these instances, staff need to be aware not to use language and approaches that can be stigmatising, leading to negative perceptions and labelling of individual residents. Respectful language that reflects an understanding of each person's reality and the consequences of the impact of their illness should be used at all times. All staff should undertake training on dementia using the Promoting Excellence Framework (or equivalent learning) commensurate with their role. We concluded that the dementia strategy needed further development - see area for improvement 3.

The care and support provided by staff should be beneficial to people's health and any treatment and intervention should be informed by evidence based good practice. We found that staff had used their skills and knowledge effectively to assess residents' healthcare needs, reviewing and adapting support responsively as things changed. Staff had involved other professionals promptly when needed, working in partnership to promote positive outcomes for each individual. Where residents' ability to exercise choice and control was reduced, legal arrangements were in place for some, but not all of the residents we reviewed. Incapacity certificates and associated treatment plans were being sought from GP's and this should be progressed as a matter of priority in order to protect and promote residents wellbeing.

Medication management was good overall and measures had been implemented to support accurate and accountable recording. There was still a need for pathways to be put in place for 'as required' medication and were assured that this was in the process of being addressed following the move to a new pharmacy supplier. Sometimes medication needs to be administered covertly; that is, without the individual's knowledge as non-compliance would be detrimental to their health and wellbeing. Where this is the case, the covert pathways must be kept up to date and reviewed regularly to ensure this remains in the person's best interest - see area for improvement 4. At the last inspection, we encouraged staff to consider how medication could be administered in a more person-centred way within the home and this still needed to be reviewed - see area for improvement 5.

Residents should be able to enjoy well-presented healthy meals, snacks and drinks that reflect their dietary needs and preferences. The cook knew residents well and demonstrated good practice, recognising the

importance of good nutrition in maintaining wellbeing. However, the mealtime we observed was not an enjoyable experience for residents, some of whom did not receive the support and supervision they needed. Action was taken to start to address the issues identified and the management team should monitor mealtimes to ensure they offer a responsive and sociable experience for residents – see area for improvement 6.

## Areas for improvement

1. Staff should ensure they offer choice, maintain privacy and engage with people experiencing care in a considerate, inclusive and enabling way that promotes dignity and respect for their rights as an individual. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention". (HSCS 3.1)

"I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me". (HSCS 3.9)

2. Opportunities for people experiencing care to be more physically active and independent in purposeful ways that may involve positive risk taking should be explored and supported to enable individuals to make use of their full potential, enabling them to grow in confidence, learn from experiences, develop new skills and abilities or maintain the ones they already possess. This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential". (HSCS 1.6)

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

3. The dementia strategy should be reviewed to demonstrate a more measurable, evidence based approach informed by good practice in order to provide the best possible support to residents living with dementia after diagnosis and on an ongoing basis thereafter. The strategy should aim to support each individual to achieve their potential and promote their right to personhood, full citizenship and optimum participation in daily and community life. This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

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

4. Covert medication pathways must be reviewed regularly and kept up to date to ensure this approach remains appropriate and continues to act in the individual's best interest. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

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

5. Consideration should be given to managing medication in a more person-centred way that promotes a homely setting. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

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

6. Mealtimes should be reviewed and monitored to ensure that people experiencing care receive the support and supervision they need and to make mealtimes a relaxing and sociable experience. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"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)

"I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible".(HSCS 1.35)

## How good is our leadership?

### 4 - Good

People experiencing care should benefit from well led quality assurance processes that inform and support a culture of continuous improvement. There was a new manager in place and the management team were committed to the ongoing improvement of the service. They demonstrated a proactive approach throughout the inspection, making changes quickly in response to our findings where they could. When we highlighted issues around the mealtime experience, it was good to see that staff reflected on this quickly to discuss and make changes with positive results. This demonstrated a responsive approach and a genuine desire to improve residents experiences.

A range of checks and audits had been established to monitor quality standards. The complaint procedure was on display and the people we spoke to all said that they felt comfortable raising any issues with staff without having to be concerned about any negative consequences. The complaint policy should be updated to reflect the change in management as well as the correct title and contact details for the Care Inspectorate contact centre.

The approach to auditing various aspects of the service had recently been changed as it had been recognised that quality assurance processes had become repetitive and did not have a clear focus on residents experiences. This had highlighted many of the areas for improvement we identified at this inspection, demonstrating a meaningful and transparent approach. This would be further improved by adding observations when following residents experience, for example, the quality of interactions, the mealtime experience, involvement in activity and mood.

Although the approach to audits had improved, we found that responsive action plans had not been fully completed or implemented which can render the audit process ineffective. In order to address this, detailed action plans should be developed once the areas for improvement have been identified. These should specify the actions to be taken and state the responsible person(s) with timescales being prioritised and regularly reviewed until planned actions have been achieved. The desired outcomes, the resources required and cross referencing to the Health and Social Care Standards would further inform and enhance this process. We directed the management team to the improvement resources on the Care Inspectorate good practice 'Hub' and discussed the benefits of empowering others to become involved in quality assuring the service. This helps to raise awareness of the expected quality standards as well as promoting responsibility and accountability - see area for improvement 1.

The service development plan should be reviewed to separate the prioritised areas for improvement from already established, more generic processes. It should demonstrate how the evaluation of residents experiences through regular, inclusive opportunities where people can express their views has shaped the development plan. The Health and Social Care Standards and the Quality Framework for Care Homes for Older People (2018) should be used to inform self-evaluation and improvement. The dementia strategy should also be reviewed and updated. measurable processes that inform and support the implementation of the development plan and the dementia strategy should be applied - see area for improvement 2.

## Areas for improvement

1. Detailed action plans should be developed to progress areas identified as areas for improvement. These should specify the actions to be taken and state the responsible person(s) with timescales being prioritised and regularly reviewed until planned actions have been achieved. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

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

2. The service development plan should be reviewed to separate the prioritised areas for improvement from already established, more generic processes. It should demonstrate how the evaluation of residents experiences through regular, inclusive opportunities has shaped the development plan using the Health and Social Care Standards and the Quality Framework for Care Homes for Older People (2018) to inform self-evaluation. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

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

## How good is our staff team?

### 4 - Good

People experiencing care should benefit from the right staffing levels and staff working well together. Overall, good working relationships and effective communication had supported consistent and stable care and support which helps to promote a sense of security for residents. People said:

"Staff are friendly".

"Staff are welcoming".

"(Maintenance officer) is excellent - exceptional".

"I love the staff in here - they're a terrific bunch".

"In general, staff are good but there are exceptions".

"I know there is a keyworker - what do they do"?

"I'm not sure about a keyworker".

"Staff don't really have time to sit with the residents - they're too busy".

Being able to take time to engage in meaningful interactions and conversations with residents without feeling under pressure is important to avoid a task-orientated culture, elements of which were obvious during our inspection. Staff told us they felt stretched at times and would like to be able to spend more time with residents out with care tasks, including residents who stayed in their rooms. The management team were aware of the need to address this in order to develop a fully flexible, person-centred approach. At the last inspection, the manager had identified as a priority the need to review workforce planning including staff development, effective team working, skill mix and deployment in order to embed a positive staffing culture within the service. Most of the feedback we received about staff was positive and we saw that, in most instances, staff were observant, attentive and responsive to residents needs. However, this was not consistent and there were occasions where individual residents waited too long before receiving the support they needed. We continued areas for improvement about staffing resources and continence promotion - see areas for improvement 1 and 2.

The role of the keyworker and the benefits this can deliver should be further developed to have a meaningful impact on the quality of residents daily lives. It should extend to more involvement in care planning, review meetings, communication with families and protected time to build relationships and promote opportunities for

social and functional activity. The management team should ensure that compatibility is considered with residents and their families being involved where possible – see area for improvement 3.

We found that staff morale was variable. It was good to see the recent efforts that had been made to raise morale such as recognition slips where staff gave positive feedback to their colleagues and the appreciation week aimed at thanking and valuing staff for their contribution. There were plans to continue with this to support positive staff morale and team-working.

## Areas for improvement

1. So that people experiencing care can be assured of receiving the support and attention they need promptly with staff having time to spend with them outwith care tasks, the management team should review workforce planning including skill mix, deployment and effective team working. This is to ensure 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)

2. The service should continue to encourage and promote a culture which promotes continence, providing timely and appropriate support to go to the toilet in an environment which supports this. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I can easily access a toilet from the rooms I use and can use this when I need to".(HSCS 5.2)

3. The role of the keyworker should be developed to have a meaningful impact on the quality of residents daily lives. It should extend to more involvement in care planning, review meetings, communication with families and protected time to build relationships and promote opportunities for social and functional activity. 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)

## How good is our setting?

### 4 - Good

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

Residents benefitted from having single bedrooms with en suite wet floor showers which helped to promote privacy. Bedrooms had been personalised and we spoke with residents who told us they preferred to spend time in their own rooms where they had what they needed to keep themselves occupied.

Small, themed seating areas had been developed in the corridors where residents could rest. This, along with the presence of a corridor 'companion' enabled individuals who tended to walk about to do so safely. The introduction of a breakfast bar and facilities where drinks were easily accessible had helped to promote independence and staff were keen to develop this approach.

People who use care services should be able to independently access a variety of communal, private and outdoor spaces. Although there were various areas throughout the home where residents could spend their time, we observed people spending most of their day in the large communal lounges. We saw how this had a negative



impact on people's experiences, particularly upstairs due to noise levels and there being too many people together in one area. Staff should support residents to experience small group living during the day by using the full range of areas available in the care home including residents own bedrooms.

People experiencing care should be supported to spend time outdoors. The setting benefitted from having a large, well kept and welcoming garden area and we saw residents accessing this independently, enjoying time spent outdoors. We spent time with a group of residents who were actively engaging in a gardening club and saw that a wide range of produce had been grown for use in the kitchen. The balcony upstairs meant that residents also had free access to an attractive outdoor space which was well used. In addition to the putting green, plans were underway to add stepping stones to the garden as another means of enabling and encouraging outside activities. Whilst this was positive, the activities programme and the developing 'Care About Physical Activity' (CAPA) project should continue to explore and improve opportunities for more residents to spend time outdoors.

Relatives commented:

"The quiet lounge is dull and isn't inviting. The lighting is poor and doesn't help my (relative's) sight impairment".

"They need to look at the furniture. My (relative) sits in a chair that is too low for her and she can't get out of it on her own which she could do if it was higher and more suited to her needs".

Staff should explore the role of equipment, adaptations and technology in promoting independence for individual residents using a strengths-based approach. This, along with participation in the CAPA project and implementation of the Kings Fund (Enhancing the Healing Environment) Environmental Assessment Tool would help to inform and support staff to embed an enabling approach that utilises the care home environment to its full potential – see area for improvement 1.

## Areas for improvement

1. Staff should explore the role of equipment, adaptations and technology in promoting independence for individual residents using a strengths-based approach. This, along with participation in the 'Care About Physical Activity' project and implementation of the Kings Fund (EHE) Environmental Assessment Tool would help to inform and support staff to embed an enabling approach that utilises the care home setting to its full potential. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support". (HSCS 5.1)

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

## How well is our care and support planned?

**4 - Good**

People experiencing care should be fully involved in assessing their care and support needs at an early stage, regularly and when their needs change. This helps to ensure that personal plans are right for each individual, setting out how their needs will be met, as well as their wishes and choices so that staff can deliver care and support effectively. We saw some good care planning that showed staff knew people well and we saw examples where staff had involved individuals important to residents in discussions around care and support where they were not able to fully express their wishes. Relatives commented:

"We have been encouraged to participate in (relative's) care".

"I'm not sure about six month reviews. I can't always attend but I've never been given the minutes which I would like".

The provider's own audits had identified issues around involvement, consistency, accuracy and outcomes which reflected our findings. Although care planning around healthcare had been well managed overall, there was a lack of information to show how residents made decisions and choices about their daily lives, including the consideration of past life and the role this plays in underpinning and supporting a person-centred approach to care planning. The information recorded was often too generalised and tended to centre on what staff had done without considering the impact of these interventions and how they enabled each individual to get the most out of life and achieve what matters to them using a strength based approach. The meaningful involvement of residents and their representatives in directing and leading their own care and support should be revisited to embed more of a shared ownership of personal planning. This empowers people to exercise as much choice and control over their lives as possible. Care plans and associated evaluations need to have a clear focus on the way that planned care has promoted positive outcomes and experiences in accordance with residents' wishes and aspirations – see area for improvement 1.

Six monthly reviews of residents personal plans were brief and we concluded that they did not reflect residents having a sense of worth and engagement with life. Unfortunately, the positive outcomes and experiences we identified had not been recognised and discussed. Key workers did not routinely attend reviews and this should be addressed as we felt their knowledge and perspective would enhance this process. Linking reviews to the principles and values of the Health and Social Care Standards would make the approach to six monthly reviews more impactful and worthwhile – see area for improvement 2.

Using a strengths-based approach to care planning explores, in a collaborative way, the individual's abilities rather than making deficits the focus of the intervention and care planning should evolve to support this. When using a strengths-based approach, risk is looked at as an enabler, not as a barrier. Staff should support residents to manage risk, looking at circumstances from their point of view – see area for improvement 3.

## Areas for improvement

1. Staff should develop dynamic personal plans that fully reflect people's wishes, choices and preferred routines, taking account of their past life and what is important to them. This should be managed in partnership with residents and their representatives to promote shared ownership in order to empower people to maintain their identity and exercise as much choice and control over their lives as possible. Care plans and associated evaluations should reflect people experiencing care having a sense of worth and engagement with life, focussing on the way that planned care has achieved personal outcomes and delivered positive experiences for residents. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

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

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

2. Six monthly reviews should reflect people experiencing care having a sense of worth and engagement with life, focussing on the way that planned care has achieved personal outcomes and delivered positive experiences

for residents. Reviews should be linked to the principles and values of the Health and Social Care Standards to make them impactful and worthwhile. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2.17)

3. In order to support people experiencing care to maximise their potential, a strengths-based focus that fully recognises an individual's abilities should be established in conjunction with an enabling approach towards risk promotion. This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential". (HSCS 1.6)

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

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

### Areas for improvement

#### Previous area for improvement 1

The service should continue to develop opportunities for people to participate in meaningful occupation linked to their interests and preferences. This should include promoting activity as everyone's responsibility in accordance with the key messages of 'Make Every Moment Count' Care Inspectorate (2013) and 'Make Every Move Count' Care Inspectorate (2014); making sure that there are sufficient resources to engage people's interests; and monitoring provision to ensure that everyone has the same opportunities. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"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 19 November 2018.**

#### Action taken since then

A good range of activities had been delivered and people were positive about this. This area for improvement had been met.

#### Previous area for improvement 2

The provider should look into the possibility of increasing the opportunity of outings for residents. Within this, consideration should be given to increasing the amount of staff able to drive the mini-bus. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

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

**This area for improvement was made on 19 November 2018.**

## Action taken since then

More staff were able to drive the mini bus which had increased the range and frequency of outings. This area for improvement had been met.

## Previous area for improvement 3

The provider should ensure that medication management arrangements within the home are consistent with good practice guidance. This is to ensure 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 possible". (HSCS 2.23)

**This area for improvement was made on 19 November 2018.**

## Action taken since then

We continued this area for improvement.

## Previous area for improvement 4

The service should continue to encourage and promote a culture which promotes continence, providing timely and appropriate support to go to the toilet in an environment which supports this. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I can easily access a toilet from the rooms I use and can use this when I need to". (HSCS 2.23)

**This area for improvement was made on 19 November 2018.**

## Action taken since then

We continued this area for improvement.

## Previous area for improvement 5

The provider should review the food choices and mealtime experience to ensure that all residents can enjoy the food and drinks provided to them in a relaxed atmosphere. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

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

**This area for improvement was made on 19 November 2018.**

## Action taken since then

Revised menus had been introduced with a good range of choices which residents had influenced. This aspect had been met. We continued the quality of the dining experience as an area for improvement.

## Previous area for improvement 6

The manager should evaluate the experiences of people living and working in the care home as part of the quality assurance system and processes. This should include implementing a service development plan which

shows how everyone is working together to improve the service. This is to ensure 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". (HSCS 4.7)

**This area for improvement was made on 19 November 2018.**

## Action taken since then

We continued this area for improvement.

## Previous area for improvement 7

The provider should develop and implement a strategy to meet the health and wellbeing needs of people living with dementia taking account of good practice guidance. This should include involvement of residents, relatives and staff in the development of the strategy and in ensuring that staff have the required knowledge and skills to implement this. The service should monitor the impact of this to ensure that all residents have the same right to live as independently as possible and feel involved and included in their community wherever they live. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I experience high quality care and support that is right for me". (HSCS 1)

**This area for improvement was made on 19 November 2018.**

## Action taken since then

We continued this area for improvement.

## Previous area for improvement 8

To ensure that there is the right number and skill mix of staff to meet resident's needs. The provider should review staffing levels, deployment and skill mix and promote good teamwork and morale amongst staff. This is to ensure 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)

**This area for improvement was made on 19 November 2018.**

## Action taken since then

We continued this area for improvement.

## Previous area for improvement 9

All aspects of the setting should promote independence. The provider should involve people living and working within the service in reviewing the layout of the setting and how space can be used to its potential to ensure it meets people's needs and provides a comfortable and homely environment. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support". (HSCS 5.1)

**This area for improvement was made on 19 November 2018.**

## Action taken since then

We continued this area for improvement.

## Previous area for improvement 10

The manager should review the care management system to ensure that information held within the home relating to a resident's care needs is coordinated and reflective of residents holistic care. This is to ensure 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 and choices". (HSCS 1.15)

**This area for improvement was made on 19 November 2018.**

## Action taken since then

We continued this area for improvement.

## Previous area for improvement 11

The manager should review the deployment of staff who are new to the service, especially when they are newly qualified. This is to ensure care and support is consistent with the Health and Social Care Standard which state:

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

**This area for improvement was made on 20 May 2019.**

## Action taken since then

This area for improvement had been met.

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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

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

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

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

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This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

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