

Belgrave Lodge Nursing Home Care Home Service

45 Belgrave Road
Edinburgh
EH12 6NG

Telephone: 0131 334 9400

Type of inspection:

Unannounced

Completed on:

31 October 2019

Service provided by:

Dixon Sangster Partnership

Service provider number:

SP2003002440

Service no:

CS2003010613

About the service

We used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Belgrave Lodge experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

Belgrave Lodge registered with the Care Inspectorate on 1 April 2011 as a care home for 33 older people. Nurses and care staff support and care for people living in the home. The home is in a quiet residential area of Corsorphine, Edinburgh with shops and other community services nearby. The home is close to main bus routes to and from the city centre.

Accommodation is provided over three floors. The upper floors are reached by stairs or a lift. To access the sitting rooms and dining room people have to go to the ground floor as apart from bathrooms no other communal areas are on the first and second floor. There is one bedroom on the ground floor. The bedrooms have en-suite facilities. The home is set in grounds with a small car park at the side and an enclosed garden with seating at the rear of the home.

The service is provided by Dixon Sangster Partnership ("the provider"). The services aims and objectives include: "....our goal is to help our residents achieve the best quality of life possible. We understand that one solution does not fit every situation so we take the time to listen and learn about each resident's needs and preferences."

More information about the service is available on the Care Inspectorate website: www.careinspectorate.com

and the providers website: www.belgravelodge.com

What people told us

During the inspection there were 29 people living in Belgrave Lodge. We spoke to 20 people and received questionnaires about three people's experience of living at Belgrave Lodge. We also spoke to ten relatives and received one questionnaire about the service from them. We spoke to fourteen staff and two sent in questionnaires.

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection (SOFI). This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home. During the SOFI observation we saw missed opportunities to enhance people's experience and some interactions that did not promote people's independence or choice. There was also some very positive interactions that included people with banter and fun. One person who was worried during lunch was supported well and relaxed with reassurance from staff.

People commented on a range of things in the home. Overall they told us that the care and support offered to them was good and that meals were alright. Some people felt some things, like going out and keeping connected to the community could be better. Comments from people experiencing care included:

"Am quite happy with the care and support at this home".
"I think the staff are all very good".

"Its generally good but they can be short staffed at times, especially at the weekends".

"The food is very good here; too much for me really".

"I like breakfast, but apart from that the foods pretty grim".

"The staff are all good, I'd say the food was good too".

"I'd like to be able to go out more with friends. Don't like to be in so much".

"Its alright here, but there isn't really anything to do".

"I do get bored, everyday is the same".

"I like the fact it's a small place, your not just a number like in a big place, everyone is very friendly – that's important".

Relatives and visitors of people experiencing care told us:

"She's very settled. I've got to know all the staff.....built up good relationships with them, but sometimes they are so busy on the floors and not always about for people who need them".

"The staff are all lovely".

" About four times a year they all go out, it's great".

"The main problem for (relatives name) is boredom. She has specific care needs and every other day I think they bring her down stairs though I'm not sure"

"I have to help her with things like doing her nails, the staff don't do that".

Other comments and views have been included within the report, as well as areas that staff discussed.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staffing?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated how well people's wellbeing was supported and concluded that overall there had been improvements since the last inspection. Strengths just outweighed areas for improvement, but there was still key areas for improvement.

People felt staff were kind and caring. When time allowed staff offered responsive care. Staff were familiar with the principles of the Health and Social Care standards and demonstrated dignity and respect for people.

"Very happy with the care. Everyone is friendly"

"Oh yes we are well looked after. The staff are all polite. Staff's name is off on holiday, I love their dog who comes in to visit us".

The activity coordinators worked hard to support people to get the most out of life. We saw positive interactions where staff supported and facilitated people to chat, engage in discussion and activities.

Nurses carried out relevant health assessments, which generally informed the care plans. The medication system was orderly and nurses and team leaders undertook medication administration. Nurses contacted appropriate health professionals for people and we saw a range of well-maintained equipment used to support the promotion of people's health. Most people felt the food was good.

"The food is good, its not always what I'd want but its cooked well".

There were some key improvements needed to make sure people's wellbeing continues to improve.

The Health and Social Care Standards had been promoted within the home. Some staff felt the standards really challenged them to think and do things differently and in a more person centred way.

"....it's about putting the standards into practice now, changing things like helping people to get out and about more".

"....Knowing about them is one thing, doing them is more difficult but we're all keen".

There was a requirement made at the last inspection about this and while this has now been met, work should continue to help staff implement the standards. Particular areas relate to promoting people's independence and choices.

People felt bored sometimes and several wanted to get out more;

"I can't say I'm happy....I love the outdoors but don't get out as I'd need help".

"We went out in the summer time, in the garden, but we could do with better access.....it's very tricky, if there was a better approach it would help".

The provider's improvement plan included making the garden more accessible.

The assessments undertaken by nurses were more tailored for some people, while others were repeated unnecessarily. The assessment tool to determine the risk of someone's skin breaking down had been adapted, missing out some key risk indicators. We suggested using the full assessment and showed the manager how to access this.

People's strengths and assets were not highlighted in many care plans. Promoting risk enablement was highlighted in the previous inspection and remains an area for improvement. Increasing outside activities would not only help promote health, but improve wellbeing by support people to get the most out of life. A previous area for improvement relating to people getting the most out of life has been reviewed and repeated.

(See area for improvement one).

While some people were positive about the food, more choice and flexibility around meal times would improve things for other people.

"The meals are unattractive and often bland and colourless. Seasonal fruits would be very welcome and would help to make meals much more appetising..."

"Breakfast is served at the same time for everybody".

Areas for improvement

1. (Reviewed and repeated from last inspection)

To make sure people get the most out of life and their health is promoted, asking them about lifestyle preferences and aspirations and supporting them to achieve these is important. This could include, but not be limited to;

- i. Exploring with people what their wishes and aspirations are, include relevant assessments, but might also include different ways for people to express their aspirations, like a wish tree;
- ii. Making the most of the enclosed garden area and making it easily accessible to everyone by improving access to the garden;
- iii. Helping people do things that matter to them, for example access regular additional support over and above that provided by the home to enable people to get out more. Advocacy or a befriender may help ensure access is appropriately planned and financed; and
- iv. Using the skills of the staff to help improve people's experiences, such as facilitating more engagement between the chef and people experiencing care to help develop menu plans, review meal times, the activities co-ordinator could hold focus groups around different topics and nurses and carers could use a range of health and social care assessments to promote risk enablement.

This is in keeping with the Health and Social Care Standard's principle of wellbeing which states:

- * I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.**
- * I am encouraged and helped to achieve my full potential.**
- * I am supported to make informed choices, even if this means I might be taking personal risks.**

And the standards which say:

I am confident that people are encouraged to be innovative in the way they support and care for me. (HSCS 4.25)

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

I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate. (HSCS 5.9)

How good is our leadership?

2 - Weak

We evaluated leadership and concluded that there were a number of weaknesses that needed priority to improve.

There were some quality systems in place. The manager and provider undertook audits and checks on maintenance of the home and care aspects like care plans. The manager had worked hard to progress personal planning (see key question 5), but there was still some work to be undertaken.

There was an improvement plan, which would benefit from more clarity about responsibilities within the plan. A complaint to the Care Inspectorate had highlighted the need for a review of nursing care practices that the manager needed to be more involved in. There had been some improvements since the complaint and three requirements from the complaint had been met.

The home had no recorded complaints since the last inspection other than the one raised with the Care Inspectorate. Encouraging people to raise concerns and formalising a system to review and feedback to people about their concerns helps resolve issues locally and quickly. Some people felt ideas and suggestions were not always acted on. Several people expressed a wish to have more flexibility around breakfast time and where they ate breakfast. Others spoke about only having a shower once a week or having restrictions on going to bed. Other comments included;

"There was a residents meeting, I couldn't go, but even if I had I wouldn't want to tell them things I don't like".

"If you read the brochure, this is not what was promised. You can't put a good report on what happens compared to what's promised. I've never seen the manager to raise it with them".

"I feel we're well looked after, but you have to abide by the rules; their way or the highway".

"The manager doesn't listen".

"When the manager is on duty it feels very different here, it isn't as nice a place".

Some staff felt unable to do things because of unwritten rules. For example, one person returning from the hairdresser had to wait for tea because the staff member said they were not allowed to leave the sitting room unattended. Responsive care needs staff to feel able to be flexible. Actively encouraging feedback is an important area of leadership, this includes exploring "unwritten rules" with everyone and making sure people are clear about how they can be flexible. This relates to an area for improvement from the previous inspection. We have reviewed and repeated this. **(See area for improvement one).**

There was also one requirement from the complaint which needed actions to improve care and these should include evaluations about improvements and what might still be needed.

During the inspection we followed up requirements and areas for improvement based on the previous inspection. While some progress had been made, there were still areas that needed further work.

Areas for improvement

1. Repeated and reviewed from previous inspection

To make sure people experiencing care, their relatives and the staff can help improve care and support there should be a culture where their ideas, suggestions and complaints are encouraged. This could include, but not be limited to;

- i. Making sure people appreciate that leaders have a commitment to wanting to hear what could be improved and actively encourage suggestions from everyone;
- ii. Holding regular meetings for different stakeholders;
- iii. Providing timely minutes of meetings with actions, timescales and responsibilities detailed. Actions should be evaluated at subsequent meetings;
- iv. Encouraging feedback using a variety of ways from people experiencing care, their relatives and staff on aspects of the care home, this should include questions about choice for showering/bathing/meal times. How to seek feedback might include having a box for suggestions and complaints within the home, undertaking focus

groups or sending out questionnaires; and

v. Undertaking self-evaluation using the Quality Framework for Care Homes for Older People and Health and Social Care Standards, sharing findings with people and staff and developing an improvement plan with them.

The Health and Social Care Standards states:

My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions. (HSCS 2.11)

I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve. (HSCS 4.8)

How good is our staff team?

4 - Good

We evaluated staffing levels and how staff work together and concluded that there were a number of important strengths with some areas to consider developing and one area for improvement.

People spoke fondly about the staff;

"Some of the staff are real angels".

Staff spoke fondly about the people they cared and supported. They spoke about the Health and Social Care standards and had ideas to improve care and support. Being less task orientated and more flexible about how they supported people so that they might have more choice was something several staff mentioned. This relates to the area for improvement in the leadership question above.

The skill mix, numbers and deployment of staff did not always meet the needs of people;

"....there is never enough time for the staff to do what they need to do"

"The staff are all lovely, it's the lack of staff that's the problem. It's wait, wait, wait, or when they are with you they get called away".

There were peak times when staff were very busy. These related to the morning and evening, with mention about things being worse at weekends too. The set breakfast time, the need to bring people downstairs as soon as possible in the morning and the difficulty supporting everyone to bed were times people identified as difficult for staff.

"The thing I'd change is to go to bed when I want to".

We spoke to the manager about developing an effective process for assessing how many staff hours are needed at peak times. We asked them to think about more flexibility around meal times, particularly at breakfast. When in the communal rooms downstairs people had no way to call for staff and SMART technology like seating mats were not used to alert staff to people needing help. Instead staff felt they had to be present all the time which compromised their ability to make someone a cup of tea or offer help/direction to the garden. People wanted more choice around mealtimes and going outside. The continued development of staff around personal planning, dementia and supporting people with distress were areas that the manager was developing. **(See area for improvement one).**

Areas for improvement

1. To reassure people that staff caring for them have enough time to care for them; numbers of staff and needs and wishes of people should be regularly reviewed. This could include, but not be limited to;
 - i. Develop an effective process for assessing how many staff hours are needed at peak times;
 - ii. Aiming to have more staff trained at the enhanced level of the Promoting Excellence Framework for Dementia;
 - iii. Reviewing morning and evening staffing levels and considering other ways to improve staffing levels by exploring roles, call systems for people when downstairs and use of SMART technology to alert staff; and
 - iv. Evaluating the adjustments in staffing levels which should include seeking feedback from people experiencing care about how well staff are caring and supporting them.

This is in keeping with the Health and Social Care Standards, standards which say:

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)

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)

I am confident that people respond promptly, including when I ask for help. (HSCS 3.17)

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)

How good is our setting?

3 - Adequate

We evaluated the setting and how it promoted people's independence and concluded that overall strengths outweighed areas for improvement.

Connections with the local churches and nursery had been made and some people benefited from community support to get out.

"The church run a keep fit class and I'm lucky to get there, they come and pick me up".

People liked that the home was small and felt it meant they could get to know others. Some had formed good friendships. Some relatives and friends who visited commented on the friendly atmosphere and how they had got to know others in the home well.

"I've built up relationships with the staff and other residents".

The toilets on each floor had been refurbished since the last inspection and were cleaner and fresher. Signage to the garden had improved but as mentioned people still found it difficult to get to and those needing support had to rely on busy staff. Going outside was not prioritised for people.

Areas of the home needed modernisation and redecoration. Some areas of the home had difficulties accessing hot water, needing to wait a long time before it came through to the taps. The provider reviewed all the rooms during the inspection and had identified some areas, like the shower room on the first floor to improve. He told us that all other rooms/en-suites had access to hot water.

Some people had very personalised rooms and spoke fondly about their room. Other rooms were similar to each other, having the same curtains and bedspreads. For people with dementia there wasn't always lots of

personalised things to make them recognise the room as theirs. We spoke about using memory boxes outside rooms; highlighting support to personalise the room; and for people without friends and family, staff supporting them to purchase luxuries and things that made the rooms more homely.

The corridors in the home had CCTV to help staff monitor movements, we suggest ensuring everyone knew about the CCTV monitoring.

Despite the need for redecoration and modernisation people didn't comment negatively on the home's environment. The main impact it had on promoting people's independence was around set practices like meals served at set times, routines completed and choices not being promoted. For example;

"There's a set day for a bath - I'd like to have one more often"

Having tea and coffee making facilities for people available could promote independence and using the downstairs rooms more flexibly would also promote choice for people. The provider had longer term plans about how to improve the environment and should consider people's wishes when implementing these. Areas for development around making sure people get the most out of life relate to areas suggested for development in this key question.

How well is our care and support planned?

3 - Adequate

We evaluated that assessment and care planning for the most part reflected people's needs. There were important improvements since the last inspection, but work was still needed, particularly around involving people and recognising their wishes.

Some people were more aware about personal plans than others. One person and their relative were reviewing and completing information around the plan that included relevant legal documents.

Staff were keen to use the care plan more meaningfully, not just a document in the office, but something that everyone important to the person could be part of. Staff were keen for training and support to develop the care plans and the way care was planned, making it much more personal. Work was planned to progress this. However, many people still knew nothing about their plan and they remained in the office away from people and inaccessible;

"I've no idea about that?"

"Care plan? There's a chart there....but I don't know anything else exists.It would be better if the care plan was in her room as then I'd be able to see what was in it, and what she has been up to, she can't remember. I think that would be a good idea".

Despite some improvements there was still work to complete related to an outstanding area for improvement made at the last inspection. This has been updated and repeated.

(See area for improvement one).

Wound care plans had improved since the last inspection and a requirement about this from the complaint had been met.

Areas for improvement

1. To make sure people's assessment and planned care reflects things that are important to them they should be involved and central to planning their care and support. People should feel like the plans belong to them and influence who else can access the plan. They should be kept with the person unless they do not wish this.

Improvements in the plan should include, but not be limited to:

- i. helping people to maintain hobbies;
- ii. promoting people's independence;
- iii. recognising strengths and how to support people to maintain abilities or gain new skills/confidence; and
- iv. addressing what is important to the person within the plan.

The Health and Social Care Standards states:

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

My future care and support needs are anticipated as part of my assessment. (HSCS 1.14)

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)

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

Requirements

Requirement 1

1. In meeting this requirement people experiencing care will be helped to understand the standards of care they can expect by the promotion of the Health and Social Care Standards. Staff will make sure people's wishes, choices and rights are promoted.

By 1 September 2019 the provider must undertake the following, though in meeting this requirement the actions need not be limited to:

- i) Make sure the Health and Social Care Standards are available to people living in the care home (service users). This could include the standards being part of the welcome pack, part of the care planning process and reviews of care with people (service users).
- ii) Ensure staff are aware of the Health and Social Care Standards and use the principles to inform the development of their practice and promotion of people's (service users) rights. This could include recruitment questions based on the standards, supervision that uses the standards to help reflective practice and using the standards as part of reflective accounts needed for nurses and care staffs registration with their professional bodies.
- iii) Uphold people's (service users) rights, recognising that their choices and wishes must always be promoted. This could include accessing independent advocacy, social care reviews and other agencies where there are conflicting views between the person experiencing care (service user) and their representative.
- iv) Ensure appropriate legal arrangements are in place where people's (service users) independence, choice and control is restricted.

This is in order to comply with:

Regulations 3, 4(1a) and 4(1b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care Standards, in particular the principles underpinning the standards have been taken account of in making this requirement, the principles are:

Dignity and respect

Compassion

Be included

Responsive care and support

Wellbeing

This requirement is also consistent with the Nursing & Midwifery Council code of conduct which states:

"You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to" (page 4).

This requirement was made on 14 March 2019.

Action taken on previous requirement

Key question one highlights progress made in meeting this requirement as well as highlighting some areas to continue working on and developing more.

Met - within timescales

Requirement 2

1. In order for people living within this care service to be supported appropriately when they experience stress and distress, by the 01 November 2019, the provider must ensure that all staff are skilled and competent in understanding and supporting people who are distressed in a holistic and appropriate manner and that this is implemented and evaluated in partnership with their representatives at regular intervals.

This is to ensure care and support is consistent with the 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'(HSCS 3:14)

and in order to comply with Regulation 4 (1)(a)(b)(Welfare of Users) And Regulation 15(b)(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 25 October 2019.

Action taken on previous requirement

During the inspection one person was distressed and was appropriately supported with reassurance and distraction techniques. We spoke to staff about how they would support people. Some staff spoke about appropriate ways to support people. The manager and provider felt there were some needs that people may have that their staff would not manage, particularly around stress and distress. We asked the provider to revisit their aims and objectives, making it clear that Belgrave Lodge could not support people who had specific care and support needs around stress and distress.

Met - within timescales

Requirement 3

In order to ensure that people are supported in a manner that upholds their basic human rights, by the 01 November 2019, the provider must review their policies and practice in relation to the use of restraint. They must ensure that any form of restraint is the least restrictive option and is implemented as part of a multi-agency agreement in partnership with the persons relatives and legal representatives.

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

"I am as involved as I can be in agreeing and reviewing any restriction to my independence, control and choice"(HSCS 2.5)

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

This requirement was made on 25 October 2019.

Action taken on previous requirement

During the inspection we saw no incidents of restraint. We did discuss locked doors and monitoring of people, freedom to access the garden. These are all areas picked up within the inspection report for further development.

Met - within timescales

Requirement 4

To ensure that people are supported to have their physical health needs met, by the 01 November 2019, the provider must review the basic health needs of all those living within the care service and ensure that there is an adequate plan in place to meet and implement appropriate care to meet those needs.

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

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

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.

This requirement was made on 25 October 2019.

Action taken on previous requirement

There is an area for development related to this requirement and the staff were reviewing care and support for all people, developing the care planning process. As this will take time therefore the date for this requirement has been extended to 1 April 2020.

Not met

Requirement 5

In order that people living in this care home have their skin care needs adequately met the provider must, by 01 November 2019, carry out an investigation into the wound management of the named person experiencing care

and take action to refer those responsible to their professional bodies. They must also ensure that they review the assessment and management of skin care for all those living in the care service and ensure that care and support provided is appropriate. They must also ensure that all staff have the necessary skills and competencies to meet the skin care needs of people living in this care service.

This is to ensure care and support is consistent with the 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' (HSCS 3:14) and in order to comply with Regulation 4 (1)(a)(b)(Welfare of Users) And Regulation 15(b)(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 25 October 2019.

Action taken on previous requirement

While there were improvements in wound care and management we have requested that a copy of the investigation into wound care management for the named person in the complaint report is sent to the Care Inspectorate.

Met - outwith timescales

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

Areas for improvement

Previous area for improvement 1

1. To ensure that the human rights of people living within this care service are met, the provider should ensure that the service provided or people living within the care service reflects best practice guidance issued by the Mental Welfare Commission, including but not limited to Rights Risks and Limits to Freedom.

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

"My human rights are central to the organisations that support and care for me" (HSCS 4.1).

This area for improvement was made on 25 October 2019.

Action taken since then

As mentioned in the inspection report, we have asked the provider to review and improve ways to promote people's freedom and access to the outdoors. This area for improvement is reflected under key question one.

Previous area for improvement 2

To make sure people experiencing care, their relatives and the staff can help improve care and support there should be a culture where their ideas, suggestions and complaints are encouraged. This could include, but not be limited to;

- i) Holding regular meetings for different stakeholders. Timely minutes should be taken with actions, timescales and responsibilities detailed. Actions should be evaluated at subsequent meetings.
- ii) Encouraging feedback using a variety of ways from people experiencing care, their relatives and staff on aspects of the care home. This might include having a box for suggestions and complaints within the home, undertaking focus groups or sending out questionnaires; and
- iii) Undertaking self-evaluation using the Care Homes for Older People framework and Health and Social Care Standards, sharing findings with people and staff and developing an improvement plan with them.

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

"My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions". (HSCS 2.11)

"I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve". (HSCS 4.8).

This area for improvement was made on 14 March 2019.

Action taken since then

This has been reviewed and repeated under key question two.

Previous area for improvement 3

2. To make sure people get the most out of life and their health is promoted, asking them about lifestyle preferences and aspirations and supporting them to achieve these is important. This could include, but not be limited to;

- i) Exploring with people what their wishes and aspirations are, include relevant assessments, but might also include different ways for people to express their aspirations, like a wish tree.
- ii) Making the most of the enclosed garden area and making it easily accessible to everyone by signposting how to get to the garden.
- iii) Helping people do things that matter to them, for example access regular additional support over and above that provided by the home to enable them to get out more. Advocacy or a befriender may help ensure access is appropriately planned and financed; and
- iv) Using the skills of the staff to help improve people's experiences, such as facilitating more engagement between the chef and people experiencing care to help develop menu plans, the activities coordinator could hold focus groups around different topics and nurses and carers could use a range of health and social care assessments to promote risk enablement.

This is to ensure care and support is consistent with the Health and Social Care Standard's principles which state that

"I am asked about my lifestyle preferences and aspirations and I am supported to achieve these" (HSCS Wellbeing principle)

"I am encouraged and helped to achieve my full potential" (HSCS Wellbeing principle)

"I am supported to make informed choices, even if this means I might be taking personal risks" (HSCS Wellbeing principle)

and the standards which state:

"I am confident that people are encouraged to be innovative in the way they support and care for me" (HSCS 4.25)

"I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.11)

"I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate" (HSCS 5.9).

This area for improvement was made on 14 March 2019.

Action taken since then

This has been reviewed and repeated under key question one.

Previous area for improvement 4

To make sure people's assessment and planned care reflects things that are important to them they should be involved and central to planning their care and support. People should feel like the plans belong to them and influence who else can access the plan. Improvements in the plan should include, but not be limited to:

- i) Helping people to maintain hobbies;
- ii) Promoting people's independence;
- iii) Addressing what is important to the person within the plan; and
- iv) Detailing the size, type and treatment for wounds and pressure ulcers and evaluating the progress of healing within the plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which states:

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

"My future care and support needs are anticipated as part of my assessment" (HSCS 1.14)

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

This area for improvement was made on 14 March 2019.

Action taken since then

This has been reviewed and repeated under key question five.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
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?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

To find out more

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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

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

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