

# The Beeches Care Home Service

14 Paddock View  
Thorntoun Estate  
Crosshouse  
Kilmarnock  
KA2 0BH

Telephone: 01563 572626

**Type of inspection:**

Unannounced

**Completed on:**

26 July 2019

**Service provided by:**

Thorntoun Limited

**Service provider number:**

SP2003002275

**Service no:**

CS2004070909

## About the service

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The Beeches is owned and operated by Thorntoun Ltd and is registered with the Care Inspectorate to provide a care home service to ten people aged over 18 years with physical disabilities and health conditions who do not require on site or on call nursing care.

The Beeches is a purpose-built care home and has ten spacious bedrooms with en suite facilities, some rooms have adaptations to aid the safe transfer of individuals. The property further benefits from a dining kitchen, lounge and enclosed outdoor space. The service is situated on the Thorntoun estate between the villages of Crosshouse and Springside on the main bus route to Kilmarnock, in addition, some individuals have their own vehicles and the service has shared use of a minibuss.

The stated aim of the service is to deliver the highest quality of support achievable to each person living in the house, based on the right of every person to have his or her ethnic and human rights, cultural diversity and individuality recognised, valued and respected.

## What people told us

We met all those living in the service at the time of the inspection and received completed care standards questionnaires from four relatives of people living in the service.

We observed interactions between staff and people using the service, especially where individuals were unable to communicate verbally with us.

Overall the feedback we received was positive and we saw that there were respectful and warm relationships evidencing staffs knowledge of people's needs and preferences.

We have taken account of the views of people using the service and their relatives when commenting on each of the quality themes.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	3 - Adequate

How well is our care and support planned?	2 - Weak
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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**

We observed that staff interactions with people they supported were warm, respectful and caring. We also noted that there was positive feedback from relatives of people using the service.

We saw that the service had developed documents to help identify what people's likes and dislikes were but limitations in staffing numbers and skills, combined with a risk averse approach meant that there was a limited range of opportunities to be involved in decisions about the service, staff and their care and support. We saw examples of where person centred information had been recorded yet this was not reflected in the care people received or the activities they were supported to be involved in.

We found that people experienced care and support at a basic level which was focussed on tasks and routines. Staff require further support and training to develop their skills, confidence and competence in engaging, communicating with and providing meaningful activity for people with complex needs. This will help support positive outcomes for individuals and help them to get the most out of life (areas for improvement 1 and 2).

We concluded that issues with quality assurance, care and support planning and the induction and training of staff have the potential to impact on people being kept safe and achieving positive outcomes.

We saw that staff were able to identify when people were unwell and make appropriate referrals to other professionals.

Medication processes, particularly the administration of topical medications needs to be improved to ensure that it is in line with legislation and good practice guidance (area for improvement 4)

### Areas for improvement

1. To demonstrate a progressive approach, staff at the service should be conversant with the most up to date, innovative and effective advances in communication aids and approaches to support people who do not have verbal communication.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

"I am supported to communicate in a way that is right for me, at my own pace and by people who are sensitive to me and my needs". (HSCS 2.8)

2. The manager should evidence how people are better supported to take part in activities, be engaged and stimulated. This is to ensure that people are able to choose to participate in a range of activities suited to their needs and that contribute to their physical and mental wellbeing, and that staff are appropriately trained to support people achieve this.

This is to ensure that care and support is consistent with the national 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 everyday, 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 2.21)

3. To promote and safeguard the rights of people who are assessed as lacking capacity to make decisions, including those subject to Guardianship orders and power of attorney, the manager should ensure that staff practices are underpinned by the current legislation and best practice in this area.

This should include that staff are conversant with the Mental Welfare Commission Publication Rights, Risks and Limits to Freedom, the Adults with Incapacity (Scotland) Act 2000 and relevant publications from the Office of the Public Guardian.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

4. The process for the recording and administration of topical medications needs improving to ensure that staff have accurate information and that people receive the right medication at the right times.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

## How good is our leadership?

## 2 - Weak

People should benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes. This remains an ongoing area for development for the service. Whilst we saw some developments in the form of new templates for auditing care plans, supervision sessions and feedback questionnaires, these did not appear to be effective in assessing the quality of the service as they were poorly completed. We saw examples of where audits had not identified errors and where errors had been picked up, there was no record that these were followed up or any action taken.

There was a lack of clarity about roles and responsibilities in the service and the manager did not appear to be sufficiently involved the quality assurance processes for the service in order for these processes to effect change.

We saw examples of where the manager had not taken action to address issues that had been highlighted within the service which had the potential to negatively impact on the outcomes for those using the service.

The improvement plan for the service, was basic with limited evidence of self evaluation or information on how the required improvements would be made.

Whilst this inspection has seen some positive developments being planned and begun, the pace of change has been slow. We made five requirements and eight recommendations (now known as areas for improvement) in the last inspection report with some of these being outstanding from previous reports. Only one requirement has been met (see outstanding requirements and areas for improvement for details).

Appropriate management overviews of key areas such as training remains an area for development as they were still not sufficient to enable a clear and current overview and identify any gaps.

There is an outstanding area for improvement from previous inspections regarding the policies and procedures for the service. Whilst a system has been brought in to provide these, further work is required to make these reflect the service and support being provided.

## Requirements

1. To support the identification of areas requiring action and the continuous improvement of the service, the manager must ensure that robust quality assurance processes are in place. This includes (but not limited to):

- 1) Further development of audit documents to formalise them across all areas, ensuring that standards/ expectations are clearly identified.
- 2) Actions taken to address issues raised are clearly identified.
- 3) There is a local quality assurance policy and procedure in place detailing process and systems used.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

Timescale for completion: 1st January 2020

## Areas for improvement

1. The provider needs to ensure that there is sufficient governance, support and development available to the manager of the service to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed. (HSCS 4.23)

2. The manager should ensure that the service development plan supports the understanding of what issues need addressing and the actions required to take the service forward, including who is responsible for these and how they will know when this has been achieved.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And

I use a service and organisation that are well led and managed. (HSCS 4.23)

3. The manager should ensure that the service has up to date, relevant policies and procedures in place to inform and guide staff.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

## How good is our staff team?

## 2 - Weak

Staff competence should be regularly assessed to ensure that learning and development supports better outcomes for people. We saw that this was still not happening in the service and there was no effective training needs analysis for the service or individual staff. This meant that the training offered by the service did not always reflect the needs of the people it supported. Training has been identified as an area for improvement in the service for some time and whilst we saw more recently there has been additional training identified, this has been slow to happen, has not always been appropriate to the needs of people and has not been undertaken by all staff. New admissions to the service have also increased the range of training required by staff to effectively support individuals and the increased responsibilities being allocated to staff require additional training and support to ensure these are appropriately undertaken.

Staff have been given an increasing range of tasks to complete including a number of quality assurance tasks. Whilst it should be a joint responsibility for those working in the service to undertake these, staff need to be given the skills and knowledge to do this correctly. The lack of support for staff in this area has led to a number of processes not being appropriately completed.

The training plan and records are incomplete which does not allow the identification of gaps or priorities.

We heard examples of where training in relation to communication had been undertaken by some staff and had made a significant impact on the support and outcomes for an individual within the service. Whilst this was really positive, it also highlighted the impact staff's lack of appropriate skills and knowledge had on people they were supporting.

Appraisals are not currently being undertaken and supervision and team meetings were not always regular and did not support the personal and professional development of staff. There were limited opportunities for staff to reflect on their practice or discuss good practice.

Some of the staff we spoke to had identified their own training needs and were keen to develop their skills further to improve the range of opportunities and interactions with those who they supported. There was a training manager in place to support the manager with organising and recording training, however we found that communication needed to improve to enable this to happen more effectively and all relevant information to be passed over.

The numbers and skill mix of staff should be determined by a process of continuous assessment featuring a range of measures and is linked to quality assurance. This includes taking account of the complexity of people's care and support.

Whilst the staffing levels are mostly sufficient to meet the basic needs of people, the manager should consider how they can evidence (through the use of a dependency assessment tool) that staffing numbers and deployment are sufficient to ensure positive outcomes for people (area for improvement 1). Staff skill mix did not appear to be considered in some of the staffing decisions that had been made, for example a non-driver being assigned to undertake an individual's dedicated social activity time.

Staff told us that staff numbers varied and this impacted on the potential for even the most basic of activities to be undertaken.

Due to the numbers of staff on shift, support and interactions were often based around tasks, for example personal care and support with eating. This means that opportunities for meaningful engagement are reduced. This also impacts on the staff's ability to keep people safe, ensure they are treated with dignity and respect and that they have choices.

## Requirements

1. The provider must ensure that all staff have the knowledge and skills to meet the needs of the people they are supporting.

In order to achieve this, the provider should consider:

(i) A training needs' analysis which takes the aims and objectives of the service and the needs of people using the service into account should be undertaken for all staff employed by the service.

(ii) The training plan details numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.

(iii) A formal induction process is implemented and recorded

(iv) Full and accurate records of training, including induction training, are maintained in a format which permits auditing by management and regulators.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 15(a)(b) (i)(ii) - Staffing

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion:

2. The provider must evidence practice in line with safer recruitment procedures to safeguard people who use the service and meet legal requirements.

In order to demonstrate this:

- the recruitment policy and practice must be updated and strengthened to reflect best practice guidance 'Safer Recruitment through Better Recruitment' (Scottish Government, updated 2016).
- quality assurance processes must monitor and check that recruitment approaches are being carried out in line with the best practice.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

It is also necessary to comply with Regulation 9 (1) (Fitness of Employees) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: 31st October 2019

## Areas for improvement

1. The provider must evidence how staffing levels are assessed to ensure health, safety and positive outcomes for those using the service.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And

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



2. To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy.

The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

### How good is our setting?

### 3 - Adequate

We saw that generally there were regular checks being made to ensure the health and safety of the environment and people using it. However some checks and process around fire safety, for example testing of alarms and emergency evacuation processes, needed to be improved. These issues had also been raised earlier in the year by the fire service's own inspection but no action had been taken to address these.

It was good to see that the manager had a programme for improvements in place to ensure the service was well maintained and comfortable.

Where necessary, people have specialist equipment in place to make them comfortable and able to move safely, however we also noted that for one person, the service had been slow to follow-up on amendments required to support their changing needs. This had meant that they were currently unable to participate in a therapeutic activity that they had previously regularly enjoyed.

Rooms are personalised and decorated to individuals tastes and adapted to meet their needs. It was clear that people and relatives were involved in the decoration of individuals rooms, however we found that there were missed opportunities for people to be more widely involved in the rest of the service.

Whilst there is a range of communal areas for people to spend time in, we found that on occasion, people were unable to access these areas due to them being used for things such as staff training. We also noted that people living in the service did not always have any choice or control about the people who accessed their home and there appeared to be little consideration of the fact that it was first and foremost people's home.

We found that staffs knowledge about technology to support people's independence was fairly limited and whilst this has been considered in the past for some individuals, this has not been an on-going process.

## Requirements

1. The provider must ensure that all health and safety checks are undertaken as required and action is taken to address any issues raised in a timely manner.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.(HSCS 4.14)

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion: 31st October 2019

## How well is our care and support planned?

**2 - Weak**

People using services should have a personal plan which is right for them because it sets out how the persons needs will be met as well as their wishes and choices. We have acknowledged that this is an area staff have been working on to improve, however current plans we sampled still failed to give up to date information, identify outcomes or sufficient information on how to meet people's health needs. We noted examples of where information had not been updated from previous reviews and was therefore not supporting staff to have access to the most up to date information on the person's support needs. Peoples assessments and support plans are not supported by strong leadership, staff competence or quality assurance processes.

There were also examples of contradictory and unclear information. In particular we saw that information relating to the management of people's finances and about their capacity to consent needed to be improved.

Plans still lacked important information on how to support individuals with health needs, including mental health needs. Where assessments had been completed these did not link to the support plans or risk assessments making it difficult to know for staff to identify where additional support was required and how risk highlighted in these assessments were to be managed.

There was a lack of outcomes identified for individuals, possibly limited by low expectations and a risk averse approach. Risk assessments were generic and did not adequately identify hazards and management actions to support these.

## Requirements

1. To ensure staff have the right information to meet people's needs and keep them safe, the manager should ensure that support plans have:

- 1) sufficient details about people's health (including mental health) needs and the support required with these.
- 2) Protocols which reflect good practice guidance in relation to the administration of as required medication.

- 3) reflect the current needs of the individual and provide staff with appropriate guidance on how to best support them and manage any risks presented.
- 4) Clear outcomes for individuals
- 5) Signposting to additional documents such as risk assessments, protocols and management plans.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And

I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me (3.5)

Timescale for completion: 1st January 2020

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

### Requirements

#### Requirement 1

To ensure staff have the right information to meet people's needs and keep them safe, the manager should ensure that support plans have:

- 1) sufficient details about people's health (including mental health) needs and the support required with these.
- 2) Protocols which reflect good practice guidance in relation to the administration of as required and rescue medication.
- 3) reflect the current needs of the individual and provide staff with appropriate guidance on how to best support them and manage any risks presented.
- 4) Clear outcomes for individuals
- 5) Signposting to additional documents such as risk assessments, protocols and management plans.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And

I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me (3.5)

Timescale for completion: 1st January 2019

**This requirement was made on 21 August 2018.**

## Action taken on previous requirement

Work has been ongoing to update and improve care plans, however, files we sampled still contained information that was not up to date, not outcome focussed and contained insufficient information on people's health needs and how to support them.

**Not met**

## Requirement 2

1. The provider must ensure that all staff have the knowledge and skills to meet the needs of the people they are supporting.

In order to achieve this, the provider should consider:

- (i) A training needs' analysis which takes the aims and objectives of the service and the needs of people using the service into account should be undertaken for all staff employed by the service.
- (ii) The training plan details numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.
- (iii) A formal induction process is implemented and recorded
- (iv) Full and accurate records of training, including induction training, are maintained in a format which permits auditing by management and regulators.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 15(a)(b) (i)(ii) - Staffing

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion 1st January 2019

**This requirement was made on 21 August 2018.**

## Action taken on previous requirement

Records of training were not up to date and information was unreliable when compared to verbal information.

It was good to see that some training had been booked in to upskill staff in areas that are key to their day to day practice. A full training needs analysis would support the manager to further identify what training should be made available to staff given the needs of people they support.

Where new staff had started, they had not undertaken an effective induction programme or had their competency assessed which had the potential to lead to poor outcomes for people using the service.

## Not met

### Requirement 3

The provider must evidence practice in line with safer recruitment procedures to safeguard people who use the service and meet legal requirements.

In order to demonstrate this:

- the recruitment policy and practice must be updated and strengthened to reflect best practice guidance 'Safer Recruitment through Better Recruitment' (Scottish Government, updated 2016).
- quality assurance processes must monitor and check that recruitment approaches are being carried out in line with the best practice.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

It is also necessary to comply with Regulation 9 (1) (Fitness of Employees) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 1 November 2018.

**This requirement was made on 21 August 2018.**

### Action taken on previous requirement

There had been no recruitment completed since the last inspection. As this requirement has been in place for the past two inspections where recruitment has been undertaken (and still not met) we are not confident to remove this until we have seen evidence that the provider is following the relevant guidance. Therefore this requirement will be repeated in this report.

## Not met

### Requirement 4

The provider must ensure that all staff are appropriately registered with the SSSC (or other regulatory body where appropriate). The manager should maintain an overview of staffs registrations and when these are due for renewal to ensure that they are acting in accordance with current requirements and legislation.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

and to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 15(a)(b) (i)(ii) – Staffing

And

SSI 2011/210 regulation 4(1)(a) – requirement for the health and welfare of service users.

Timescale – 1st November 2018

**This requirement was made on 31 January 2018.**

### Action taken on previous requirement

We saw that senior managers were now maintaining sufficient overviews to ensure all staff were appropriately registered.

**Met – outwith timescales**

## Requirement 5

To support the identification of areas requiring action and the continuous improvement of the service, the manager should ensure that robust quality assurance processes are in place. This includes (but not limited to):

- 1) Further development of audit documents to formalise them across all areas, ensuring that standards/ expectations are clearly identified.
- 2) Actions taken to address issues raised are clearly identified.
- 3) There is a local quality assurance policy and procedure in place detailing process and systems used.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

Timescale for completion: 1st January 2019

**This requirement was made on 21 August 2018.**

### Action taken on previous requirement

see key question 2 for information.

**Not met**

## Requirement 6

To ensure staff have the right information to meet people's needs and keep them safe, the manager should ensure that support plans have:

- 1) sufficient details about people's health (including mental health) needs and the support required with these.
- 2) Protocols which reflect good practice guidance in relation to the administration of as required medication.
- 3) reflect the current needs of the individual and provide staff with appropriate guidance on how to best support them and manage any risks presented.
- 4) Clear outcomes for individuals
- 5) Signposting to additional documents such as risk assessments, protocols and management plans.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And

I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me (3.5)

Timescale for completion: 1st May 2019

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

### Action taken on previous requirement

See key question 5 for information

**Not met**

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

### Areas for improvement

#### Previous area for improvement 1

To demonstrate a progressive approach, staff at the service should be conversant with the most up to date, innovative and effective advances in communication aids and approaches to support people who do not have verbal communication.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

"I am supported to communicate in a way that is right for me, at my own pace and by people who are sensitive to me and my needs". (HSCS 2.8)

**This area for improvement was made on 1 April 2017.**

## Action taken since then

see key question one and three for information

This remains and area for improvement

## Previous area for improvement 2

The manager should evidence how people are better supported to take part in activities, be engaged and stimulated. This is to ensure that people are able to choose to participate in a range of activities suited to their needs and that contribute to their physical and mental wellbeing, and that staff are appropriately trained to support people achieve this.

This is to ensure that care and support is consistent with the national 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 everyday, 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 2.21)

**This area for improvement was made on 21 August 2018.**

## Action taken since then

see key question one for information

This remains and area for improvement

## Previous area for improvement 3

To promote and safeguard the rights of people who are assessed as lacking capacity to make decisions, including those subject to Guardianship orders and power of attorney, the manager should ensure that staff practices are underpinned by the current legislation and best practice in this area.

This should include that staff are conversant with the Mental Welfare Commission Publication Rights, Risks and Limits to Freedom, the Adults with Incapacity (Scotland) Act 2000 and relevant publications from the Office of the Public Guardian.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

**This area for improvement was made on 1 April 2017.**



## Action taken since then

We saw that there still appeared to be a lack of understanding regarding capacity and consent, this is reflected in people's support plans and accompanying documents. Whilst there had been some training a while back, this has not been available to all staff and it is not discussed as part of staffs professional development.

This remains and area for improvement

## Previous area for improvement 4

The provider needs to ensure that there is sufficient governance, support and development available to the manager of the service to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed. (HSCS 4.23)

**This area for improvement was made on 21 August 2018.**

## Action taken since then

Whilst there is support available for the manager, we saw little evidence of any real governance, personal or professional development.

This remains and area for improvement

## Previous area for improvement 5

The manager should ensure that the service development plan supports the understanding of what issues need addressing and the actions required to take the service forward, including who is responsible for these and how they will know when this has been achieved.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And

I use a service and organisation that are well led and managed. (HSCS 4.23)

**This area for improvement was made on 31 January 2018.**

## Action taken since then

see key question 2 for information

This remains and area for improvement

## Previous area for improvement 6

The manager should ensure that the service has up to date, relevant policies and procedures in place to inform and guide staff.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

**This area for improvement was made on 31 January 2018.**

## Action taken since then

Work has been undertaken to get a system in place but this requires further development to ensure they are specific to the service being provided and include sufficient reference to good practice and legislation.

This remains an area for improvement

## Previous area for improvement 7

The provider must evidence how staffing levels are assessed to ensure health, safety and positive outcomes for those using the service.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And

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

**This area for improvement was made on 21 August 2018.**

## Action taken since then

We did not see any evidence of staffing levels being appropriately assessed.

This remains an area for improvement

## Previous area for improvement 8

To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy.

The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

**This area for improvement was made on 31 January 2018.**

**Action taken since then**

Even though we saw that a new format was being used, the frequency of supervisions varied and the quality was poor with limited discussion of reflective or good practice. We saw no evidence of appraisals being undertaken.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

**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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

## 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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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।

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