

Abbeyside Nursing Home Care Home Service

Institution Road
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Telephone: 01343 549468

Type of inspection:

Unannounced

Completed on:

27 February 2020

Service provided by:

Abbeyside Nursing Homes Limited

Service provider number:

SP2003002308

Service no:

CS2003013732

About the service

This service has been registered since April 2002.

Abbeyside Nursing Home is situated in the Moray town of Elgin. The service is close to local amenities such as shops, cafes and churches. The service is provided from a large converted Victorian house.

The provider is Abbeyside Nursing Homes Limited. The provider has a total of four services in Morayshire.

Abbeyside has a large, comfortable sitting room and people have access to additional seating in the inner vestibule of the service. The decoration and furniture of the dining room was in keeping with the character of the house. Well maintained gardens could be accessed from patio doors in the dining room. Views from the dining room and lounge enabled people to look onto the gardens. Bathing and showering facilities are shared. Some toilet facilities are en-suite however most people have shared access to toilets.

The service is registered to care for up to 26 people. At the time of our inspection there were 22 people living in Abbeyside Nursing Home.

What people told us

Before the inspection we sent out Care Standard Questionnaires to be given randomly to residents and relatives. We received one completed questionnaire from a relative and nine from residents. People were happy or very happy with the quality of the care received. However one relative indicated that they were unhappy with the service.

Comments received included:

- "My husband seems settled and is quite happy."
- "Staff appear to be very caring towards the residents."
- "The building is not 'state of the art' but what matters most is the care that the residents get from the manager and staff."
- "There was a lack of communication between different shifts causing me on some occasions to be blunt as I wanted some answers."
- "My mothers clothes are frequently lost and staff only phone me if they want some more. The door to the garden is only able to be opened by staff."
- "I have never seen any activity happening and find the lack of stimulation very difficult to cope with, my mother and some others are fed up and bored."

During the inspection we spoke with several residents and relatives and we took their views into account during this inspection. Their views have been reported throughout the report.

Comments included:

- "I like it here and the staff are really nice. I recently had a fall so I am spending time in my room which I like and it is always warm and cosy. The food is nice and I have a really good breakfast which sets me up for the day."
- "Had some initial teething issues but they were all sorted. However, I do wish that staff would pick up the phone to ask me when she needs new clothing. Apart from that we are happy as a family. We are kept up to date and have attended reviews of her care and support. The staff are all approachable and friendly and there is

some good banter. I come weekly and am able to take my mother out and about which she enjoys. Her room has recently been redecorated which is a good boost for her mental health."

- "My bedroom is nice and its warm and cosy. I love reading and have the books that are round and about the home."
- "I think that he is happy here and he keeps in good health. The staff are very nice and friendly and chatty which makes me feel good. One thing is that he used to use a knife and fork at home but uses a spoon here and I think that this is very childlike."
- "She has a lovely large room and she often spends her day in there. Prior to this she shared a room."
- "Very happy with the care and support and feels that the quality of my mother's social life has improved as she now takes part in things in the home and spends time with others. Her general health has deteriorated but staff are very good at reviewing support needs and requesting input from other allied healthcare professionals. I am kept up to date with any changes in health or to her care and support. The staff are wonderful and cope very well with her "little ways" and they provide a family feel to the home and are always up for a laugh and a joke."
- "I am in the process of moving my mother as I am not very happy about how staff communicate with me. There is also a lack of activities and sometimes the lounge lacks staff presence."

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?	3 - Adequate
How good is our staffing?	3 - Adequate
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

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

People should experience compassion, dignity and respect.

Overall there were some lovely interactions between staff and people, which helped people feel at ease. We observed that generally staff treated people kindly and with care. Staff promoted peoples' dignity and independence, which helped people feel comfortable and included in their care. For one gentleman who was worried about his wife, staff responded with kindness and compassion and were able to allay some of his anxieties. This made him feel listened to and promoted his sense of wellbeing. We observed staff upholding

people's choices and preferences which meant that they felt in control of their day to day lives. However there were some times when some staff spoke to people in a childlike way and the manager was to ensure that all staff were made aware of the need to speak to and treat people as adults.

People should be able to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. The manager had started to look at the provision of activities and had developed a programme of events. There were more entertainers and outings and there were also quizzes and armchair exercises each week which provided opportunities for people to join in with. We appreciate the developments to date, however there needed to be further improvements about how people would like to spend their time. This was to include all people regardless of their abilities. The use of the life stories would assist staff to develop the programme and look at more meaningful ways for people to spend their time. **(See area for improvement 1)**

The service was to improve the ways that they worked with other organisations/agencies in order to benefit the person. **(See area for improvement 2)**

There was a pleasant dining room which was set for each meal and menus were displayed. People were able to sit where they wished. Meals were cooked centrally and were managed appropriately in terms of temperature checking. Fresh fruit and snacks were available and people and their relatives were able to make their own drinks. People had a choice of main meals and we saw that staff were able to offer alternatives if the choices were not to their liking. Those people who chose to take meals elsewhere had staff to assist with intake and offer assistance if needed. We felt that the quality of some meals and the choices for those who needed a textured diet was limiting. In addition the presentation of the textured diets was not always appealing. Some people were not happy with some of the meals that were offered during our inspection. We were able to meet with the catering manager to discuss these issues. In addition we spoke about menus and how these were promoted and staff access to foodstuffs to make snacks out with mealtimes. Our feedback was well received and work had already commenced to making mealtimes a more pleasant experience. However the service was to carry out an overall review of mealtimes with people to gain their views and opinions. This was to support continuous monitoring of meal times to ensure that there were positive outcomes for all. **(See area for improvement 3)**

People's health should benefit from their care and support. People had access to a range of healthcare professionals. Healthcare assessments were being used to indicate the type of support that was needed and this information was used to develop the care plans. We could see that staff were responsive to changing healthcare needs such as potential side effects of medication, the need for dental care and the involvement of the dietician for weight loss. The new documentation clearly showed the reason for a referral to allied health care professionals and what the outcome was. Relatives told us that staff were good at keeping them informed of any changes and what if any treatment was given and the records of relative communication supported this.

There were good systems and processes in place to support people who were at risk from falls. For two people we could clearly see that the strategies and interventions that staff took had a considerable positive effect and the number of falls had decreased. This protected the safety of people using the service.

The overall management of medication was good and the use of audits meant that staff were following best practice. The service also had the support of a pharmacy technician who visited regularly to support staffs practice.

Areas for improvement

1. It is important that all people are offered opportunities to take part in regular meaningful activities, regardless of their abilities and needs. This included the ability to access outdoors. The provider and manager were to review and further develop the recreational and activity programme. In order to do this they were to ensure that:

- a) a full review of activities across the service is undertaken, which is based on consultation with people and their representatives, and following this;
- b) that all people had a personal plan that clearly detailed how their recreational, social, creative, physical and learning needs will be met and that this is used to inform the activity plan;
- c) that there is an activity plan in place to ensure that people are supported to take part in meaningful activities, that this is further promoted, and;
- d) that this is regularly reviewed to ensure that there are continued positive social experiences;
- e) regular reviews of people's care and support in relation to their social care is carried out to ensure there is a focus on improved outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities everyday, both indoors and outdoors.' (HSCS 1.25)

2. The service was to improve the ways that they worked with other organisations/agencies in order to benefit the person. The care planning process should be used to clarify the outcome that the service was seeking to achieve and how organisations worked together effectively to track progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2) and 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.5)

3. It is important that people can take part in positive mealtime experiences and that the quality and presentation of the meals are of a good quality. The provider and manager were to continue to review the mealtimes ensuring that all people regardless of their needs had access to high quality meals. Peoples views and opinions were to be gained to inform continued positive and enjoyable outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33)

How good is our leadership?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

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

There were various systems and processes in place to ensure that aspects of the service were of a good quality. While some of these could be attributed to better outcomes for people, for example, adapting a toilet for those with limited liability and changing bedrooms for better management of falls, we felt that the number of plans that were in place were about assessing current systems being effective rather than an improvement model as

promoted by us.

The actions did not always contain sufficient information about how areas were being progressed.

People should be actively encouraged to be involved in improving the service they use.

The manager was actively in the process of arranging meetings for people and their relatives so that they could feel involved and listened too.

Resident of the day was being used, however what was missing was people's participation. They were more about a "checklist" approach to ensure that care plans were in place, however it did not reflect that these were outcome focussed and meeting people's needs. The format could be revamped to take into account these areas. Not all of the areas highlighted had adequate information about outcome from reviews and if there were any actions that needed to take place to improve people's experiences.

Staff meetings had been re-introduced however only two had been held. While we could see that there were areas of people's care that was being discussed, the focus of meetings should be about promoting people's outcomes and how improvements to the lived experience could be further enhanced.

The provider was to ensure that there were clear roles and responsibilities with regard to how referrals and pre-assessments were managed as there appeared to be some confusion. We would encourage that the manager attends pre-assessment visits as they were aware of the current needs of people and can make an informed decision as to whether or not the service can meet people's needs. In addition, having the manager and/or senior attend these, it would provide a level of reassurance when people come to the home as there would be a familiar face. In addition, there is a missed opportunity for questions to be asked about people's expectations of moving into Abbesside and this promotes good practice.

(See area for improvement 1)

There had been a complaint with regard to adequate and appropriate seating for people which we upheld. Whilst we could see that discussions had taken place and some chair risers had been purchased (which were subsequently sent back as they were not appropriate) what we could not evidence was that new chairs had been ordered. We spoke with the provider and they assured us that this would be addressed immediately. **An area for improvement has been made within this report under 'How good is our setting'.**

Areas for improvement

1. The provider should self evaluate the quality of the service against the Health and Social Care Standards in order to make and implement a plan, which improves outcomes and experiences for people. People, their relatives and staff were to be involved and their views taken to inform an improvement action plan which should be used to regularly review progress.

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

How good is our staff team?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

People should have confidence that the staff have the right knowledge, competence and development.

Training was managed through the use of online learning and reports that could be used from this showed the percentages of staff who had taken part in training modules. The manager had reviewed the numbers of staff who needed further training and when speaking with staff they said that they had been emailed with what they needed to achieve. The reflective accounts were not of a standard which showed how their learning had contributed to their knowledge to promote positive outcomes for the people they were supporting. In addition, modules could be signed off without having a reflective account in place. The service needs to encourage and support staff with these, so that it contributes to their learning which leads to improved outcomes for people. In addition these can contribute to their Scottish Social Services Council (SSSC) registration. The individual training records that we saw were dated 2018 and early 2019. If this is staffs' responsibility to complete these they should be encouraged to do so.

Staff had Scottish Vocational Qualifications (SVQ) to levels 2/3 and the Team leaders had 2 extra modules of level 4 to assist them in their management role. I did speak with some staff who did not yet have an SVQ but they were aware of the timescale to address this as part of their SSSC registration. The service was to ensure staff were aware of how they could access SVQ training and how this was managed by the provider as some staff were unaware.

Appraisals were yet to commence. However, a large number of staff had taken part in at least one or more supervision session. From the records that were sampled we could see that there were very little discussions about their practice and how they could be supported to provide positive outcomes for the people they support. In addition, there were issues that were being raised which did not evidence what was being done by whom or by when. When speaking with staff there was a mixed response as to how supervision had been used as a way to improve people's experiences as there was no reference to the Health and Social Care Standards (HSCS). Staff were to be supported in their knowledge and use of these thereby creating meaningful discussions about how to support and enable the people they worked with. There were no dates identified for the next session so that staff could prepare.

Staff meetings had been re-introduced by the manager, to date there had been one. In this we could see that team leaders and a nurse were discussing the recent medication review at the surgery and the outcome from a medication audit, so staff are taking people's health care into account. The incidents leading to the Adult Support and Protection referrals was more about the need for an MDT meeting rather than lessons learned and looking at other potential risks and how these could be averted and/or managed in order to protect others. When speaking with some staff they were unaware of what had happened in both instances. Staff need to have this information so that they can reflect on their practice and continue to protect the safety of people using the service.

The staff meeting held in October 2019 shared information about some aspects of care and support and changes in the service which promoted positive outcomes. There is a need for regular staff meetings where the focus is on the people and how thoughts and ideas could be used to promote positive outcomes. Clear action plans were to be used and reviewed to show how the service was an improving one. **(See area for improvement 1)**

Areas for improvement

1. To ensure continued positive outcomes for the people who use the service, the provider was to further review how they managed the training and supervision of staff and their staff meetings. They were to meaningfully involve staff in improvement activities, which would make a positive contribution to people's health, safety and well-being. Improving people's experiences and outcomes should be the goal.

This is to ensure that 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)

How good is our setting?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

People should be able to live in a setting that promotes and enables their independence.

We could see that the use of the Kings Fund tool had further promoted aspects of the environment. This assisted people to find their way to such areas as toilets, showers, the garden and dining room. While we could see that some actions had been taken there were still areas on the action plan that were to be further addressed. An area that could be further developed which would help people was the personalisation of bedrooms doors. **(See area for improvement 1)**

People were able to bring in personal possessions and furniture. This created a home like environment and a sense of belonging, however some of the bedrooms were sparse and had items stored on top of wardrobes which did not promote a homely feel.

There was an area where people and their relatives could independently access drinks and snacks. Chairs and sofas were arranged to create space for conversations and people being able to be social and these were used to good effect. Some relatives felt that the lounge area was congested and we saw that this was the case when activities were taking place. We discussed the need to review the layout of the lounge to try to create more space.

As part of an upheld complaint the service was to ensure that the seating met people's moving and handling and mobility needs. While we could see that discussions had taken place with regard to new seating and the use of chair risers no actual actions had been taken. **(See area for improvement 2)**

There had been an incident with the door leading to the kitchen area where a person had suffered a fall. During the inspection a person was able to use the secure gate leading to upstairs without the knowledge of the staff. **(See area for improvement 3)**

Maintenance systems and processes were used to ensure that there was a good level of monitoring of all aspects of the environment.

People should be able to experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. We had concerns with aspects of the quality of the overall environment. These were in relation to such areas as:

- Inadequate heating in some bedrooms and some toilets and showers
- Poor quality fixtures and fittings in some bathrooms
- Showers that were uninviting and not a pleasant place to bathe/shower
- Décor to some walls was chipped and scuffed
- Some of the furniture was torn/worn
- Some of the linen was of a poor quality
- The lift was not clean and the flooring was poor.

There was an issue with smooth access into the lift. No-one could use the lift without having a member of staff to come with them. This limits choice for people to go to their rooms when they want to. We met with the provider and were given assurances that the overall environment would be reviewed and that a plan of action would be developed.

(See requirement 1)

Requirements

1. By 31 March 2020 In order to ensure that premises are suitable for the purpose of achieving the aims and objectives of the care service. That they are kept in a good state of repair internally; and have adequate and suitable heating. The provider was to submit a detailed action plan to us with timescales as to how they were going ensure the environment was of a high quality.

This is in order to comply with Regulation 10 (1) (2)(a)(b)(c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the environment meet people's needs and is consistent with the Health and Social Care Standards which state that, as an adult 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

Areas for improvement

1. In order to further enhance the overall environment, the provider and management were to continue to use the Kings Fund tool. So that they could plan for and implement improvements. Thereby, creating an environment that was conducive and pleasant for people who lived with dementia or a cognitive or visual impairment.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11).

2. The provider and manager were to submit an action plan to us with timescales as to how they were going to meet people's needs with regard to the armchairs and sofas.

This is to ensure that the furniture meet people's safety needs and is consistent with the Health and Social Care Standards which state that, as an adult 'The premises have been adapted, equipped and furnished to my needs and wishes.' (HSCS 5.16)

3. The provider and manager were to review the risk assessments that were in place for the kitchen door and the use of the stair gate. The risk assessments were to contain the potential hazards and clearly identify what measures were in place to protect the on-going safety of people using the service.

This is to ensure that the environment meet people's safety needs and is consistent with the Health and Social Care Standards which state that, as an adult 'My environment is secure and safe.' (HSCS 5.17)

How well is our care and support planned?

3 - Adequate

There were a number of important strengths which, taken together, clearly outweigh areas for improvement. However improvements are required to maximise well-being and ensure that people consistently have positive outcomes.

Assessment and care planning should reflect people's needs and wishes.

We looked at a range of care plans and associated documentation. Some care plans were clear and concise and showed how staff were taking people's views and choices into account, which helps to promote their sense of identity. There was good information about how staff could support people with their physical healthcare needs. This included the use of a range of assessments that were used to develop the care and which were all up to date. These were a clear reflection of people's current needs and would support people feeling confident with the knowledge and understanding from staff.

Overall there was some good life stories, however what could be further developed was about the person now; How do they present themselves? What are their strengths? What are their expectations? How do they like to spend their time? This information could be used to build outcome focussed care plans that met their needs and wishes.

There were forms in people's bedrooms that were about supporting people with oral health, pressure area care, food and fluid intake and application of prescribed creams. These were regularly completed and supported the overall monitoring of people's needs.

We felt that the care plans in relation to supporting people with stress and distress or anxiety, could be further developed and improved. This would support staff with clear guidance on how to support people during these times and ensure that there was a consistency of approach, which was important for people who lived with dementia or a cognitive impairment.

Some care plans were not outcome focussed, which meant that it was difficult to evaluate the care that people chose. In addition, outcome focussed evaluations would assist with the formal review process and clearly show how people's choices were being supported.

Formal reviews were in place for some but not for all. The reviews were more a summary of the current care rather than assessing whether or not outcomes were being met. It should be the case that care plans are used in reviews to assess outcomes, choices and experiences.

(See area for improvement 1)

Areas for improvement

1. It is important that people should experience care in a planned and agreed way that meets their needs, wishes and preferences. They were to ensure that the information was person centred with outcomes that were clear to the person and the staff. In addition, it is also important that the care and support is regularly reviewed so that the care plans are right for people and that they set out how their needs will be met.

In order to do this the provider was to ensure that the way evaluations of the care plans were managed referenced to how staff were meeting needs, or how any further action could influence and improve people's experiences. In addition, they were to ensure that all people took part in regular formal reviews to ensure continued positive experiences, which focused on improving outcomes.

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 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

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

Areas for improvement

Previous area for improvement 1

The fluid intake of frail residents without capacity, who cannot access drinks for themselves and are being looked after in their bedroom should be monitored.

This is to ensure that care and support is consistent with the Health and Social Care Standards 3.18 which state that 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.'

This area for improvement was made on 18 October 2019.

Action taken since then

Each person who needed their fluid intake monitored had fully completed and appropriate records in place. Staff were aware of how to use these to assess people's intake and what actions to take if this was below the identified amounts.

This area for improvement has been met.

Previous area for improvement 2

Management need to ensure that residents are not at risk from scalding hot water or through falling against hot radiators.

- a) Risk assessments should be developed and significant risk reduced.
- b) Staff should assess temperature of shower or bath before resident uses
- c) Staff should be aware of scalding risks and ensure residents have showers and baths at temperatures that they are comfortable with.

This is to ensure that care and support is consistent with the Health and Social Care Standards 5.17 which state that 'My environment is secure and safe.'

This area for improvement was made on 18 October 2019.

Action taken since then

Work had been undertaken to make existing radiators safe and some had been or were in the process of being changed to a more safer type. Records of the temperatures of baths and showers were maintained by staff prior to their use. Staff were aware of potential scalding risks.

The risk assessment that had been developed did not fully evidence how the risk was being managed and we would encourage that this was reviewed. The provider was to ensure that all the ways that they protected the safety of people using showers and baths was identified.

This area for improvement has been met.

Previous area for improvement 3

Management should ensure that staff follow accepted guidance and best practice regarding medication records.

This is to ensure that care and support is consistent with the Health and Social Care Standards 4.11 which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

This area for improvement was made on 18 October 2019.

Action taken since then

Medication records were being completed and a visiting pharmacy technician told us that the staff were vigilant and acted upon any areas for improvement that they may make.

This area for improvement has been met.

Previous area for improvement 4

The provider should develop a plan as to how and when the care home will be able to provide each resident with a single room. The Care Inspectorate is committed to the principle that each resident should be able to have a single room if they wish. Shared rooms should only be offered to residents with a pre-existing relationship.

This is to ensure that care and support is consistent with the Health and Social Care Standards 5.26 which state that 'As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend.'

This area for improvement was made on 18 October 2019.

Action taken since then

There were two double rooms being used at present and one of these was for a married couple. The other room was being used by two ladies and this had been the case for several years. These ladies lacked capacity to make an informed choice, however the manager was in regular contact with their relatives to ensure that they were happy with this arrangement. Both families felt that to move the ladies would have a detrimental affect on their well-being as they had been sharing for some time.

This area for improvement has been met.

Previous area for improvement 5

The provider and management should ensure that there are sufficient staff available throughout the day and night to meet residents' needs. Account should be taken of the changing needs of residents, layout of building, staff training and holidays, and long term illness.

This is to ensure that care and support is consistent with the Health and Social Care Standards 3.15 which state that 'My needs are met by the right number of people,'

- 3.16: 'People have time to support and care for me and to speak to me' and
 3.17: 'I am confident that people respond promptly, including when I ask for help.'

This area for improvement was made on 18 October 2019.

Action taken since then

During the morning of the second day of the inspection we observed that some people had to wait to be supported to use the facilities. Some people had to wait for other staff to support them to come downstairs for breakfast. We discussed the need to review how staff were deployed across the floors of the home in the mornings to ensure that the needs of people were responded to promptly.

This area for improvement has not been met and remains in place.

Previous area for improvement 6

The provider and management should develop an action plan along with residents and relatives to try and to make the environment more dementia friendly and so that residents can be more independent.

This is to ensure that care and support is consistent with the Health and Social Care Standards 5.1 '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.'

5.11: 'I can independently access the parts of the premises I use and the environment has been designed to promote this.'

5.12: 'If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.'

This area for improvement was made on 18 October 2019.

Action taken since then

The manager had commenced the use of the Kings Fund tool to assess the environment. As a result better signage was in place, contrasts to light switches were being used in some areas and new user friendly and appropriate table wear and crockery had been purchased. However there were still outstanding areas on the action plan that needed to be addressed. We also spoke of ways to enhance the signage and carry this through to bedroom doors. This would enhance way finding for people.

This area for improvement had not been fully met and remains in place.

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	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	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

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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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