

## Wellmeadow Lodge Care Home Service

Meadow Way  
Crookfur  
Newton Mearns  
Glasgow  
G77 6XJ

Telephone: 0141 639 9644

**Type of inspection:**  
Unannounced

**Completed on:**  
30 October 2020

**Service provided by:**  
Care UK Limited

**Service provider number:**  
SP2003002341

**Service no:**  
CS2011300796

## About the service

Wellmeadow Lodge is a care home located in the Crookfur area of Newton Mearns. The service is registered to provide for up to 84 older people which includes a maximum of four respite places and the provider is Care UK Limited.

The accommodation is provided within two neighbouring buildings within a quiet residential area in the south side of Glasgow. The buildings are known as 'The Lodge' and 'The House' with the reception and offices located in the Lodge.

The service vision: 'Fulfilling lives is all about quality of life. By seeing the world through the eyes of residents and customers we can understand what's important for them. Knowing that, we can enable them to have meaningful, empowering, enjoyable experiences every day'.

## What people told us

We spoke with residents who stated they were generally happy with the quality of the service and support they received.

Some residents had difficulty using verbal communication to give their views; therefore, we spent a considerable time observing how residents and staff interacted with each other.

We did not have an opportunity to speak with relatives during this inspection due to restrictions on visiting in accordance with the Scottish Government's current infection prevention and control guidance.

However, we did contact some relatives during the initial inspection, completed on 30 September 2020, which we included in the previous report.

## 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 staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	1 - Unsatisfactory
How good is our care and support during the COVID-19 pandemic?	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

The overall evaluation for this key question is unsatisfactory. An evaluation of unsatisfactory applies when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency to ensure that people are protected, and their wellbeing improves without delay.

People who experience care have the right to be treated with dignity, respect and compassion and should have confidence in the people who provide their care and support. Interaction between care staff and people living in the home was warm and respectful. However, for long periods of time people were sitting in lounges or bedrooms alone. This included people with limited communication. Staff did not spend quality time with residents as they were constantly busy completing tasks, leaving little time for meaningful exchanges, or activity. Therefore, we have repeated the area for improvement from the last inspection.  
(See Area for Improvement 1)

There was poor support with nutrition and hydration needs and we were concerned about the likely impact of this on people's health. There was limited access to drinks between meals. The inconsistent approaches in planning support for people, including those at risk of dehydration and weight loss, exacerbated by inaccurate record keeping, presented a risk to the health and wellbeing of individuals living in the service.  
(See Requirement 1 which is subject to an Improvement Notice)

We again found that recordings relating to wound care was poor and did not record or reflect an individuals' current health care needs. Where people had, or were at risk of, skin breakdown we still lacked confidence that their care needs would be met.  
(See Requirement 2 which is subject to an Improvement Notice)

We raised significant concerns in relation to the management and monitoring of people who were in receipt of diabetic care. We found a lack of analysis and action where the blood glucose reading of an individual had significantly increased. We also found that despite the support plan stating that blood glucose levels should be monitored on a regular basis that this was not always taking place.  
(See Requirement 3 which is subject to an Improvement Notice)

We were concerned that the daily staff handover was poorly recorded and contained limited information. We therefore could not be confident that staff were fully informed of how best to care for people, particularly if there has been changes in need.  
(See Area for Improvement 2)

## Requirements

1. By 18 November 2020, you must ensure that people's health and wellbeing needs are accurately monitored and recorded and are being met. In particular you must ensure that:

(a) Staff are aware of the importance of accurately completing documentation used to monitor healthcare needs including, but not limited to, food, fluid and pressure relief.

(b) Documentation is accurately completed at the time the support is provided.

and

(c) Documentation is assessed by a senior staff member at least once in every 24 hours to ensure the health, welfare and safety needs of people are being met.

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).

**Timescale for implementation: 18 November 2020.**

2. By 18 November 2020, you must ensure that people experience effective support with wound care that is in line with best practice guidance. In particular you must ensure:

(a) Staff are managing wound care effectively.

(b) Records relating to wound care are kept up to date with a description of the wound, dressing regime and progress to date.

and

(c) Staff comply with wound care plans.

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).

**Timescale for implementation: 18 November 2020.**

3. By 18 November 2020 you must ensure that people experience effective support with diabetes that is in line with best practice guidance. In particular you must:

a) Put in place and implement specific and detailed care plans for people with diabetes. These plans must be completed by someone with proven knowledge of diabetes management and in accordance with advice and instruction of other relevant professionals such as medical staff and nurse specialist.

b) Document, review and take appropriate action in relation to any blood sugar inconsistencies with relevant urgency.

and

c) Put in place and implement a detailed plan for staff training in diabetes management. The plan should commence with nursing staff and thereafter be cascaded to involve all those providing care and support.

This is in order to comply with regulations 4(1)(a) and 15(b)(i) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

**Timescale for implementation: 18 November 2020.**

### Areas for improvement

1. The manager should ensure that all people have access to meaningful activities in all areas of the home, taking individual preferences and abilities into account.

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

2. The manager should ensure that handovers give accurate information on changes to the person experiencing care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

### How good is our leadership?

#### 1 - Unsatisfactory

People should be supported by a service and organisation that is well led and managed. People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

As a result of this inspection, we have evaluated this quality indicator as unsatisfactory.

We were disappointed in the time taken to provide us with a quality assurance overview during the inspection. Information relating to people's weights, nutrition and hydration and pressure ulcer prevention were collated. However, these were not then being used to provide a clear overview. There were no recorded actions to demonstrate how the information gathering contributed to improved care. We observed that there were several overdue assessments required in the planning of people's care. A clear overview of healthcare needs is needed to assess, plan and implement appropriate care, possibly preventing further deterioration.

We concluded that the quality assurance systems were not effectively contributing to safety or improvement.

(See Requirement 1)

People living in the home have the right to be protected from harm. There were omissions and delays in the identification and reporting of several incidents of actual or potential harm. We were not confident that the management team and staff group recognised and reported harm in line with legislation. This meant that people were not safeguarded.

(See Requirement 2 which is subject to an Improvement Notice)

### Requirements

1. By the 25 November 2020, the provider must ensure that quality assurance for the service is responsive, effective and contributes to high quality care.

In particular you must ensure:

Quality assurance monitoring includes an analysis that identifies themes, trends and root causes and records action taken on follow-up to effect change or improvement

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19), and 'I use a service that is well led and managed'. (HSCS 4.23).

It is also necessary to comply with Regulation 4 (1) (a) Regulation 4 Welfare of users of the Social Care and Social Work Improvement Scotland Regulations 2011.

**Timescale for implementation: 25 November 2020.**

2. By 18 November 2020, you must ensure that peoples' health and wellbeing needs are accurately monitored and responded to. In particular, you must:

- a) Ensure all staff recognise and report incidences of harm or potential harm.
- b) Accurately complete notifications to all relevant parties in accordance with best practice adult protection reporting procedures.

and

- c) Submit timeous notifications to the Care Inspectorate of any unforeseen event resulting in harm or injury to a service user as required by our notification guidance entitled: "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is in order to comply with regulations 4(1)(a) and 9(2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

**Timescale for implementation: 18 November 2020.**

## How good is our staff team?

**2 - Weak**

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We found the performance of the service in relation to this quality indicators was weak. We found fewer strengths for wellbeing and overall found significant areas for improvement.

People should be confident that they will experience stability in their care and support from people who know their needs, choices and wishes.

Omissions and inaccuracies in care plans meant that information, vital to assessing dependency on staff was not accurate. This was having a negative impact on the needs of people who reside in the service. The dependency tool also did not take account of factors such as the layout of the building, people who were isolating, or requiring extra support due to frailty or stress and distress.

Staffing levels should meet the changing needs of residents. However, there was no clear link between people's need for care and support and staffing provided. This impacted negatively on the time staff had to spend with residents which could result in poor outcomes, especially for residents who remained in their bedrooms. Staff told us they were under pressure and care had become task driven. One example of this was the use of a bathing rota. We determined that care was not person centred. (See Requirement 1 now subject to an Improvement Notice)

There is also a need to revisit aspects of training for staff and assess the competency of their practice. We have discussed this more in quality indicator 7.3

## Requirements

1. By 25 November 2020 you must ensure that people receive the right level of care at the right time. In particular you must:

- (a) Ensure that there are sufficient staff on duty at all times who are competent and who are meeting the physical and social support needs of people using the service;
- (b) Ensure that a dependency rating tool is used as part of systems to inform ongoing staffing levels within the service;
- (c) Ensure any changes trigger a review of required staffing levels.

and

- (d) Undertake a thorough evaluation of all the current needs of people who use the service and use the findings to meet those needs.

This is in order to comply with regulations 4(1)(a) and 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

**Timescale for implementation: 25 November 2020.**

## How good is our setting?

**2 - Weak**

As a result of this inspection, we have evaluated this quality indicator as weak. During this inspection we were concerned about deficits identified in the environment. The management team had made some improvements to the general environment and fixtures/fittings since the previous inspection, however further improvements are necessary.

People who use services have the right to expect their environment to be relaxed, welcoming, peaceful, free from avoidable and intrusive noise and smells. We found the environment to look generally clean and was odour free. However, we identified areas for improvement around cleanliness of furniture, equipment and bathroom areas. This is discussed further in quality indicator 7.2

Maintenance contracts were in place for equipment such as hoists and records showed that regular checks were being carried out.

People should be confident that their environment is secure and safe. We were very concerned to find that equipment that alerts staff of the need for assistance was not connected.

This was for a person at high risk of falls. This placed this person at high risk of being unable to receive assistance when required to prevent or react to a fall. We were advised by the service that the resident may have unplugged this themselves. However, there was no risk assessment or plan of action to assess and address this.

(See Requirement 1)

We again found an environmental audit had been carried out and issues identified with no corresponding responsive action. This is discussed further in quality indicator 7.2

## Requirements

1. By 25 November 2020, you must ensure that peoples' health and wellbeing needs are accurately monitored and responded to. In particular you must:

- ensure that where an individual is unable to use the emergency call system that appropriate arrangements are put in place to ensure that person's safety and care needs are met.

This must be clearly documented within the person's care plan and reviewed as necessary.

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

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

**Timescale for implementation: 25 November 2020.**

## How well is our care and support planned?

## 1 - Unsatisfactory

People should expect that their personal plan (sometimes referred to as a care plan) is right for them because it sets out how their needs will be met, as well as their wishes and choices. Personal plans should reflect how effective the planned care has been in promoting positive choices, experiences and quality of life for everyone living in the home.

We found that the personal plans within the service contained insufficient guidance for staff to ensure the consistent and effective management of individuals' care and support needs. The service has introduced an electronic format of personal plans. Staff had variable skills in the effective use of the new system. Some information that should have been recorded on the electronic system was recorded in paper format. This resulted in incomplete, inaccurate, and contradicting statements in most of the plans we sampled. This presented the risks related to the ability to ensure the health, welfare and safety needs of people using the service. This included medical diagnosis not recorded and a lack of recording and planning in relation to managing pain.

There was a lack of recording of people's wishes in relation to end of life care. This could result in people not having the end of life care they may wish. Information that was recorded was not always up to date.

We shared our concerns regarding the ineffectual, poor quality of support plans as a tool to inform carers how to support and care for residents. We remain concerned in relation to the weakness of support plans.



(See Requirement 1)

Plans for people identified as requiring support with stress and distress lacked adequate detail on how to provide support. We have made a requirement around this concern.

See Requirement 2)

## Requirements

1. The provider must ensure that personal plans fully address the assessed needs of individuals who reside in the service.

By 25 November 2020 the provider must improve the quality and content of personal plans. In order to achieve this the provider must adhere to the following:

- (a) Care plans must reflect the current healthcare needs and management of COVID-19.
- (b) Care plans must be regularly reviewed, updated and reflect the current needs of people experiencing care.
- (c) Where a risk is identified there must be a plan in place with evidence of actions to be taken, advice sought and regular evaluations which are regularly reviewed and updated.
- (d) Daily notes must be improved to provide an accurate account of any concerns or changes to individual need.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.'; (HSCS 1.15) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

Regulation 4(1)(a) - to make proper provision for the health and welfare of service users; Regulation 7(2)(d) - to ensure that managers have the necessary skills, knowledge and experience; and Regulation 13(a) - to ensure that staff are competent of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210)

**Timescale for implementation: 25 November 2020.**

2. By 25 November 2020 the provider must ensure that people who experience stress and distress are fully supported. In particular you must ensure:

- (a) Support plans, where required, should detail known triggers and techniques to reduce levels of stress and distress.
- (b) Staff must have the skills to support service users by receiving appropriate training to support service users who experience stress and distress.

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

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

This is in order to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 15(b)(i) (staffing) of the Social Care and Social Work Improvement Scotland Regulations 2011.

**Timescale for implementation: 25 November 2020.**

## How good is our care and support during the COVID-19 pandemic?

### 1 - Unsatisfactory

#### **7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.**

In this inspection we also focused on establishing if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We wanted to ensure that people experienced high quality care and support that was right for them. We found the performance of the service in relation to this COVID-19 specific quality indicator was unsatisfactory. We found fewer strengths for wellbeing and overall found significant areas for improvement.

Maintaining and supporting relationships between residents and their families is important. Families advised that staff had kept them informed about changes in people's health and care needs and visiting guidance. Garden and window visits had been scheduled regularly and technology had been used to help people stay in touch with family and friends.

The way people spend their day should promote feelings of purposefulness and wellbeing. Staff interactions were kind, respectful and caring. We were pleased to see residents could dine with others at a safe distance as this helped provide important social contact. Improvements needed in the provision of activities are detailed in the section "How well do we support people's wellbeing."

Anticipatory care plans were in place with input from the resident, where possible, and from the next of kin. However, support plans had no guidance or reference to COVID-19 and how people's healthcare needs would be met throughout the pandemic.

We have discussed our continued concerns in relation to the planning and monitoring of people's healthcare needs within quality indicator 1.3 and 5.1 above.

#### **7.2 Infection control practices support a safe environment for both people experiencing care and staff.**

Our focus in this inspection area was to establish if infection prevention and control practices supported a safe environment for both people experiencing care and staff. The home had implemented weekly staff testing for COVID-19 in line with guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

Residents' rooms were well presented and furnished with some personal belongings, with storage for clothing. Corridors were clear and free from equipment. The environment was generally clean, with domestic staff ensuring that frequently touched areas were being cleaned in line with guidance and with appropriate cleaning materials. The service had a good supply of PPE and the PPE stations located throughout the service were replenished by staff, as needed, during the day.

Staff did not always follow guidance on the correct use of PPE. Staff did not always change PPE between contact with different residents and their environments or different tasks. Staff were still seen travelling between buildings and units wearing aprons and or gloves, this increases the risk of cross infection between floors and buildings. Staff were also seen carrying potentially contaminated PPE from residents' rooms to disposal sites without securing these in clinical waste bags.

Since the last inspection some staff had been provided with hand hygiene education and observations of practice. This was also observed as part of the larger infection control audit for the service. However, not all staff had their hand hygiene supervision to check that they were minimising the risk of infection. There appeared to be ongoing training within the service, and we will continue to monitor. The service should improve their practice of ensuring residents are supported to carry out hand hygiene prior to dining.

A thorough mattress audit had been undertaken with many mattresses replaced since the last inspection. The service had started to develop a new process ensuring the integrity of all mattresses within the service.

The service appeared clean, however, we did find areas of contamination with parts of the environment requiring a more thorough clean. We again found furniture that required removed/replaced. We could see no overall plan to replace damaged and/or contaminated furniture, particularly that which we had commented on at the previous inspection.

(See Requirement 1 now subject to an Improvement Notice)

The maintenance team had made repairs in relation to issues identified at the previous inspection. However, there remained patches of wear and tear to the door frames, walls, doors, skirting boards and corridor rails. Décor needs to be in a good state of repair to allow for easy and effective cleaning. The maintenance team advised that they had a plan of work in place. However, we could find no audit or refurbishment plan so were not clear about priorities or timescales for completion.

(See Area for Improvement 1)

The storage of essential equipment was improved. However, we found linen stored in bathrooms where splash contamination could occur. We found items of essential equipment that required cleaning, with no general cleaning checklist in place.

We again found issues highlighted in Infection control specific quality assurance audits with no appropriate action taken. Some items on audit checklists were vague, and meaningless, for example one simply stated "bathroom" and had been checked as complete.

We concluded that the management team did not have a clear overview of standards of hygiene and cleanliness within the home.

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

While the home was staffed in accordance with an internal assessment of need it was clear that people's needs were not always being met. A thorough assessment of resident's needs is required to inform staffing levels, skill mix and deployment. This is detailed in quality indicator 3.3.

Staff continued to make sure that visitors were complying with protocols, for example, wearing masks, hand sanitising, safe distancing and temperature recording. Staff advised that changes and updates in legislative/ best practice guidance were available for all staff to read. Staff of all grades told us they felt fully informed. Staff were able to describe how they would recognise the symptoms of COVID-19 in themselves and in an older person. They knew when it was safe to go to work and when to stay at home. Weekly staff testing was in place.

We again found inconsistencies in staff's understanding and application of best practice guidance around COVID-19, infection prevention and control, and the use of Personal Protective Equipment (PPE). We raised concerns about the lack of this essential training at the previous inspection and found that specific training around COVID-19 had now begun. However, not all staff had completed this and knowledge was not always apparent when observing staff practice.

(See Requirement 2 now subject to an Improvement Notice)

## Requirements

1. By 18 November 2020, the provider must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection. In particular you must:

(a) Put in place and implement procedures for good infection prevention and control practice and ensure practice reflects the guidance from Health Protection Scotland entitled, 'COVID-19 Information and Guidance for Care Homes Settings'.

(b) Ensure all equipment, including mattresses and furniture is safe, fit for purpose and disposed of if not.

and

(c) Ensure there are adequate stocks of PPE and this is worn and disposed of appropriately.

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

**Timescale for implementation: 18 November 2020.**

2. The provider should ensure that people are supported by a staff group fully trained to meet their assessed support needs. By 25 November the service provider must ensure that all staff receive training appropriate to the work they perform around COVID-19, infection prevention and control, and the use of personal protective equipment (PPE). To achieve this the provider should

a) Ensure that there is an effective system in place to evaluate the effectiveness of training and its impact upon staff practice.

(b) Maintain accurate records that describe the training received by staff.

(c) Produce a training needs analysis that reflects the training the staff group require.

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

Regulation 15 (b) (i) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**Timescale for implementation: 25 November 2020.**

### Areas for improvement

1. The provider should ensure that their current refurbishment plan and environmental audit ensures:

(a) Any areas of minor wear are repaired in a timely manner to allow for more effective cleaning.

and

(b) There is adequate storage facilities for essential pieces of equipment to prevent items being stored inappropriately.

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

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

### Requirements

#### Requirement 1

The provider must ensure that personal plans fully address the assessed needs of individuals who reside in the service.

By 28 October the provider must improve the quality and content of personal plans. In order to achieve this the provider must adhere to the following:

- (a) Care plans must reflect the current healthcare needs and management of COVID-19.
- (b) Care plans must be regularly reviewed, updated and reflect the current needs of people experiencing care.
- (c) Where a risk is identified there must be a plan in place with evidence of actions to be taken, advice sought and regular evaluations which are regularly reviewed and updated.
- (d) Daily notes must be improved to provide an accurate account of any concerns or changes to individual need.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15); and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

Regulation 4(1)(a) - to make proper provision for the health and welfare of service users; Regulation 7(2)(d) - to ensure that managers have the necessary skills, knowledge and experience; and Regulation 13(a) - to ensure that staff are competent of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

**This requirement was made on 30 September 2020.**

#### Action taken on previous requirement

We found further concerns in relation to care planning detail, assessment and evaluation.

Further information is contained in the body of the report.

This requirement is not met and therefore, repeated.

**Not met**

## Requirement 2

The provider must ensure that peoples' health and wellbeing is accurately monitored and recorded. By 28 October the provider must ensure that staff are aware of the importance of accurately completing documentation used to monitor healthcare needs including, but not limited to, food, fluid and pressure relief.

In order to achieve this the provider must adhere to the following:

- (a) Documentation must be accurately completed at the time the support is provided.
- (b) Documentation should be assessed by a senior staff member at least once in every 24 hours to ensure the wellbeing of the individual.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) Regulation 4(1)(a) Welfare of users of the Social Care

**This requirement was made on 30 September 2020.**

### Action taken on previous requirement

We were increasingly concerned regarding the quality of monitoring forms, which included a lack of information on pressure relief and food/nutrition through the day.

As a result of these continued concerns this requirement is now subject to an Improvement Notice.

**Not met**

## Requirement 3

The provider must ensure that people experience effective support with wound care that is in line with best practice guidance.

By 28 October the provider must ensure that staff are trained to manage wound care effectively. In order to achieve this the provider must adhere to the following:

- (a) Records relating to wound care must be kept up to date with a description of the wound, dressing regime and progress to date with evidence that staff are complying with the wound care regime.

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

Regulation 4(1)(a) Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210)

**This requirement was made on 30 September 2020.**

## Action taken on previous requirement

We continued to find inconsistencies in relation to wound care documentation and advised of our increasing concerns.

This requirement is not met and is now subject to an Improvement Notice.

## Not met

### Requirement 4

The provider must ensure that people experience care in an environment that is safe and well maintained. By the 28 October the service provider must put in place an effective audit system to ensure all mattresses and furniture remain fit for purpose. To achieve this the providers must adhere to the following:

- (a) Carry out a thorough audit of mattresses.
- (b) Carry out regular audits of furniture and furnishings within the service.
- (c) Remove any damaged items to ensure the environment remains safe and reduce the risk of infection for those living there.
- (d) There should be regular management audits of staff practice and environmental cleanliness.
- (e) Action plans should be followed through to completion.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

Regulations 4(1)(a) and (d)(welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 30 September 2020.**

## Action taken on previous requirement

We found that the service had carried out a thorough mattress check. However, there remained concerns in relation to infection control, auditing/quality assurance and the cleanliness of the building and furniture used by residents.

This requirement is not met and is subject to an Improvement Notice.

## Not met

### Requirement 5

The provider must ensure people experience care that is safe and the risk of infection is minimised. By the 28 October the service provider must ensure that all staff wear PPE as stated in Health Protection Scotland guidance entitled "COVID-19 Information and Guidance for Care Home Settings".



To achieve this the provider should:

- (a) Ensure there are adequate PPE stocks and PPE stations are fully stocked and replenished at appropriate intervals.
- (b) Have a system to monitor PPE use by staff, ensuring that they are wearing this in line with best practice guidance.
- (c) Have a system to monitor standards in hand hygiene technique practice by staff.
- (d) Ensure residents are encouraged and supported to wash their hands prior to dining.

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

Regulations 4(1)(a) and (d)(welfare of users and procedures for the prevention and control of infection) and Regulation 9(2)(b) (skills, knowledge and experience of staff) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

**This requirement was made on 30 September 2020.**

#### Action taken on previous requirement

We found that the service had been proactive in ensuring PPE stations were filled during the day, ensuring that staff had access to this essential equipment. We also found that hand hygiene of staff had commenced and they were being observed by senior staff members, to ensure best practice guidance was being followed. However, this was still to be rolled out to the full staff group. We observed poor practice in relation to PPE use across both buildings.

The outstanding elements of this requirement are now subject to an Improvement Notice.

**Not met**

### Requirement 6

The provider must ensure that people receive the right level of care at the right time.

By 28 October the provider must ensure that there are sufficient staff to meet the physical and social support needs of people using the service. To achieve this the provider should ensure

- (a) A dependency rating tool is used as part of systems to inform ongoing staffing levels within the service.
- (b) Any changes trigger a review of the above (a).
- (c) A thorough evaluation of all the current needs of people who use the service should be completed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state: 'My needs are met by the right number of people' (HSCS 3.15); and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

Regulation 15(a) – Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

**This requirement was made on 30 September 2020.**

## Action taken on previous requirement

We again found that staffing levels were not responsive to the needs of residents, either through the pandemic or when there was a significant change in a residents needs and level of care. Care remained task oriented, providing residents little meaningful contact through the day.

This requirement is now subject to an Improvement Notice.

**Not met**

## Requirement 7

The provider should ensure that people are supported by a staff group fully trained to meet their assessed support needs.

By 28 October the service provider must ensure that all staff receive training appropriate to the work they perform around COVID-19, infection prevention and control, and the use of Personal Protective Equipment (PPE). To achieve this the provider should:

- (a) Ensure that there is an effective system in place to evaluate the effectiveness of training and its impact upon staff practice.
- (b) Maintain accurate records that describe the training received by staff.
- (c) Produce a training needs analysis that reflects the training the staff group require.

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

Regulation 15 (b) (i) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 30 September 2020.**

## Action taken on previous requirement

Training had began to ensure the staff group held a good knowledge of infection control, PPE use according to best practice guidance and COVID-19. However, this still had to be cascaded to the whole staff team. The senior management still required to implement a training analysis so that any training needs of staff were detailed and a plan of action put in place.

Due to the concerns through this report, where deficits in training and the knowledge of staff have been raised we have repeated this requirement.

**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

The manager should ensure that all people have access to meaningful activities in all areas of the home, taking individual preferences and abilities into account.

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

**This area for improvement was made on 30 September 2020.**

#### Action taken since then

We again found a lack of any meaningful activity within the home. Within lounges we observed lots of people asleep with not much stimulation.

This area for improvement is not met and therefore repeated.

#### Previous area for improvement 2

The service should ensure that their current refurbishment plan and environmental audit ensures:

(a) Any areas of minor wear are repaired in a timely manner to allow for more effective cleaning.

and

(b) There is adequate storage facilities for essential pieces of equipment to prevent items being stored inappropriately.

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

**This area for improvement was made on 30 September 2020.**

#### Action taken since then

We found that some storage of items had improved, however, still found storage of linens in bathroom areas where risk of splash contamination was high.

The maintenance team had began making repairs where issues had been highlighted at the previous inspection. However, there was no formal plan in place ongoing.

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

## Previous area for improvement 3

The service should plan to relocate the 'nursing stations' from areas used by people using the service to promote good outcomes through keeping areas where people are cared for; separate from administration tasks, confidentiality is ensured and intrusive noise and activity is removed.

This is to ensure that the care and support is consistent with the Health and Social Care Standards which state: 'If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment.' (HSCS 5.14)

**This area for improvement was made on 24 May 2019.**

### Action taken since then

Nurses stations are placed in corners of lounges, this could distract staff who are trying to complete essential paperwork. There remains confidentiality issues as computer screens facing out onto corridors could potentially show personal information about residents.

This area for improvement is not met.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	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
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing levels are right and staff work well together	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	1 - Unsatisfactory
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak



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