

Templeton House Care Home Service

Racecourse Road
Ayr
KA7 2UY

Telephone: 01292 291232

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Windyhall Care Home LLP

Service provider number:

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Service no:

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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

This service registered with the Care Inspectorate on 24 March 2015.

Templeton House is a purpose-built care home located close to the amenities of Ayr town centre. The service has capacity for 69 older people and was registered in March 2015. Resident accommodation is over three floors. The garden level, the ground floor at street level, which includes the main entrance and first floor. The top floor areas contain the catering department, staff area and additional office space.

The home has a large landscaped garden to the rear which is secure. There is parking, including disabled parking, to the front. Internally the home has two lifts and disabled access to all areas. Service users have access to an outside space, either the garden or furnished balconies.

All bedrooms are very well presented and have an en suite shower room. Assisted bathing facilities are available to support individuals with mobility issues. There are a choice of lounges and dining areas throughout, a cinema room, library, piano bar, hairdressing and beauty salon. The premises are environmentally of a very good standard and enable people to maintain independence.

At the time of the inspection there were 68 service users.

The providers stated aims and objectives are as follows:

"Our aim is to listen and learn from service users to afford us the opportunity to work together to meet the identified needs and aspirations of the individuals who have chosen to live in Templeton House".

Objectives:

- To recognise that when persons choose to live in a care home the potential exists for them to renounce a certain degree of their independence and to act on this to preserve and assist the service users to exercise their optimum level of this right.
- To support service users in maintaining their inherent standards, through choices, during their day-to-day life.
- To endeavour, as far as is practicable, to ensure that the service users maintain their citizen's rights within society.
- To promote and assist service users in realising their personal aspirations and abilities.
- To welcome the diversity of people who have chosen to live in Templeton House.
- To foster feelings of safety by employing staff that are committed to maximizing service users' choices, control and participation.
- To strive to seek the opinion of the service users and applicable others to continuously provide the highest quality of care.

What people told us

Because of the advanced cognitive impairment experienced by some residents, it was difficult to elicit their views about the quality of service. We used the Short Observational Framework for Inspection tool (SOFI) to capture the experience of people who had difficulties in communicating their feelings and views.

We observed residents' emotional wellbeing, who and what they were engaged with during the day and how staff related to them over and above routine care practice.

In addition, we spoke with 12 residents and seven relatives during the inspection. We also received three completed questionnaires from relatives and seven from residents which were taken into account. Views were mostly positive about the staff team, but were mixed about the overall quality of the service.

Comments included:

"My wife has been in Templeton House for the past 2 years and I can honestly say that all the staff and management are first class. All of her needs are cared for. I am always made to feel welcome at all times. I would certainly recommend Templeton House to my family and friends".

"Residents are told of changes but not consulted".

"If and when I have been worried about X weight, whether X is eating enough, I have contacted the nurse in charge and have come away knowing they are keeping an eye on it. Roll on some sunny normal weather and he may be able to get out".

"Recently much more organised and 'eventful' compared with previous years. Every confidence in management and staff to provide excellent care".

"Although my mother has been in the home for only around X weeks, she appears to be happy and says the girls are all nice to her. I am satisfied she is being looked after well and she is safe in their care".

"The home is attractive and warm and at first appears to be a hotel which I am sure appeals to the residents and their families".

"I had the opportunity to place my mothers belongings in her room before she arrived from hospital. This helped her quickly settle in. My only complaint is that, now she is in the home, it takes a lot of asking and time for anything else to be done".

"Very well organised with a caring staff".

"Not enough 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?	2 - Weak
How good is our staffing?	3 - Adequate
How good is our setting?	5 - Very Good

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

Residents and relatives confirmed that personal choices were sought from them. People in receipt of care services should experience compassionate care and support that promotes dignity and respect for their rights as an individual. We saw examples of positive interactions delivered with warmth by care staff. People told us that staff are "kind" and "caring". However, this was outweighed by key areas of performance that had a negative impact on individual experiences and outcomes. We found that outcomes for some individuals had not been sustained since the last inspection.

We assessed wellbeing as weak because we evidenced a lack of person-centred practice through our observations, talking with people who use the service and staff, and looking at documentation. Staff numbers were not sufficient to meet the needs of people using the service in responsive ways resulting in task oriented practice and a lack of meaningful occupation.

We used the Short Observational Framework for Inspection tool (SOFI) to capture the experience of people who had difficulties in communicating their feelings and views. We observed residents' emotional wellbeing, who and what they were engaged with during the day and how staff related to them over and above routine care practice. We observed a good programme of group activity delivered in the reception area. For example, this included inviting residents from another care home and musical activities.

However, we also saw that residents were disengaged with their surroundings, spending long periods of time, inactive and having little interaction with others. We concluded that the focus on routines and tasks rather than the delivery of care informed by residents' wishes and aspirations constrained a fully person-centred approach. We found that staff struggled to attend to meet the care of people with additional support needs which some residents found frustrating and distressing.

See requirement 1

We had concerns that some people were not consistently receiving the right support to meet their skin care, nutritional and hydration needs. This had adversely affected their health and wellbeing. Records should be improved to evidence appropriate monitoring of dietary and fluid intake and skin integrity. One individual's skin care needs had not always been accurately assessed and care plans did not include up to date or person-centred information to direct staff in appropriate care interventions to prevent pressure sores or weight loss. This resulted in a poor outcome.

We looked at how the service supported people generally with poor skin integrity and pressure ulcer prevention. The service does have assessments and plans of care for people with skin conditions such as, dry skin and eczema. We found that there is a good range of preventative equipment in situ such as, pressure redistributing mattresses and cushions. We also noted that they were allocated to individual use to ensure personalisation and good practice.

However, although there were assessments, we found inconsistent practice and it was difficult to establish what action had been taken and when. This resulted in the potential to overlook deteriorating conditions and we advised that:

a) Staff receive training in tissue viability and pressure ulcer care.

b) Where there is a care plan in place for skin care, the delivery of daily support until the condition is healed is clearly recorded to ensure accountability.

Further information is available on www.tvonline.com

See requirement 2

People should expect to receive personal care in a dignified way with personal preferences respected. Residents confirmed that care was delivered in a discreet and respectful manner. We observed residents to be well presented. For example, with clean and co-ordinated clothing, matching jewellery, and good footwear. They told us they could attend a hairdresser or have their "nails done" as an activity, this gave residents a sense of self-worth in their personal appearance. We advised that the service continue to develop the keyworker role to enhance positive relationships and enhance a sense of belonging and wellbeing for residents.

We saw evidence of staff working alongside a range of healthcare professionals in response to residents' needs, but this was inconsistent. People who experience care and relatives can expect to be involved in formal care reviews. Care reviews were taking place at the required intervals. However, it was difficult to assess any actions agreed and how they had been delivered by the care home. The quality of review minutes could be improved by reflecting the experiences and evaluations of people experiencing care. This helps to ensure that personal outcomes are being met and that their health benefits from the care and support provided and allows people to get the most out of their life. We found a lack of clarity around care planning and planned care not being followed; inaccurate recording and a higher than average occurrence of significant incidents that gave us cause for concern, some of which had not been responded to properly by staff and management to minimise risk.

See requirement 3

Any intervention people receive should be safe and effective. We received several notifications about medication errors within this service which tended to happen when there was a lack of continuity in the staff team. The home dealt with incidents promptly taking appropriate action and involving relevant agencies to minimise the impact on residents wellbeing. However, during our visit we found examples where residents had not received medication as prescribed. The service needs to ensure that they improve the management and auditing of medication systems in order to be more proactive in the prevention of errors. We have repeated a previous requirement regarding the management of medication.

See requirement 4

Most staff interactions with residents were of good quality. Some staff clearly knew the residents well and, where this was the case, communication was genuine, supportive and the residents responded with appreciation. At other times, we observed staff doing things to and for residents with little if any communication. For example, when supporting people at mealtimes or how people are assisted to make a choice about where to spend time.

We discussed with the staff and manager about ways to improve, by continuing to build on the activity programme - particularly for individuals, encouraging staff to support residents in achieving their wishes and aspirations, and, to promote and influence a more inclusive culture in the care service.

We discussed the need to ensure that people's wishes and choices take priority, using these to inform the planning and delivery of care that is driven by individual lifestyle preferences. Staff should strive to ensure that this is not limited to residents who are easily able to express themselves.

Prior to inspection, a resident had commented about having to wait for staff to take him outside. However, subsequent to inspection, we were advised that this particular individual was purchased a new electric wheelchair by the home for him to be able to get in and out as he pleased whenever he wished. We agree that this is a good positive outcome for the individual as it has enabled him to have freedom of movement, choice and independence.

The culture did not support the promotion of activity beyond the recreational programme meaning that some people experiencing care were largely unoccupied. We noted that the service has undergone considerable staff changes. Enhancing the role of the keyworker should extend to more involvement in care planning, review meetings, communication with families and protected time to promote opportunities for social and functional activity within an enabling culture. We have repeated a previous area for improvement. See area for improvement 1

Requirements

1. By 31 December 2019, the service provider must confirm the measures which have been implemented to ensure residents receive safe and responsive care.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I am confident that people respond promptly, including when I ask for help'. (HSCS 3.17)

It is also necessary to comply with Regulation (4)(1)(a) make proper provision for the health welfare and safety of service users, (4)(1)(b) provide services in a manner which respects the privacy and dignity of service users, Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was initially made on 11 September 2018, repeated in December 2018 and is repeated again at this inspection.

2. By 31 December 2019 the service provider must improve responsive care and support for residents by ensuring that a cohesive approach to pressure ulcer prevention and management is implemented. This approach should include:

Residents identified at risk of pressure ulcers must have a plan of care which outlines their individual needs and include the following:

- the level of risk
- skin integrity status
- type of pressure reducing mattress in use (with settings for active mattresses)
- type of pressure reducing seat cushion in use (with settings for active seat cushions)
- required frequency of skin checks
- required frequency of positional changes/turning chart or SSKIN bundle in use
- any other relevant individual skin care interventions
- the required frequency of the risk assessment and care plan review.

Monitoring of pressure ulcers included in the organisational policy.

Assessment of all support staff competency at implementing the policy and best practice in relation to pressure ulcer prevention and management.

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) and in order to comply with Regulation (4)(1)(a) Welfare of users, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. The provider must ensure that residents' healthcare needs and the associated interventions planned by staff are managed effectively in a way that is beneficial to each individual's health and wellbeing taking account of current legislation and good practice guidance. Care reviews must be carried out responsively.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am assessed by a qualified person, who involves other people and professionals as required'. (HSCS 1.13). 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

This is also in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a)(2) - Welfare of users; Regulation 5(2)(b)(ii)(iii).

Timescale for completion: 31 December 2019.

4. The service provider must make sure that people who use the service have their prescribed medication given in line with their healthcare needs, the resulting care plan and the advice given by their representatives. This process must include adequate recording of the administration of all medications, including a record as to why any medications have not been given.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) 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), 1.24 Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

It is also necessary to comply with Regulation (4)(1)(a) make proper provision for the health welfare and safety of service users, Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. The named nurse/keyworker system should be developed to ensure that residents' care plans are fully implemented and that staff have the time and support to discharge their responsibilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27).

This area for improvement was made on 6 August 2018 and repeated in December 2018.

How good is our leadership?

2 - Weak

We found a need to ensure clarity about the roles and responsibilities of departmental and senior staff. The service has undergone staff changes and there is a need to enhance communication and responsibility. We discussed with the manager the potential of using the senior carer roles and confusion about nurses being "in charge". Particularly when there is a significant use of agency staff. For staff and relatives, there can be a lack of leadership and direction, confusing or inconsistent messages and communications. This has the potential to compromise the quality of care for people living in the care home. We advised the management to introduce pro-active decision making processes taking account of Health and Social Care Standards (Scottish Government 2017) (HSCS) and A quality framework for care homes for older people (Care Inspectorate, July 2018). See requirement 1

People using care services should benefit from a culture of continuous improvement, with the service having robust and transparent quality assurance processes.

We discussed with the manager the continuing need to improve the service's quality assurance processes and deliver a service in line with the service's own aims and objectives.

A range of checks and audits had been carried out to assess the delivery of the service. For example, dependency assessments, medication and falls management audits. This had positive benefits in maintaining some aspects of the service. However, the approach to quality assurance needs be reviewed and improved to establish robust monitoring processes informed by evidence based good practice and a strong focus on personal outcomes. This must be used effectively to improve the service for people experiencing care.

There was a lack of evidence to demonstrate how people's views had been taken into account and acted on, using learning from this to make improvements as part of the quality assurance framework. A focus on the evaluation of residents' experiences and regular, inclusive opportunities for people to express their views should be reviewed to support more meaningful and impactful involvement. The inclusion of an improvement focus during staff meetings and supervision could help to empower staff to become more confident in recognising their role in driving this forward. Awareness of the Health and Social Care Standards - My support, my life (June 2017) and the quality framework for care homes for older people (2018) should be promoted with a focus on self-evaluation and improvement.

See requirement 2

Staff told us they felt well supported by the manager and said she had promoted stability and better continuity of care.

There were methods in place to give residents and relatives the opportunity to express their views. The service has a complaints procedure in place. People we spoke with were clear about the processes to raise concerns. We sampled the complaints addressed directly by the service and advised that as a matter of good practice, the service should be transparent about whether a concern raised by people using services is upheld or not.

A complaints inspector took part in this inspection to investigate specific concerns. Please see the Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

The service should raise awareness of the Health and Social Care Standards - My support, my life (June 2017) and staff should be supported to reflect on the impact of these standards on their practice and ongoing development. Regular, inclusive opportunities for people to express their views, and the evaluation of residents' experiences should be established to support meaningful and impactful involvement. Responsive actions that take people's views into account need to be demonstrated, using learning from feedback to make improvements.

To support the provision of quality care and support, to people who live with dementia, we previously advised the manager to devise a specific dementia improvement strategy based on best practice guidance. This should take account of the skills of the staff, meaningful recreational activity and the care home environment. The manager has introduced a development plan titled "Improving the experience at Templeton House". We found that changes had been made to some aspects such as, the environment. We acknowledge that the service has been in the process of recruitment and change and that the development plan is still in progress. We have repeated a previous area for improvement and will follow up at the next inspection.

See area for improvement 1

The evaluation of 'weak' performance against the five key questions we included at this inspection indicated the need for structured and planned actions that would deliver sustainable improvement.

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.

Requirements

1. The provider and manager should introduce a clear structure of authority and accountability for the day to day management of the care home. The line management structure should take account of shared and delegated roles and responsibilities, improved communication between departments, supervisory roles, quality assurance processes and outcomes for people using the service.

This is in order to comply with: SSI 2011/210 Regulation 3 -Principles.

Timescale for improvement: by 31 March 2020.

2. The provider must ensure that the approach to quality assurance is reviewed and improved to establish robust monitoring processes informed by evidence based good practice and a strong focus on personal outcomes, using learning effectively to improve the service for people experiencing care. This should include the promotion of health and wellbeing to support managers to have a clear overview of residents health status.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

This is also in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users.

Timescale for improvement: by 31 March 2020.

Areas for improvement

1. To support the provision of quality care and support, to people who live with dementia, the service should devise a specific dementia improvement strategy based on best practice guidance. This should take account of the skills of the staff, meaningful recreational activity and the care home environment. Residents, relatives and staff should be involved in the development of this.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'My care and support meets my needs and is right for me'. (HSCS1.19).

This area for improvement was made on 6 August 2018 and repeated in December 2018.

How good is our staff team?

3 - Adequate

The service has undergone a recruitment drive. Despite this, there is continuing use of agency staff. People experiencing care should benefit from the right staffing levels and staff working well together. When asked what would have the most significant impact in terms of improving the quality of the service, relatives and staff all said that more staff were needed.

Comments included:

"There are staff but they don't know my relative".

"Different staff every day".

"There aren't as many staff usually. Must be because you're (Inspectors) here".

"No, there are not enough staff".

We saw staff working under pressure and despite their best efforts, this resulted in staff having to focus on carrying out tasks and managing risk instead of being readily available to meet residents' needs in a responsive way.

See requirement 1.

There had been a number of significant incidents that we found concerning. This included falls, medication errors, altercations between residents and assaults on residents and staff. We saw staff trying to prevent situations from arising, but this was poorly managed due to the limited availability of staff and lack of direction on shift. We saw examples where staff repeatedly told residents to sit down when attempting to mobilise or re-directed residents back to shared lounges to facilitate observation, both of which resulted in residents becoming frustrated and distressed. We observed additional poor outcomes for residents, such as poorly managed and disrupted mealtimes, long periods of inactivity and a low level of interaction with staff.

See requirement 1

Being able to take time to engage in meaningful interactions and conversations with residents without feeling under pressure is important to avoid what was clearly a task-orientated culture. This resulted in residents spending long periods of time on their own with nothing to do as detailed earlier. Our observations and consistent feedback from relatives and staff led us to conclude that staffing levels were insufficient to fully meet the needs of residents.

See requirement 1

The dependency assessments carried out did not highlight issues around staffing levels, skill mix and the deployment of staff despite this giving us cause for concern. In addition, the assessment scoring did not accurately take account of residents behavioural and social needs.

The management team need to implement regular observations of staff practice and residents' experiences to inform and consistently demonstrate a more evidence based approach to staffing. This should take account of the high dependency and complexity of residents' needs, the layout of the setting and other measures linked to quality assurance, including people's views.

See requirement 2

Residents receiving care should expect to build trusting relationships with people supporting and caring for them in a way that is comfortable for them. People told us that staff were caring and respectful. We saw some staff interacting positively with residents and each other and being attentive to people's needs. Staff demonstrated warm interactions in a reassuring and knowledgeable manner. There was recognition that opportunities should be developed, to enable residents to influence the staffing in the service. For example, the development of the key worker role to include one to one time with residents, particularly for people in bed or with reduced mobility. Also, including staff in care reviews, would enable residents and relatives to influence staffing.

The service has new staff and there is potential to improve teamwork taking account of best practice and promoting values based practice. We have repeated a previous recommendation regarding training and have added the development of teamwork. We advised that this should include all teams including ancillary staff.

See area for improvement 1

We saw that care staff were supportive towards each other and had good working relationships. However, communication and sharing relevant information about residents should not be role dependent and this presented a risk of care staff not being kept fully informed.

The service should raise awareness of the Health and Social Care Standards - My support, my life (June 2017) and staff should be supported to reflect on the impact of these standards on their practice and ongoing development. The service should use the SSSC Common Core Skills and Values to promote teamwork. Regular, inclusive opportunities for people to express their views, and the evaluation of residents' experiences should be established to support meaningful and impactful involvement. Responsive actions that take people's views into account need to be demonstrated, using learning from feedback to make improvements.

Requirements

1. The provider must ensure that sufficient numbers of suitably qualified and competent staff are deployed appropriately to meet the health, wellbeing and safety needs of residents.

This is to ensure 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), 'People have time to support and care for me and to speak with me'. (HSCS 3.16)

This is also in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users; Regulation 15(a) - Staffing.

Timescale for completion: 31 December 2019.

2. A holistic dependency assessment that informs staffing levels, skill mix and the deployment of staff should be used regularly to consistently demonstrate an evidence based approach to staffing. This should take account of the complexity of residents' needs, the layout of the setting and other measures linked to quality assurance including people's views, outcomes and experiences.

This is also in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users; Regulation 15(a) - Staffing.

Timescale for completion: 31 December 2019.

This is to ensure 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), 'People have time to support and care for me and to speak with me'. (HSCS 3.16)

Timescale for completion: 31 December 2019.

Areas for improvement

1. The provider should ensure that care staff receive appropriate training, including, protecting vulnerable adults, dementia, palliative care and pressure ulcer care. The training and development plan should also take account of specific health care and support needs of the current resident's group and team work.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: 'I have confidence in people because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

This area for improvement was made on 6 August 2018 and repeated in December 2018.

How good is our setting?

5 - Very Good

People should expect to live in a setting which promotes their independence. This is important to older people as it gives a sense of dignity, control, self-esteem and fulfilment.

The entrance to the home was impressive, warm and welcoming. A large reception area greeted visitors with a bar and a variety of seating. This acted as a hub of activity for residents and visitors giving a sense of purpose and community.

The accommodation is over a number of floors. The garden level, the ground floor at street level which includes the main entrance and first floor are all service user areas. The top floor areas are located in two separate sites at either end of the front of the home. We noted that all areas are accessible to residents and we observed residents freely using the lifts to access all floors. This enables people to maintain their independence and choose where and how they wished to spend their time. For example, there was a cinema room, a hairdressing salon and a library. We noted how residents were able to make themselves a hot drink in the kitchen which enabled them to remain independent.

The home has a large landscaped garden to the rear which is secure. We noted that considerable work has been done to make the garden inviting, safe and accessible. On the days of inspection, there was a relaxed and friendly atmosphere in the home. Residents appeared happy and content. Some people told us they enjoyed living in the home. We consider that the management and staff could do more to support and encourage people to access the gardens. Staff should be more proactive in supporting and improving outdoor access. This would enhance physical and mental stimulation, falls prevention and provide access to fresh air.

There is parking including disabled parking to the front and internally, the home has two lifts and disabled access to all areas. Each of the service user areas has access to an outside space either the garden or balconies. In addition, the service had enhanced directional signage to enable people to negotiate the premises with ease.

All bedrooms were single occupancy with en suite wet floor showers to enable independence with personal care. Residents were able to use their own space as they wished and we saw bedrooms which were personalised according to individual needs and wishes. People we met told us they were very happy with their bedrooms.

We found the care home to be maintained to a very high standard, clean and well presented. The service staff promoted best practice to protect service users from avoidable risk of harm, including the spread of infection.

We consider that the provider and manager need to ensure that the safety of service users is paramount in the management and monitoring of the environment taking account of the changing support needs for people, particularly in the areas on the ground floor.

How well is our care and support planned?

2 - Weak

People should expect that assessment and care planning will reflect their needs and wishes. This is important as care plans are used to direct staff in meeting people's needs and wishes and affects their experience of care and support. The care plans we sampled contained disconnected amounts of information about health concerns and risk management. They did not reflect residents' identity or what was important to them as individuals, important information that staff need to deliver responsive care.

The service had introduced new assessment and care planning documentation with further development planned. Individual needs were being assessed and other health professionals involved as required. However, we found that the standard of care planning was inconsistent with the potential for things to be missed. For example, some files contained life story and background for individuals whilst this information was missing in other personal files. Some staff were knowledgeable about people's needs and wishes. However, there was potential to overlook key needs in practice. Care planning, evaluations and minutes of six monthly reviews need to focus on the way that planned care has promoted positive outcomes as well as reflecting people experiencing care having a sense of worth and engagement with life.

There was also a lack of evidence to show how residents and their families had been involved in discussing care and support needs; wishes, choices and personal preferences at an early stage, regularly and when circumstances had changed. There needed to be improved oversight to ensure that people are supported to understand and uphold their rights. Particularly in key areas such as, use of medication management, pressure ulcer care and changing behaviours and safety. We discussed with the management team the limitations of the existing approach to personal planning and the need to enhance the key worker system to enable improved oversight. Many residents were unable to participate in this process due to the complexity of their needs and staff need to clearly demonstrate how they have involved individuals important to residents when compiling personal plans. This is in order to empower people to exercise as much choice and control as possible over their daily lives.

See requirement 1.

We saw that staff had reflected a degree of information about personal preferences, but we could not tell how this had been used to inform the care and support provided. The consideration of past life and the role this plays in underpinning and supporting a person-centred approach to care planning needed to improve. This is important in understanding why people behave in a certain way when being supported in their daily lives. Care plans that focus on disabilities and deficits are unlikely to support people's independence and autonomy and there is a risk of this being translated into poor practice. There was a lack of information recorded about residents' abilities or evidence of care planning to regain or maintain skills, however limited. Staff should use a strengths based approach to assessment and care planning that will recognise and maximise residents' abilities in a way that promotes independence.

See area for improvement 1

The service has undergone a staff recruitment process and although there is a keyworker system in place, there is a continued need to develop this to ensure that staff deliver effective care planning. We have repeated a previous area for improvement.

See area for improvement 2

Requirements

1. The provider must ensure that residents benefit from personal planning which consistently informs all aspects of the care and support they experience.

A sense of identity and what is important to each individual must be evident to inform responsive care and support that has been discussed and agreed with residents and/or individuals important to them in order to empower people to exercise as much choice and control as possible over their daily lives.

This is to ensure that 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)

This is also in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users; Regulation 5(1)(2)(a)(b)(i)(ii)(iii)(c)(d) - Personal plans.

Timescale for completion: 31 March 2020.

Areas for improvement

1. The service should ensure that:

- Care planning, evaluations and minutes of six monthly reviews have more of a focus on the way that planned care has promoted positive outcomes as well as reflecting people experiencing care having a sense of worth and engagement with life, achieving what matters to them.
- Personal plans should reflect the consideration of residents' wishes, choices and past life and the role this plays in underpinning and supporting a person centred approach. An understanding as to why people behave in a certain way when being supported in their daily lives should be linked to the assessment of this information.
- A strengths-based focus that fully recognises people's abilities should be established in conjunction with an enabling approach towards risk promotion in order to develop care planning that will support people to maximise their potential.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: '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'. (HSCS 3.4), '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) and '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)

2. The named nurse/keyworker system should be developed to ensure that residents' care plans are fully implemented and that staff have the time and support to discharge their responsibilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

This area of improvement is repeated and was initially made in December 2018.

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

Requirements

Requirement 1

The provider must have in place robust policies and procedures people who use this care service are confident their next of kin/carer will be contacted in line with their wishes and preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

It is also necessary to comply with Regulation (4)(1)(a) make proper provision for the health welfare and safety of service users, Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 14 September 2018 and repeated in December 2018.

This requirement was made on 14 September 2019.

Action taken on previous requirement

The management had taken steps to meet this requirement. They had consulted with relatives/carers to establish the circumstances they wished to be contacted by the care home. This was recorded for some individuals who experience care.

This requirement is: met and relatives confirmed that they were consulted and there was clear next of kin contact details in personal files.

Met - outwith timescales

Requirement 2

By 28 September 2018, the service provider must confirm the measures which have been implemented to ensure residents receive safe and responsive care.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I am confident that people respond promptly, including when I ask for help'. (HSCS 3.17) It is also necessary to comply with Regulation (4)(1)(a) make proper provision for the health welfare and safety of service users, (4)(1)(b) provide services in a manner which respects the privacy and dignity of service users, Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 11 September 2018 and repeated in December 2018.

This requirement was made on 11 September 2018.

Action taken on previous requirement

The manager advised that the service has undergone a substantial recruitment drive since the last inspection. At this inspection, we again observed a lack of staff presence on the lower ground floor. This meant that staff were not readily available to respond to the needs of residents who lived with dementia.

The manager advised that she planned to recruit an additional 20 hours of staff time. The dependency assessments we sampled did not realistically translate to the staffing levels and the service has been using agency staff to supplement the staff ratio and we were concerned about outcomes for people being compromised. We had previously suggested that:

- Deployment of nursing staff be based on the assessed needs and wellbeing of individuals who experience care as opposed to the layout of the building. However, this was not evident at this inspection.
- To provide more responsive person-centred care we suggested that the medication administration practice be reviewed to take account of individuals preferred routine. The service had reviewed this. However, at this inspection, we again found concerns about medication management.
- To create a reflective culture, consider lessons learned and support the development of the staff team, the manager should improve the process for following up potentially serious incidents. There have been serious incidents which have been overlooked given the lack of stability in the staff team and oversight.
- The manager should risk assess the access to the garden and potential hazards within the garden area. Additional risk reduction measures should be implemented as required.
- The garden area is now barrier free.

This requirement was made on 14 September 2018 and repeated in December 2018 and is repeated again.

This requirement is: not met and therefore, repeated.

Not met

Requirement 3

THE FOLLOWING REQUIREMENTS WERE MADE AS A RESULT OF COMPLAINT ACTIVITY:

By the 26 February 2019, the service provider must make sure that people who use the service have their prescribed medication given in line with their healthcare needs, the resulting care plan and the advice given by their representatives. This process must include adequate recording of the administration of all medications, including a record as to why any medications have not been given.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14) 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)

It is also necessary to comply with Regulation (4)(1)(a) make proper provision for the health welfare and safety of service users, Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 8 May 2019.

Action taken on previous requirement

We remain concerned about medication management and care planning and have repeated this requirement.

This requirement is: not met.

Not met

Requirement 4

By 26 February 2019, the service provider must make sure that people who use the service have their healthcare needs adequately assessed and that a working care plan is in place and followed by all staff to ensure care needs are appropriately monitored and responded to. This process must include adequate measuring of clinical risk and ensure that the appropriate action is taken to ensure residents receive safe and responsive care.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I am assessed by a qualified person, who involves other people and professionals as required'. (HSCS 1.13) 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) and 'My human rights are central to the organisations that support and care for me'. (HSCS 4.1)

It is also necessary to comply with Regulation (4)(1)(a) make proper provision for the health welfare and safety of service users and (4)(2) (b) A provider of a care home service must make such arrangements as are necessary for the provision to service users of adequate services from any health care professional. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 22 February 2019.

Action taken on previous requirement

We found that care planning did not fully take account of clinical risk and gaps in recording and poor communication resulted in poor monitoring of changing needs.

This requirement is: not met and therefore, repeated.

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 support the provision of quality care and support, to people who live with dementia, the service should devise a specific dementia improvement strategy based on best practice guidance. This should take account of the skills of the staff, meaningful recreational activity and the care home environment. Residents, relatives and staff should be involved in the development of this.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'My care and support meets my needs and is right for me'. (HSCS1.19).

This area for improvement was made on 6 August 2018 and repeated in December 2018.

This area for improvement was made on 6 August 2018.

Action taken since then

The service has a development plan and has improved the environment.

The manager has recruited new staff to support developments in achieving meaningful recreational activities and there is a good programme of activities for people who are able to participate. However, there has been a significant change in staffing and the development of the keyworker role needs to be developed to deliver a more holistic and person centred support. We are repeating this area for improvement as it is a work in progress.

This area for improvement is: not fully met and therefore again repeated.

Previous area for improvement 2

The named nurse/keyworker system should be developed to ensure that residents' care plans are fully implemented and that staff have the time and support to discharge their responsibilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

This area for improvement was made on 6 August 2018 and repeated in December 2018.

This area for improvement was made on 6 August 2019.

Action taken since then

At this inspection, a significant number of staff had been appointed/inducted. Instability within the staff team had limited the ability of the manager and staff team to implement an effective keyworker system.

This area for improvement is: not met and therefore, repeated.

Previous area for improvement 3

The provider should ensure that care staff receive appropriate training, including, protecting vulnerable adults, dementia and palliative care. The training and development plan should also take account of specific health care and support needs of the current resident's group.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: 'I have confidence in people because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

This area for improvement was made on 6 August 2018 and repeated in December 2018.

This area for improvement was made on 6 August 2019.

Action taken since then

Training records showed that the training programme took account of protecting vulnerable adults, dementia and palliative care.

The service has again undergone a recruitment drive and there was a use of agency staff. The service has a programme of induction, mandatory and professional training programme. Given the changes in staffing, we have repeated this area for improvement.

This area for improvement is: not met and therefore, repeated.

Previous area for improvement 4

To promote health and wellbeing the quality assurance process should be improved to support managers to have a clear overview of residents health status.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

This area for improvement was made on 6 August 2018, and repeated in December 2018.

This area for improvement was made on 6 August 2019.

Action taken since then

The manager had previously given a commitment to prioritising the development of systems around managing clinical risk and following up any recorded changes in people's health status. At this inspection, we found concerns about the oversight of clinical risk and have made a requirement to include it in the services quality assurance processes.

This area for improvement is: not met and therefore, now a requirement.

Previous area for improvement 5

The provider should ensure that all complaints and concerns received regarding the service are responded to appropriately. This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'If I have a concern or complaint, this will be discussed with me and acted upon without negative consequences for me'. (HSCS 4.21)

This area for improvement was made on 11 September 2018.

This area for improvement was made on 11 September 2018.

Action taken since then

The service has a clear complaints process and we found that any issues raised were addressed. People told us they could raise concerns. We advised that the service ensure clarity by stating if they are upholding a complaint or not and any action they have taken.

This area for improvement is: met.

Previous area for improvement 6

THE FOLLOWING ARE FROM COMPLAINT ACTIVITY

To help ensure and protect the rights of people who use the service and to ensure they and their representatives are fully included in agreeing the care and support to be provided, the residency agreement should be gone through with them as part of the settling in process.

This should be signed by all parties and a signed copy provided to the person using the service or their representative without undue delay.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I am actively encouraged to be involved in improving the service I use, in the spirit of genuine partnership'. (HSCS 4.7) and 'I know how, and can be helped, to make a complaint or raise a concern about my care and support'. (HSCS 4.40)

This area for improvement was made on 15 October 2019.

Action taken since then

The service is clear about the terms and conditions of people's residency and service users and representatives are provided with details.

This area for improvement is: met.

Previous area for improvement 7

Where there is a clear need and potential benefit to people who use the service and their representatives, the provider should invoke their duty of candour procedure as part of a commitment to transparency and ongoing improvement.

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

This area for improvement was made on 15 October 2019.

Action taken since then

We did not review this with the manager at this inspection and will follow up at future inspections and through notifications and ongoing monitoring.

Previous area for improvement 8

All people who use the service should have a working care plan which details clearly their support needs. Where people are receiving a respite service this should clearly detail the assessed needs and the care required to support the person with them.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.15 which states 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.

This area for improvement was made on 15 October 2019.

Action taken since then

There were no residents receiving respite care at this inspection.

However, subsequent to inspection, the manager advised that the service has 18 respite residents since January until around July and from this three of the people receiving respite care became permanent. The manager provided pre admission records which are also used as a short term care plan.

We accepted that this area for improvement is: met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
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	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	5 - Very Good
4.2 The setting promotes and enables people's independence	5 - Very Good
How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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