

Heathfield House Care Home Care Home Service

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Ayr
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Type of inspection:
Unannounced

Completed on:
28 June 2021

Service provided by:
Heathfield Care and Residential
Homes Limited

Service provider number:
SP2010011376

Service no:
CS2010280151

About the service

Heathfield House is registered to care for 88 older people. The provider is Heathfield Care and Residential Homes Limited.

The care home is in Ayr, close to the town centre. The accommodation is divided over two floors into five smaller units: Glenburn and Barony (ground floor) and Wallace, Pennyvennie and Kaimes (first floor).

Bedrooms all have en suite shower facilities. Each floor has a large lounge/dining area, toilets, assisted bathing facilities and a small lounge.

In addition, the first floor has a café/dining room with kitchenette and there is a hairdresser's salon on the ground floor. The ground floor also has a sunroom with access to the garden and the upstairs lounge has an accessible roof garden.

The aims and objectives of the service are:

- to provide a friendly residential setting within a care home environment;
- to provide a quality of life which enables residents to retain their independence, identity and sense of value;
- to provide stimulation and encourage participation in activities and social events;
- to provide physical and emotional support to residents, families and friends;
- to involve relatives and friends in the day-to-day lives of the residents;
- to maintain and develop close links with the community; and
- to deliver the best possible care to all residents at all times.

There were 80 people using the service at the time of the inspection.

This inspection was carried out by four inspectors from the Care Inspectorate.

What people told us

We spoke to 10 people living on the ground floor who told us they were well looked after and had no concerns.

Relatives that we spoke with were very positive about the service. Comments included:

"A is happy and content. She gets on well with staff who clearly love her."

"Staff are good at keeping informed of any changes to his health."

"When the staff speak to B they are lovely."

"Sometimes I think they could be a bit quicker at responding to the buzzer, perhaps there could be more staff."

"Staff are good at getting Mum seen to by other professionals."

We observed people living on the upper floor who were unable to communicate their views. Some engaged well with staff but others appeared to have negative mealtime experience. This was discussed with the management team during inspection.

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 care and support during the COVID-19 pandemic?	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

Our focus of this inspection was to establish if people's health and wellbeing was supported in line with their wishes and assessed needs. We saw some important strengths and areas of good practice; however, due to some aspects of care that required improvement we concluded overall, that support in this area was adequate.

People experiencing care should experience compassionate care and support that meets their physical and mental health needs in a way that promotes dignity and respect for their rights as an individual. During this inspection, we identified important strengths that had a positive impact on residents' daily lives.

We observed staff supporting people with a warm and caring manner. It was evident that staff knew people they were supporting very well, and that people living in the home knew the staff. This helped contribute to people feeling safe and secure.

Mealtimes should be well managed and organised to help people enjoy their food in a calm and unhurried atmosphere. Staff appeared pressured during mealtimes within the first floor. There were a significant number of residents requiring assistance with eating/drinking and their communication support needs. The meal service was rushed and disorganised. This meant there was potential for missed opportunities and poor outcomes for people who may not always receive the individual attention they need to assist a pleasant dining experience. We have made a requirement which relates to this under 7.3 - Staffing.

Being able to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health is essential to maintain wellbeing. We observed a good variety of group and individual activities available throughout the day and evenings organised by the enthusiastic activity team. The range of activities included indoor and outdoor options which supported people with their physical and mental wellbeing.

People told us they enjoyed being able to see their families again. There was a good system in place to support visiting in line with the Scottish Government guidance 'Open with Care'. The provider had invested in additional staff resources to enhance the visiting system. This has led to a well organised and positive visiting experience for residents and their families.

The care and support provided by staff should be beneficial to people's health and any treatment and intervention should be informed by evidence based good practice. We found that overall, staff had used their skills and knowledge effectively to assess residents' healthcare needs, reviewing and adapting support responsively as things changed. The service appropriately implemented a range of assessment tools. We saw good examples of practice around skin care and wound management. People's health benefited from being referred to specialist health services when required, such as a Parkinson's Nurse, podiatrist, SALT and dietician.

People experiencing care should feel confident that medication was being managed robustly and safely. Overall, we found that medication had been well managed. This reduced risks and promoted effective treatment. However, some records relating to covert medication were out of date and some key details had not been regularly reviewed. This meant people could not be assured that staff had the correct information that reflected their current needs and wishes. See area for improvement 1.

We noted that medication was administered from a trolley in the dining area during lunch. The service should improve the medication administration practice to make it more person-centred. See area for improvement 1.

Areas for improvement

1. To ensure that people get the medication they need, the provider must put in place an effective medicines management system. This includes:

- a) Ensuring that information relating to people's medication which is available to staff is current and regularly reviewed.
- b) Reviewing and improving on the current system of medication administration to make it a more private, personal and dignified experience for people.

This ensures care and support is consistent with the Health and Social Care Standards which state:

'If I need help with medication, I am able to have as much control as is possible.' (HSCS 1.2).

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

3 - Adequate

7.2 Infection control practices support a safe environment for 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. We found the performance of the service in relation to this quality indicator was adequate.

Staff, visitors and visiting professionals had appropriate Covid-19 related checks completed by staff on arrival. Testing for Covid-19 was taking place as per current guidance for staff, residents, and visitors. These processes and supports helped reassure people and reduce the risk of spread of infection.

Posters promoting hand hygiene and the correct use of PPE (personal protection equipment) were displayed throughout the home. Staff were able to speak about how to use PPE and hand hygiene. The staff had good knowledge of the use of PPE and were able to demonstrate this throughout the day whilst being

observed donning and doffing PPE correctly. However, we raised concerns about the availability and safe disposal of PPE on the upper floor of the care home. (See requirement 1).

Although there were handwashing/hand sanitising facilities available throughout the home, there were some moments missed by the staff for good hand hygiene practices.

There was a good laundry process on site and staff we spoke to were knowledgeable in the safe management of laundry. The laundry cupboard and cleaning supply cupboard were clean and well managed.

It is important that the equipment and the environment is clean to reduce the risk of infection for the people supported and staff. Systems and processes were in place; however, these were not always being used effectively to ensure the care environment and equipment in use was cleaned in-line with national guidance. Staff need to be more vigilant when completing cleaning tasks.

Management auditing of the cleanliness of the environment needs to be improved to help reduce the risk of infection for the people who live at the home. (See requirement 1).

The service had a Covid-19 staff contingency plan to ensure that staff were prepared for what actions they need to take in the event of an outbreak.

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

To ensure that the service was appropriately staffed dependency tools were used and shared regularly with family/visitors. The service employed a physiotherapist and occupational therapist and designated staff to support visiting arrangements. This contributed positively to the wellbeing of people who experienced care. The provider had a robust contingency plan in place to cover staff absence.

We observed sufficient staff as per the staffing rota on shift across both units. Staff worked confidently and were able to identify different approaches and practice required to support people in communal areas, or their own rooms if they preferred. This included residents who were self-isolating. However, staff appeared pressured during mealtimes. Mealtimes observed appeared rushed and disorganised. There was the potential that individuals may not consistently receive the support required. To create a more organised and pleasant dining experience, and to ensure appropriate support is available, the service should improve the planning and coordination of mealtimes referring to best practice guidance. See requirement 2.

Staff demonstrated good knowledge of the processes and materials required to keep the home clean. Overall, they were also aware of the updated guidance. Staff were due to attend training webinars appropriate to their roles. The manager had developed a competency booklet to evaluate staff learning which they intended to implement once key supervisory staff have attended. All staff had completed e-learning training modules. Staff training was overseen by the organisation's compliance officer.

Staff felt well supported by the management team.

Requirements

1. By 2 August 2021, the provider must ensure that the cleanliness and hygiene standards throughout the home are improved and maintained. In order to do this, the provider must ensure that:

- (a) the environment is clean, hygienic and all reusable equipment used in supporting and caring for people is cleaned and sanitised after each use;
- (b) the management of PPE fully complies with current guidance; and
- (c) regular management audits of practice and environmental cleanliness and hygiene standards are completed with action plans followed through to completion.

This is to ensure that people experience a high quality environment in line 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).

It is also necessary to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

2. By 2 August 2021, the service provider must review the mealtime experience and ensure that there are sufficient levels of trained, knowledgeable and skilled staff working at any time in order to meet each resident's individualised need and to ensure their care and safety is not compromised at any time.

In order to do this the provider must:

Review and improve coordination of the mealtime experience for people. This should consider staffing arrangements to ensure sufficient observation and mealtime support for residents, taking into account people's individual needs and the layout of the dining area.

This is in order to comply with The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4 - Welfare of users and Regulation 15(a) (b) - Staffing.

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 service provider should review care plans and specific support provided to ensure people are safe with aspects relating to the pandemic. There should be reference to support if needed for hand washing, social distancing and keeping in touch/visiting.

This is to ensure care and support is consistent with 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).

This area for improvement was made on 8 December 2020.

Action taken since then

Care plans that we examined contained a good level of detailed information on how to support people through the pandemic. Visiting had resumed in line with Scottish Government guidance - "Open with Care". The service had a robust and effective system to coordinate the visiting experience.

Previous area for improvement 2

The service provider should review the number of people using communal spaces to ensure it is safe and of positive benefit. This should include a review of dining experience in the upstairs unit to ensure it is pleasant and people enjoy their meals.

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

'If I experience care and support in a group, the overall size and composition of that group is right for me.' (HSCS 1.8).

This area for improvement was made on 8 December 2020.

Action taken since then

The service had identified issues with the mealtime experience through an audit and the management team described proposed solutions including internal structural improvements within the upstairs dining area. However we observed poorly coordinated mealtimes which did not evidence a relaxed atmosphere. The lack of coordination, communication and resulting disorganised atmosphere may contribute to people's stress and distress and may result in a resident missing a meal.

This area for improvement has not been met and we have made a requirement under KQ 7.3 - Staffing. See requirement 2.

Previous area for improvement 3

The service provider should ensure medication disguised in food or fluid (covert) is named on the record and each method of disguise clear for staff to follow, with regular review to ensure this is carried out for the minimum amount of time needed.

In addition, consideration should be given to managing medication in a more person-centred way that promotes a homely setting.

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

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

This area for improvement was made on 8 December 2020.

Action taken since then

Medication records that we looked at were generally of a good standard. However, we noted that key information in some care plans, in particular in relation to covert medications had not been reviewed and updated to reflect changes in people's assessed needs. This means that people cannot be reassured that staff have up-to-date information to safely and effectively support them.

We have repeated this area for improvement. (See area for improvement 1).

Previous area for improvement 4

The service provider should ensure anticipatory care plans have been discussed and shared with the right people, including G.P's. This helps ensure people's rights and preferences are respected.

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

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

This area for improvement was made on 8 December 2020.

Action taken since then

Anticipatory care plans were in place for people. We saw evidence that families and relatives had been consulted. This means that people can be assured that their wishes were known and that staff had up to date information to support them should their health decline.

This area for improvement has been met.

Previous area for improvement 5

The service provider should ensure equipment is provided to help keep people safe. This should include bins at points where people need to dispose of dirty items. Such as communal areas and bedrooms. Nitrile gloves for personal care and in the laundry.

This is to ensure care and support is consistent with 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 8 December 2020.

Action taken since then

PPE was accessible throughout most of the building. The service had a good laundry system and the laundry was clean and well organised. We did note that PPE disposal facilities were not as readily available in the upstairs unit and not placed near the point of use.

This area for improvement has not been met and we have made a requirement in respect of this. See requirement 1.

Previous area for improvement 6

The service provider should ensure the most up to date Covid-19 and infection control guidance is available and understood by staff to a depth appropriate to their role.

In addition, staff should have the correct information and cleaning products to ensure isolation rooms and sanitary fittings can be cleaned in line with current national guidance.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This area for improvement was made on 8 July 2021.

Action taken since then

Posters promoting hand hygiene and the correct use of PPE (personal protection equipment) were displayed throughout the home. Staff we spoke with were able to speak about how to use PPE and hand hygiene. We observed that staff were generally using PPE appropriately and in line with guidance. Domestic staff demonstrated good knowledge of current guidance and we were assured that the composition of cleaning solutions complied with this.

This area for improvement has been met.

Previous area for improvement 7

The service should ensure care equipment and the environment are kept clean and well maintained to ensure safety. With particular attention to mattresses, chairs, bumper cushions and tables, including inner surface of mattress and chairs and undersides of equipment and tables, carpets, doors and walls.

This is to ensure care and support is consistent with 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 8 July 2021.

Action taken since then

Cleaning schedules and processes were in place to ensure cleanliness; however, these were not always being used effectively to ensure the care environment and equipment in use, was cleaned in-line with national guidance. Staff need to be more vigilant when completing general cleaning tasks.

Management auditing of the cleanliness of the environment needs to be improved to help reduce the risk of infection for the people who live at the home.

This area for improvement has not been met and we have made a requirement. See requirement 1.

Previous area for improvement 8

The service provider should consider how best practice guidance and training specifically around infection prevention and control and coronavirus is delivered and recorded.

This should include competency assessments and quality assurance checks to support the service manager to review and evaluate staff knowledge and understanding and how this relates to their practice.

This is to ensure care and support is consistent with 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).

This area for improvement was made on 8 December 2020.

Action taken since then

All staff had completed e-learning modules provided by the organisation. There was a new system of monitoring and recording training in place which is overseen by the organisation's compliance officer.

Staff demonstrated good knowledge of the processes and materials required to keep the home clean. Overall, they were also aware of current guidance. The manager had developed a competency booklet to evaluate staff learning which they intend to implement once key supervisory staff have attended training webinars.

This area for improvement has been met.

Previous area for improvement 9

Staff should ensure they offer choice, maintain privacy and engage with people experiencing care in a considerate, inclusive and enabling way that promotes dignity and respect for their rights as an individual.

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

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.' (HSCS 3.1); and

'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.' (HSCS 3.9).

This area for improvement was made on 18 July 2019.

Action taken since then

We observed staff supporting people with a warm and caring manner. Interactions were respectful. It was evident that staff knew people they were supporting very well, and that people living in the home knew the staff. This means that people's dignity was promoted and their rights were respected.

Based on our findings this area for improvement has been met.

Previous area for improvement 10

Opportunities for people experiencing care to be more physically active and independent in purposeful ways that may involve positive risk taking should be explored and supported to enable individuals to make use of their full potential, enabling them to grow in confidence, learn from experiences, develop new skills and abilities or maintain the ones they already possess.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6); and
'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.' (HSCS 2.24).

This area for improvement was made on 18 July 2019.

Action taken since then

We observed that people had access to a range of meaningful activities both indoors and outdoors. People were encouraged to be physically active and we saw evidence of good staff practice to support people with their physical and mental wellbeing.

Based on our findings this area for improvement has been met.

Previous area for improvement 11

The dementia strategy should be reviewed to demonstrate a more measurable, evidence based approach informed by good practice in order to provide the best possible support to residents living with dementia after diagnosis and on an ongoing basis thereafter. The strategy should aim to support each individual to achieve their potential and promote their right to personhood, full citizenship and optimum participation in daily and community life.

This is 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 area for improvement was made on 18 July 2019.

Action taken since then

We found that overall, staff had used their skills and knowledge effectively to assess residents' healthcare needs, reviewing and adapting support responsively as things changed. The service appropriately implemented a range of assessment tools.

Based on our findings this area for improvement has been met.

Previous area for improvement 12

Covert medication pathways must be reviewed regularly and kept up to date to ensure this approach remains appropriate and continues to act in the individual's best interest.

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

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

This area for improvement was made on 18 July 2019.

Action taken since then

We found that medication had been well managed overall, which reduced risks and promoted effective treatment. However, some written information within personal plans did not provide the currency of information we would expect. For example, some records relating to covert medication were out of date and some key details had not been regularly reviewed.

This area for improvement has not been met and is repeated. See area for improvement 1.

Previous area for improvement 13

Consideration should be given to managing medication in a more person-centred way that promotes a homely setting.

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

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

This area for improvement was made on 18 October 2019.

Action taken since then

During inspection, we noted that medication was being administered from a trolley in the dining area during lunch and the service should improve the medication administration practice to make it more person centred and promote privacy.

This area for improvement has not been met and has been repeated. See area for improvement 1.

Previous area for improvement 14

Mealtimes should be reviewed and monitored to ensure that people experiencing care receive the support and supervision they need and to make mealtimes a relaxing and sociable experience.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34); and

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35).

This area for improvement was made on 18 July 2019.

Action taken since then

We observed poor coordination of staff in the upstairs lounge at mealtimes. The atmosphere was disorganised. There were a significant number of residents requiring assistance with eating/drinking and their communication support needs and we were concerned that some people may not always receive the individual attention they need to assist a pleasant dining experience.

This area for improvement has not been met and we have made a requirement which relates to this under 7.3 - Staffing. See requirement 2

Previous area for improvement 15

Detailed action plans should be developed to progress areas identified as areas for improvement. These should specify the actions to be taken and state the responsible person(s) with timescales being prioritised and regularly reviewed until planned actions have been achieved.

This is to ensure 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).

This area for improvement was made on 18 October 2019.

Action taken since then

The management team had implemented a service development plan which identified areas which could be improved. Regular audits were undertaken. We saw evidence that the management team had taken actions to improve key aspects of care such as skin care and wound management and had identified areas of the environment which could be improved.

Based on our findings this area for improvement has been met.

Previous area for improvement 16

The service development plan should be reviewed to separate the prioritised areas for improvement from already established, more generic processes. It should demonstrate how the evaluation of residents experiences through regular, inclusive opportunities has shaped the development plan using the Health and Social Care Standards and the Quality Framework for Care Homes for Older People (2018) to inform self-evaluation.

This is to ensure 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).

This area for improvement was made on 18 October 2019.

Action taken since then

Please refer to previous area for improvement 15.

Previous area for improvement 17

So that people experiencing care can be assured of receiving the support and attention, they need promptly with staff having time to spend with them outwith care tasks, the management team should review workforce planning including skill mix, deployment and effective team working.

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

This area for improvement was made on 18 October 2019.

Action taken since then

Please refer to requirement 2.

Previous area for improvement 18

The service should continue to encourage and promote a culture which promotes continence, providing timely and appropriate support to go to the toilet in an environment which supports this.

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

'I can easily access a toilet from the rooms I use and can use this when I need to.' (HSCS 5.2).

This area for improvement was made on 18 October 2019.

Action taken since then

We observed overall, that staff were attentive and responsive to the care needs of residents. The service had good facilities which helped promote people's independence. Staff were respectful and discreet while assisting people who needed support with their continence needs.

Based on our findings this area for improvement has been met.

Previous area for improvement 19

Staff should explore the role of equipment, adaptations and technology in promoting independence for individual residents using a strengths-based approach. This, along with participation in the 'Care About Physical Activity' project and implementation of the Kings Fund (EHE) Environmental Assessment Tool would help to inform and support staff to embed an enabling approach that utilises the care home setting to its full potential.

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

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

'I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.' (HSCS 1.22).

This area for improvement was made on 18 October 2019.

Action taken since then

The service had participated in the CAPA program and we observed that residents were encouraged to be active. A range of meaningful activities were enjoyed by residents; indoors and in the accessible garden and upstairs balcony area. The management team had identified improvements needed, which were highlighted in the service development plan. This included refurbishment of the upstairs dining area which have been delayed due to the pandemic. Use of the King's Fund tool was evident. Residents were supported to use assistive technology such as iPads and tablets to maintain family contact during the pandemic. We were confident in the provider's commitment to continuous improvement.

Based on our findings this area for improvement has been met.

Previous area for improvement 20

Staff should develop dynamic personal plans that fully reflect people's wishes, choices and preferred routines, taking account of their past life and what is important to them. This should be managed in partnership with residents and their representatives to promote shared ownership in order to empower people to maintain their identity and exercise as much choice and control over their lives as possible.

Care plans and associated evaluations should reflect people experiencing care having a sense of worth and engagement with life, focussing on the way that planned care has achieved personal outcomes and delivered positive experiences for residents.

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 and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12); and '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 18 July 2019.

Action taken since then

Personal plans that we looked at contained a good level of detail and reflected people's wishes; however, some information was not current. We acknowledged that the service was moving to an electronic system of care planning and was also using hard copy versions. This was addressed by management at inspection. We saw evidence of consultation with families and relevant health professionals when appropriate. We saw examples of people being encouraged to talk about their life experiences during their interactions with fellow residents and staff.

Based on our findings this area for improvement has been met.

Previous area for improvement 21

Six monthly reviews should reflect people experiencing care having a sense of worth and engagement with life, focussing on the way that planned care has achieved personal outcomes and delivered positive experiences for residents. Reviews should be linked to the principles and values of the Health and Social Care Standards to make them impactful and worthwhile.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

This area for improvement was made on 18 October 2019.

Action taken since then

The service acknowledged difficulties in undertaking formal six-monthly reviews during the pandemic. However, communication and consultation with families was evident. Care plans contained information which reflected the person's wishes and needs. Relevant health professionals were consulted appropriately.

Based on our findings this area for improvement has been met.

Previous area for improvement 22

In order to support people experiencing care to maximise their potential, a strengths-based focus that fully recognises an individual's abilities should be established in conjunction with an enabling approach towards risk promotion.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6); and

'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24).

This area for improvement was made on 18 October 2019.

Action taken since then

Please refer to previous area for improvement 9.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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