

Home Farm Care Home Care Home Service

Home Farm Road
Portree
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Type of inspection:
Unannounced

Completed on:
18 May 2020

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300714

About the service

Home Farm Care Home is registered to provide a care service to a maximum of 40 older people, of whom one person may be an adult with physical or sensory impairment. Respite/short break places may also be provided. The provider is HC-One Limited.

Home Farm Care Home is a purpose built two storey care home situated in Portree on the Isle of Skye. All bedrooms are single with en-suite toilet and wash hand basin facilities. There is a main dining room and two lounges on the ground floor and a lounge and dining room on the first floor. There are shared bath and shower facilities on both floors. There is an enclosed garden within the grounds which can be accessed directly from the ground floor lounge.

An unannounced inspection took place on 4 and 6 May 2020 in response to concerns about the provider's preparation for and management of a COVID-19 outbreak. Feedback was given to the provider on 7 May 2020. Representatives from NHS Highland were also present. A serious concern letter was issued on the 7 May 2020 requiring the provider to make immediate improvements to the environment and management and leadership.

Further concerns were raised about the service on 12 May 2020. In response to these concerns we undertook a further visit on 13 May 2020 between 00:15 and 03:00. Verbal feedback was given to the regional quality director by telephone on 13 and 18 May 2020.

As a result of the serious concerns identified, the Care Inspectorate made an application to the sheriff at Inverness Sheriff Court seeking cancellation of the care service's registration under Section 65 of the Public Services Reform (Scotland) Act 2010. The application was based on the Care Inspectorate's belief that in the absence of an order there was a serious risk to the life, health or wellbeing of persons cared for by the service.

What people told us

People living in the care home were unable to talk to us during the inspection as they were being cared for in their bedrooms due to the COVID-19 outbreak.

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?	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
How good is our staffing?	1 - Unsatisfactory
How good is our setting?	1 - Unsatisfactory
How well is our care and support planned?	1 - Unsatisfactory

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

How well do we support people's wellbeing?

1 - Unsatisfactory

We evaluated the service to be performing at an unsatisfactory level. There were major weaknesses that required immediate remedial action to improve experiences and outcomes for people.

NHS and HC-One staff were urgently deployed to Home Farm in response to a COVID-19 outbreak. All the people living and working in the home were tested. 29 people living in the home and 26 staff tested positive. Redeployed staff told us that it was difficult to provide safe care due to a lack of information about people's care needs. Staff had to provide care without being able to read people's care plans and in some cases without a verbal handover.

Staff raised serious concerns about the quality of people's care.

People should be confident that their personal care is carried out in a dignified way. We were told that most staff were kind and helpful but there were concerns that some people were not treated with respect. This included occasions when bedroom doors were left open while people received personal care, people's continence needs not being met and people left with food round their mouths after eating. A person who was upset was described as 'attention seeking'.

Some people did not receive the right support to eat and drink well. Staff told us that some people's drinks were left out of reach, a person's meal was untouched several hours after it had been served and a person was served a meal that was the wrong texture which increased their risk of choking. A person's weight can be an indicator of wellbeing, however the service had made the decision to stop monitoring some people's weight in response to the national COVID-19 pandemic. During that time a number of people had lost weight.

We were concerned that people did not receive the right level of support to manage their continence. Staff told us some people were lying in urine and faeces, including occasions when the urine and faeces had dried. This is undignified and can cause discomfort and skin damage. Some people were wearing more than one continence product. This is an unsafe practice that can be uncomfortable and increase the risk of skin damage and leakage due to poor placement of products.

We were not confident that people were being assisted to move safely. Staff told us that a person was assisted to move using an ill-fitting sling and a person was manually lifted from the floor rather than using a hoist. This unsafe practice increases the risk of injury for the person and the member of staff who assists them.

We were concerned that people's medication was not always administered safely. Staff told us that a tablet was found in a person's bed. Some people's medicines were left in pots without being taken. This is unsafe as it can mean that a person does not receive their medication as intended or another person can take it by mistake. We were told about two occasions when a person was distressed when the administration of time sensitive medication was significantly delayed. A delay like this can have a negative effect on the person's health.

People should receive basic mouth care every day. Staff told us that some people did not have toothbrushes and did not receive assistance with mouth care or to moisten their mouths.

Pressure ulcers can cause pain and distress, and make people vulnerable to life-threatening infections. Some people had red areas of skin which can be an early symptom of a pressure ulcer. Repositioning can help to relieve pressure and keep skin healthy. Staff told us they were not informed about people's repositioning needs. This increased the risk of people developing pressure ulcers.

Inspecting the skin regularly can reduce the risk of skin breakdown for people who are at high risk. It is important to identify, report and record early changes in the skin as quick and appropriate intervention can prevent further damage. People did not have appropriate skin care records in place. These documents are used to help staff record and share information with colleagues to ensure people get the right support to maintain healthy skin.

Some people had dynamic mattresses to relieve pressure but there was no readily available information about how to use them. We were not assured mattresses were functioning correctly or that people were getting the benefit of the equipment.

Staff told us that a person had not received foot care and as a result, they had very long nails. This can cause pain and discomfort, decrease mobility and increase the risk of falls.

NHS Highland raised serious concerns about the quality of care with us and the provider. Following multi-professional discussion an adult support and protection large scale investigation was started. Health assessments were carried out and no significant clinical concerns were identified. NHS Highland continued to work with the provider to protect people from harm and improve care.

While we acknowledged the challenging circumstances caused by the outbreak, we were concerned that the provider's failure to prepare for a potential outbreak, poor quality care planning and a lack of well-established safe and person-centred work practices contributed to the poor care people experienced.

Requirements

1. By 30 June 2020 the provider must ensure that service users receive care and support that meets their health, safety and wellbeing needs.

In order to achieve this the provider must ensure that:

- a) service users' needs are assessed and their care is planned by skilled professionals;
- b) service users, other relevant people and professionals are fully involved in the care planning process;
- c) service users' receive care and support from trained, competent and skilled staff who are familiar with their needs and have time to provide the right care in a warm and compassionate manner;
- d) staff are led well and work together to consistently provide high quality care;
- e) staff respond to signs of deterioration in service users' health and wellbeing, that they are unhappy or at risk of harm and use the care planning process to improve service users' experiences and outcomes;
- f) the quality of service users' care and support is evaluated and action taken to make any necessary improvements. This process must take account of service users' views, experiences and outcomes, the views of staff and relatives involved in their care and support and their written care records.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19)

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

'My care and support is provided and planned in a safe way.' (HSCS 4.14)

This is also in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

How good is our leadership?

1 - Unsatisfactory

We evaluated the service to be performing at an unsatisfactory level. There were major weaknesses that required immediate remedial action to improve experiences and outcomes for people. This evaluation took into account the findings reported under the other key questions.

Despite ongoing multidisciplinary support from NHS Highland during 2019 and early 2020 there had been a significant failure in the way the service was provided and managed. Requirements from November 2019 to improve cleanliness, infection control and staffing levels (including housekeeping) were not met. As a result people were living in an unsafe and unclean environment.

At the start of the outbreak the provider was resistant to working effectively with NHS Highland and did not make the most of the support that was available despite serious concerns about the quality of people's care, the environment, staffing and leadership. For example, initial offers to assist with cleaning the care home and disinfecting it with a recommended cleaning product were refused. This placed people at unnecessary risk.

Senior managers gave assurances on 12 May 2020 that urgent and robust action had and was being taken to make improvements and protect people from harm. When we inspected the service on 13 May 2020 we found further evidence of unsatisfactory performance in key areas including cleanliness, infection control and food safety. We were concerned about the provider's lack of transparency. Our confidence in the provider's capacity to work with others to make improvements and protect people from risk was significantly reduced.

We considered there was a real risk of redeployed staff becoming infected, given the unsatisfactory infection control arrangements. Three redeployed HC-One staff chose not to have a COVID-19 test despite being requested to do so by public health. This decision unnecessarily increased

the risk of the infection spreading. This concern was escalated to a senior HC-One manager and testing took place thereafter.

Requirements

1. By 7 June 2020 you must ensure the service is well led and managed. In particular, you must have a sufficient number of skilled staff in leadership and management roles to ensure:

- a) staff are effectively led on each and every shift to meet service users' health, safety and wellbeing needs;
- b) issues that may pose a risk to service users are identified and appropriate action is taken to ensure the service is planned and delivered in a manner that meets service users' health, safety and wellbeing needs; and
- c) all aspects of care are delivered with compassion, dignity and respect.

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

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

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4)

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

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

This is also in order to comply with Regulation 4(1)(a) and (b) and Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

How good is our staff team?

1 - Unsatisfactory

We evaluated the service to be performing at an unsatisfactory level. There were major weaknesses that required immediate remedial action to improve experiences and outcomes for people.

Permanent and redeployed staff were working under significant pressure without the necessary information, resources, leadership or support. This contributed to people experiencing poor quality care.

Staff did not consistently use personal protective equipment (PPE) to protect themselves and others from the risk of infection. We had serious concerns about the staff team's ability to safely put on, wear, remove and dispose of personal protective equipment. As our inspection continued, we observed further poor practice in the use of PPE. An NHS Highland infection control audit on 12 May 2020 identified staff training in the safe and effective use of PPE as a priority.

Duty rotas for previous weeks showed that there had been times when staffing levels were insufficient to fully meet people's needs. We found evidence of care staff who were regularly working in excess of 60 hours every week. We observed that some staff appeared very tired after working excessive hours.

The provider had a responsibility to ensure there were sufficient staff to ensure the service was clean. This was part of an unmet requirement from November 2019. The service did not have adequate domestic staffing levels to maintain to ensure the care home was safe and clean. The duty rota showed that care staff were regularly removed from caring duties to cover domestic shifts. This impacted on the quality of people's care and support and the environment.

Requirements

1. By 30 June 2020, service users must receive consistent high quality care and support from the right number of suitably qualified and competent staff. In order to achieve this, the provider must use an effective rostering system to ensure sufficient nursing, care and ancillary staff are working in the service at all times; and appropriate cover is provided for staff training, vacant posts, staff absence and to allow staff to take adequate rest periods.

This is in order to ensure that 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 experience consistency and continuity.' (HSCS 4.17) and

'My care and support is provided and planned in a safe way.' (HSCS 4.14)

This is also in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

How good is our setting?

1 - Unsatisfactory

We evaluated the service to be performing at an unsatisfactory level. There were major weaknesses that required immediate remedial action to improve experiences and outcomes for people.

People were living in an unsafe and unclean environment that posed a risk to their life, health and wellbeing. As previously noted requirements from November 2019 to improve cleanliness, infection control, staffing levels (including housekeeping) were not met. People's environment should be safe and well maintained. People have the right to experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

The overall cleanliness of the home gave rise to serious concern. Carpets were ingrained with dirt. There was an unpleasant odour and some areas of carpeting felt sticky. The whole house was very dirty and looked like it had not been properly cleaned for some time. Glass panels and mirrors were streaked with dirt and there was dust on ledges. There was chipped paintwork throughout the home. Cupboard floors were visibly dirty, and bathrooms were cluttered with moving and handling equipment. The staff kitchen and changing area were very dirty and in disarray. We had significant level of concern over infection control in this area.

Housekeeping standards were low. For example, a room that had just been cleaned had a dirty floor and there were sticky surfaces with dried on food. We found sluice rooms where chemicals were stored unlocked on two occasions. Chemicals must be safely stored to prevent people being harmed if they accidentally spill or consume them. There were large gaps in the cleaning documentation. Deep cleaning

documentation was notably absent, particularly for the communal living areas. The service's failure to ensure that there were safe and robust cleaning arrangements put people's health and wellbeing at risk.

Health Protection Scotland guidance to help prevent and control the spread of infection was not followed.

The home was cluttered and untidy, limiting the extent to which it could be effectively cleaned. An initial offer from NHS Highland to help declutter and clean was refused. NHS Highland's infection control audit on 12 May 2020 highlighted decluttering continued to be an area for improvement.

The provider did not follow advice given by public health on 27 April 2020 to use a chlorine releasing disinfectant to help control the spread of infection. This is a standard infection control measure when there is an outbreak. NHS Highland's infection control audit on 12 May 2020 noted that chlorine releasing disinfectant was still not in use.

The laundry room was dirty and cluttered. It did not have an effective dirty to clean system in place to reduce the risk of cross-contamination. From 8 May 2020 onwards NHS support staff were deployed to clean, declutter and organise a hygienic laundry management system.

Effective arrangements were not in place to clean shared equipment, like hoists, after they had been used to help control the spread of infection.

At the start of the inspection personal protective equipment (PPE) stations were missing some essential items. Contaminated PPE was not disposed of safely. Several clinical waste bins were found to be overflowing in the corridors. We found a large black bag in the staff room overflowing with contaminated PPE. Bags of contaminated waste were tied and left on the floor of the sluice making it difficult to access the hand washing sink.

The provider informed us on 12 May 2020 that the standard of cleanliness had significantly improved after a commercial company completed a deep clean over several days. When our inspection continued overnight on 13 May 2020 there was some evidence of improvement, however, serious concerns remained.

The standard of cleanliness in the main kitchen where people's meals were cooked was unsatisfactory. We were concerned that people were at risk from food poisoning. People aged over 65 are at higher risk of hospitalisation and death from foodborne illnesses. We made an urgent referral to Highland Council's environmental health department on 13 May 2020. NHS Highland responded to the serious risk by temporarily supplying meals from the local hospital.

A Highland Council environmental health audit on 15 May 2020 concluded that hygiene regulations had been breached. Hand contact surfaces were visually dirty. There was insufficient cleaning. The cleaning product being used was ineffective against viral agents. The provider was served with a remedial action notice, and required to implement sufficient and effective cleaning within the kitchen to control COVID-19.

There was also further evidence of poor infection control practice. In the staff room we again found a black bag full and overflowing with inappropriately discarded contaminated PPE. There was a contaminated mask and gloves on the floor and dining table where staff eat their meals.

Requirements

1. By 7 June 2020 you must ensure that service users experience a safe and well looked after environment. In particular the service must be staffed, resourced and led in a manner that will ensure that:

- (a) the premises, furnishings and equipment are clean, tidy and well maintained,
- (b) effective arrangements are in place to prevent and control the spread of infection, and
- (c) robust quality assurances are in place to ensure the environment is safe and well looked after; and any concerns are promptly identified with effective action taken to make the necessary improvements.

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

'My environment is safe and secure.' (HSCS 5.17) and
 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

How well is our care and support planned?

1 - Unsatisfactory

We evaluated the service to be performing at an unsatisfactory level. There were major weaknesses that required immediate remedial action to improve experiences and outcomes for people. This evaluation took account of our findings under quality indicator 1.3.

People's care and support should be provided in a planned and safe way, including if there is an emergency or an unplanned event. The provider had introduced temporary COVID Critical Care Plans

before the outbreak. These plans could have been used to provide essential guidance about how to safely support people and should have been readily available when staff were urgently deployed to the care home in response to the outbreak. In reality staff told us they were not given access to care plans and they were not given sufficient information to safely care for people. Essential information about people's care needs was missing. This included information to help ensure people could eat and drink safely, promoting continence, keeping skin healthy and moving safely.

Several areas of health assessment had not been carried out effectively. Where people were deemed at high or very high risk, health assessments did not demonstrate how people's health was monitored. Accurate record keeping is important to ensure that steps can be taken to address any areas of health risk. However, the care plans were not always clear about how to safely support residents.

A daily monitoring form was in place to record residents' oral health care, food and fluid intake however, there was no record of oral care for any resident, giving rise to a potential outcome for people to be in pain or discomfort. Food fluid and nutrition charts were incomplete and there were large gaps in recording fluid intakes.

There was no documentation to demonstrate that pain was assessed. This documentation can help staff to identify when pain relief may be needed and is particularly important when a person cannot tell staff how they are feeling. When a person was given as and when required pain relief, the effect of this was not recorded. Evaluating the effectiveness of medications is important to supporting people well.

Assessment, care planning and evaluation were not being effectively used to ensure people received the right care. We were not confident that the provider and staff had a good understanding of people's needs or the care that they required to feel safe, happy and well.

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

Requirements

Requirement 1

This requirement resulted from an upheld complaint.

The provider must always ensure that suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

In order to achieve this the provider must ensure that:

- Staffing levels match or exceed the level assessed as necessary ensuring all people's needs are being met.
- Housekeeping staff levels must be appropriate so that cleaning schedules are consistently adhered to throughout the premises ensuring there is always a clean malodour free environment.

This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is in order to ensure that care and support is consistent with Health and Social Care Standard: 'My needs are met by the right number of people.' (HSCS 3.15)

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

To be completed by: 31 December 2019.

This requirement was made on 6 November 2019.

Action taken on previous requirement

During the period of this inspection there were adequate staffing levels available for direct resident care. The majority of this was being provided by staff deployed from other HC-One facilities.

We found that there was not adequate domestic/laundry staff available. This included some shifts where no domestic/laundry staff were available. Cleaning schedules were incomplete which indicated insufficient domestic staff.

This had negatively impacted on the cleanliness of the home. Please refer to 'How good is our setting'.

An updated requirement has been made.

Not met

Requirement 2

This requirement resulted from an upheld complaint.

People experiencing care should have confidence in the organisation and infection control policies and procedures are adhered to ensuring people are not at risk. In order to achieve this the provider must ensure. The environment is hygienically cleaned to an acceptable standard and all areas are malodour free. Cleaning protocols in all areas of the premises must be adhered to and regular deep cleaning is carried out.

This is to comply with; The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users. 9 of 10 The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(d) - Requirements to make proper provision for the prevention and control of infection.

This is in order to ensure care and support is consistent with Health and Social Care Standard: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This is in order to comply with: Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

To be completed by 31 December 2019.

This requirement was made on 6 November 2019.

Action taken on previous requirement

We carried out a walk through of the environment (not individuals bedrooms where people were in isolation). We were concerned by the poor level of cleanliness and raised these concerns with the management team during the inspection.

We could not be confident that appropriate infection control procedures were being followed.

Key areas of concern included:

- appropriate use of personal protective equipment (PPE)
- ease of access to all required PPE
- disposal of used clinical waste

Please refer to 'How good is our setting'

An updated requirement has been made.

Not met

Requirement 3

By 30 June 2019 you must ensure people's emotional, psychological, social and physical needs are met and are in a manner which respects their wishes and choices.

In order to achieve this the provider must ensure that:

- a. A full assessment is undertaken, which identifies significant risks to people's health, welfare and safety. Including, but not limited to those which relate to; supporting people with stress and distress and the management of tissue viability, medication and the use of as and when needed medication;
- b. All people to have a personal plan, which clearly details how their health, welfare and safety needs will be met in relation to their wishes and preferences and any identified significant risks;
- c. There is a system in place to ensure that people receive the care that is identified in their care plan and where there are indications of poor care, they are recognised and action is taken promptly to address them;
- d. The above assessments and arrangements are based on consultation with people and their personal and professional representatives, and;
- e. Reviews and evaluations of people's care and support are carried out to ensure there is a focus on improved outcomes.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 5(1)(2)(a)(b) (i)(ii)(iii)(c)(d) SSI 2011/210. SSSC Codes of Practice for Employers, 1.4, 3.1, 3.2.

This requirement was made on 12 April 2019.

Action taken on previous requirement

This requirement has not been met. An amended requirement has been made.

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

It is important that all people are offered opportunities to take part in regular meaningful activities regardless of their abilities and needs. Therefore, the provider was to review and further develop the activity programme. In order to do this they were to ensure that:

- a. All people had a personal plan which clearly details how their recreational, social, creative, physical and learning needs will be met;
- b. A full review of activities is undertaken which is based on consultation with people and their representatives, and following this; There is an activity plan in place to ensure that people are supported to take part in meaningful activities, that this is promoted, and;
- c. That this is regularly reviewed to ensure that there are continued positive social experiences;
- d. Regular reviews of people's care and support are 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 every day, both indoors and outdoors.' (HSCS 1.25)

This area for improvement was made on 12 April 2019.

This area for improvement was made on 12 April 2019.

Action taken since then

At the last inspection we reported that the service were progressing this area for improvement regarding the provision of positive social experiences.

At this time due to the COVID 19 pandemic there had been limited opportunities to take this forward. Therefore we did not inspect against this.

Previous area for improvement 2

It is important that people receive the right treatment at the right time. Staff need to ensure that:

- a) people receive any treatment as it has been prescribed for them.
- b) monitor the person's medication, effectiveness and the condition for which it has been prescribed.
- c) contact the relevant health professional if there are changes or concerns about the medication.
- d) accurate administration records are maintained and care plans are updated when changes are made.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

This area for improvement was made on 12 April 2019.

This area for improvement was made on 12 April 2019.

Action taken since then

We examined medication management during this inspection. Please see 'How well do we support peoples wellbeing'.

There continued to be areas where practice needed to improve.

Previous area for improvement 3

The management should make suitable arrangements to ensure there are sufficient staff throughout the home at all times and that they are suitable deployed to ensure people receive the right care at the right time from the right number of people.

People's needs at different times of the day, the layout of the building and the fluctuating levels of ancillary and support staff throughout the week should be taken account of when making these arrangements.

This is in order to ensure that 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)

This area for improvement was made on 12 April 2019.

This area for improvement was made on 12 April 2019.

Action taken since then

This area for improvement had not been met. Please see 'How good is our staff team'. A requirement has been made which replaces this area for improvement.

Previous area for improvement 4

The provider should enhance the quality of the environment in ways that promote people's independence, enables access to all parts of the premises they can use and supports people choices of where they spend their time.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)

This area for improvement was made on 12 April 2019.

This area for improvement was made on 12 April 2019.

Action taken since then

We reported at the last inspection that the service had assessed how well the current environment supports good outcomes for people living with dementia. They were in the early stages of reviewing how they would implement their findings.

We did not review this due to the circumstances of COVID 19.

Previous area for improvement 5

This area for improvement was made as a result of an upheld complaint.

People who experience care should have their care provided as per their individual plan of care. If there are any changes to be made to a person's plan of care, the service should ensure that there is a full reassessment and review of their needs undertaken prior to these changes being implemented.

Any reassessment and review should involve all relevant people such as the person's Power of Attorney, relevant representatives, advocacy and professional persons.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This area for improvement was made on 17 December 2019.

This area for improvement was made on 17 December 2019.

Action taken since then

This area for improvement had not been met. A requirement has been made.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	1 - Unsatisfactory
1.1 People experience compassion, dignity and respect	1 - Unsatisfactory
1.3 People's health benefits from their care and support	1 - Unsatisfactory

How good is our leadership?	1 - Unsatisfactory
2.3 Staff are led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
3.3 Staffing levels and mix meet people's needs, with staff working well together	1 - Unsatisfactory

How good is our setting?	1 - Unsatisfactory
4.1 People experience high quality facilities	1 - Unsatisfactory

How well is our care and support planned?	1 - Unsatisfactory
5.1 Assessment and care planning reflects people's planning needs and wishes	1 - Unsatisfactory

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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۔

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