Nightingale House
Care Home Service

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Type of inspection:
Unannounced

Completed on:
21 April 2022

Service provided by:
Sterling Care Homes Ltd

Service provider number:
SP2003002231

Service no:
CS2003010219

About the service

Nightingale House is a listed building with several conversions to create 41 rooms with ensuite facilities. It is in a residential area of Paisley, close to local amenities. The service provides mainly nursing care for older people with a range of needs including dementia. There were 27 people using the service at the time of our last inspection.

Residents' accommodation is arranged over two floors in two distinct units, referred to as the 'main house' and the 'annex'. Each unit has several bedrooms supplemented by lounges and dining areas on the ground floor, with additional quiet rooms and large assisted bathrooms.

Secure garden areas accessible on the lower floors have been improved with outdoor garden buildings and furniture. The extensive internal refurbishment programme is almost complete including the addition of a tearoom, a potting shed and an outdoor experience created indoors. Participation ensured residents' views influenced choices and outcomes.

The care homes core staffing continues to improve. Additional care staff have been recruited and the stable management team evidenced progress across all areas. The service continued to use regular agency staff. All staff demonstrated they knew the residents and were well integrated into the homes systems and processes.

At the time of the last inspection the service remained committed to careful planning for new admissions in conjunction with safe staffing.

About the inspection

This was an unannounced inspection which took place on 13, 19, 20, 21 April 22. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with and observed 14 people using the service and seven of their family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The provider and interim management team have demonstrated a commitment to ensure improvements identified were successfully delivered, and embedded.
- There was a commitment to recruit a permanent effective management team.
- Staff were able to support people to access safe and responsive care which has delivered better outcomes.
- The internal and external environment has seen substantial improvement and refurbishment.
- Residents have influenced positive changes with the addition of a tearoom, potting shed and an outdoor entertainment area.
- Residents, families and staff were overall positive about living, visiting and working in the service.

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?	4 – Good
How good is our leadership?	4 – Good
How good is our staff team?	4 – Good
How good is our setting?	4 – Good
How well is our care and support planned?	4 – Good

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

How well do we support people's wellbeing? 4 – Good

We made an evaluation of good for this key question, as overall important strengths, outweighed ongoing areas of improvement. The strengths had a positive impact on the care of people living in the care home.

We observed warm relationships between staff and people living in the home. People using the service told us the staff were helpful and friendly. Decisions about care and treatment were informed by care plans and a range of good practice tools, reviews, and risk assessments. This kept people safe.

We attended shift handover meetings which included accurate information about people's health and welfare. There were planned clinical review meetings with key nursing and departmental staff. Additional time had been designated for specific nurse led management processes across the service.

The health and welfare needs of people were well managed by a knowledgeable management team. The service had developed close links with external healthcare professionals, who visited regularly. Staff were quick to notice any changes in people's health and follow these up appropriately. This meant people experienced care that was right for them.

The service had completed a full evaluation of peoples care plans and reviews were up to date. Details about the levels of care delivered was recorded in daily electronic notes. Training and processes to implement electronic care planning had recently been completed.

People's medication was managed safely and effectively. There were no issues with the supply of medications. This supported good practice and health outcomes around, for example, pain management.

Wound records and body maps were available to help monitor any risks of pressure damage to people's skin. Assessment documentation, care plan alerts and daily care diaries were used to monitor tasks. This meant peoples changing skin integrity was well anticipated to help protect them from avoidable harm.

Key information about the nutritional needs of people was well communicated. Electronic food and fluid charts used to monitor daily intake were routinely completed and evaluated. The level of referrals associated with weight loss was appropriate and included regular reviews with healthcare colleagues. This helped to support the health and wellbeing of people living in the home.

Mealtimes were well managed, and staff had improved peoples dining experiences. Residents were positive about the quality of the food served and the range of menu choices. Snack stations were accessible 24 hours a day with a wide variety of choice. Staff supported people to enjoy their meals in a calm and unhurried way.

Visits were taking place following guidance with no unnecessary restrictions. People had been supported to keep in touch with their families. One person told us, 'I have never had any issues with visiting.' This meant staff were able to ensure good communication and families felt supported. We also observed an increase in the level of well-planned meaningful engagement and activity. The service was committed to reduce the risk of people feeling lonely or isolated.

People were able to use an appropriate mix of private and communal areas. We observed there were increased opportunities to be outside. This should continue to be encouraged to promote good mental health and wellbeing.

Staff followed good practice guidance to reduce the risks of spreading infection. Asymptomatic testing was in place for visitors and agency staff. This was to assist in the early detection of potential respiratory or Covid-19 symptoms.

Staff we spoke to were confident about infection, prevention, and control (IPC) practices. The service evidenced practice aligned to changing guidance in order to reduce the risk of infection transmission.

There was an adequate supply of personal protective equipment (PPE) . We observed staff using PPE appropriately. A range of signage was available to promote the donning and doffing of PPE and hand hygiene. Clinical waste bins for the safe disposal of PPE were visible throughout the service.

Laundry staff had access to an improved environment with equipment to help them follow guidance for the safe handling, transfer, and thermal disinfection of linen.

Housekeeping staff we spoke to told us about normal, enhanced, and terminal cleaning routines. This meant the standard of cleaning helped reduce the risks of transmission and spreading infection. We checked a range of equipment, staff, and resident areas and found the overall the environment was seen to be clean and free from odours.

There was evidence of improved day to day maintenance with extensive refurbishment of internal and external environments.

How good is our leadership?   4 – Good

We evaluated this key question as good. The strengths identified had delivered a positive impact on the quality of care. The management team was committed to ongoing improvement. This helped ensure improved leadership and governance of the service.

Systems were in place to monitor key aspects of service delivery, with increased clarity regarding leadership, roles, and responsibilities. Quality assurance audits and a service improvement plan were in place. The approaches taken helped evidence and demonstrated the impact of planned improvements on peoples experience of care.

Individualised care and support aimed to help people get the most out of life. Observations of staff practice were in place to assess learning and staff competence. Outcomes were discussed through team discussions, individual and group supervision and action learning was included as part of daily quality assurance walk rounds.

The service maintained important key clinical indicators to support consistency in care assessment and improve the overall risk management. This helped to support managerial and clinical overview, communication, and leadership. This meant there was an opportunity for managers to ensure consistency around key areas of care delivery.

Managers and staff were open to continued learning and demonstrated they were able to improve and sustain the quality of care . Staff were supervised by management and supported to understand the

standards expected from the care and support delivered. Oversight and audit helped managers to be proactive about quality care. This meant changes in the leadership style promoted a positive culture, proactive auditing, and self-evaluation.

The service had undertaken a recent survey to review and evaluate people's and other stakeholder's experiences. This helped to ensure people's expectations and outcomes were captured and heard.

How good is our staff team?   4 – Good

We made an evaluation of good for this key question. Important strengths outweighed ongoing areas of risk acknowledged around challenges in recruitment. These strengths had a positive impact on the care of people living in the care home.

Overall, we found the staff were positive and well supported by management. We saw the service undertook a number of daily, weekly and oversight processes across all departments. This helped to support managerial and clinical overview, communication, and leadership.

A system for staff development was in place. Team meetings, staff supervisions had been commenced. The service identified staff supervision as a key area for continuous improvement to promote good outcomes for people.

Planning, monitoring, and the delivery of training had been improved. Training compliance levels had improved across all key areas of mandatory training including, for example, induction, infection prevention and control (IPC), adult support and protection, dementia, anticipatory care, skin care, and nutrition. This helped to ensure current, temporary, and new staff were confident and competent.

The service maintained staff rotas on a forward planned basis to ensure the care home provided a safe level of support for those people experiencing care. This was important to make sure people had access to enough staff with the right knowledge and skills available to support them.

The manager used a dependency tool to determine the amount of staff needed. There was a commitment to ensure above adequate staffing levels were achieved. This helped to reduce potential risks to people's health and wellbeing. We observed that people had their needs met by the right number of staff with sufficient time to provide care and support. This was essential to reassure people and families enough staff were available for the wellbeing and safety of residents.

The approach to daily allocation meant core staff familiar with residents were working within each unit and supported by agency staff. To improve consistency the service was using regular agency staff. The approach ensured care and ancillary staff familiar with residents, were always cohorted and working within the same areas each week. This also helped to reduce the risks of contact transmission.

The service had a staffing contingency plan. National shortages meant there was a continued reliance on agency staff. The service continued to monitor the registered nursing compliment. This was to ensure it meets the needs of those people assessed as requiring nursing care in both the main house and the annex. This was essential to reassure people and families enough staff were available for the wellbeing and safety of all residents.

The recruitment of a permanent senior team including qualified nurses was acknowledged as a continued area of risk and ongoing area for improvement. See AFI 1

Areas for improvement

1. People experiencing care should have responsive support from the right number of staff with the correct skills and qualifications. The provider should:

a) maintain a staffing plan for recruitment,
b) detail how vacant posts will be covered during the recruitment phase,
c) review and analyse dependency levels, staffing levels, staff skills, and qualifications,
d) maintain records of all relevant training and competency assurances of staff,
e) evidence planned and regular staff supervision.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13); 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); 'My needs are met by the right number of people.' (HSCS 3.15).

How good is our setting?   4 – Good

We made an evaluation of good for this key question. The strengths had a positive impact on the care of people living in the care home.

The setting was an older mansion house which had been adapted for care and support along with a purpose built extension. The team had worked hard to improve the setting and it offered sufficient space and different options where people could spend time.

Internal and external areas had been improved with an intensive programme of refurbishment. People could choose to use private and communal areas and have the right to privacy when they wished. The service was encouraged to take account of good practice such as the King's Fund tool for people with dementia, and 'Building Better Care Homes' guidance.

Staff were able to identify individuals changing needs which meant people were supported to maintain their independence and get the most out of life. This included reassessing how spaces were used to help people with new experiences and interests. A range of equipment was accessible to help meet peoples changing needs and other equipment was provided as required.

People were encouraged to be actively involved in giving their views about the setting. This included how well it worked for them and what could be improved. Participation outcomes shaped the inclusion of a new tearoom, potting shed, and external useable outdoor space and outdoor cabin. This meant people, families and staff were able to influence changes and improvements.

People were clearly benefitting from a warmer, cleaner, more comfortable, and welcoming environment. As some areas of the planned work were still to be fully completed, these have included this as a continued area for improvement. See AFI 1.

Areas for improvement

1. To ensure that individuals are living in a safe and well maintained environment the service should complete the internal and external refurbishment plan. This was in place for identified areas for decoration and planned refurbishment to enhance peoples' comfort and living experience. This includes:

(a) planned carpet replacement,
(b) final stages of bedroom and communal space refurbishment,
(c) painting to, for example, internal doors, skirting and damaged paintwork,
(d) new blinds and curtains for bedrooms,
(e) relocation of an accessible bath,
(f) completion of the external garden space and outdoor cabin.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states '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).

How well is our care and support planned? | 4 – Good

Personal plans were evolving from static documents into an electronic care planning system. This new system was now routinely used to create records, and capture staff practice and approaches to care delivery. The standard of care and support planning was assessed as becoming more consistent and supported by good visible leadership.

We observed how real time information reflected the care and support experienced by people who live in the service. People and families can be included in the future with access to view and comment on their relatives' personal plans. This meant plans would be in a format which was meaningful, inclusive and more accessible.

Risk assessments and safety plans were used to enable people's actions or activities. People and families were becoming more involved in decisions about health and support needs. All care plan reviews were up to date.

Individuals care needs were supported by a range of health assessments. This meant that individuals could be assured that staff monitored their health needs. The service was signposted to a recognised assessment tool (Restore 2) to support staff to recognise and respond to deterioration in peoples' health. This should be embedded into routine practice.

Personal plans included outcomes important to people as well as people's assessed needs and tasks to be carried out in order to help people achieve them. Supporting legal documentation was in place to ensure this is being done in a way which protects and upholds people's rights.

Staff will require more time to develop and become fully competent with the system. Improving overviews was evident with, for example, incident and falls management with alerts functions to help inform outcomes and improve quality assurance and audit processes.

The new electronic care plan system has the potential to support staff with an enabling approach to better nurture people's individual personal strengths. In order to support its ongoing implementation we have included this as an ongoing area for improvement. See AFI 1

Areas for improvement

1. Care plans, daily records, assessments, and care plan audits should be regularly reviewed. The service should agree timescales for the full implementation of the new electronic care planning system. This will help to ensure:

a) care and support plans accurately reflect the assessed need of everyone experiencing care,
b) supplementary charts including, for example, food, fluid, personal care records and body maps are consistently completed and reviewed to assess effectiveness,
c) assess progress with the potential inclusion of all wound care management,
d) staff complete, implement, and regularly review risk assessments for all people experiencing care,
e) daily notes are completed by the staff delivering the care and should include what people have been doing throughout the day.
f) the service integrate outcomes and evidence of meaningful contact and engagement
(g) review the functionality and operation of the embedded MUST step 5 tool.

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

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

Requirements

Requirement 1

By 31 March 2022 the provider must establish an appropriate staffing complement. People experiencing care should have responsive care and support from a stable substantive management team, with the right number of staff, with the correct skills and qualifications.

To do this, the provider must, at a minimum:

a) progress recruitment to the substantive nurse management team with a plan and dates for recruitment for all remaining vacant posts;
b) detail how registered nurses will cover all areas of the care home in order to provide nursing care;
c) demonstrate continued assessment of people's dependency levels and arrangements for fluctuations in people's needs;
d) continue to review staffing skills, qualifications and provide records all relevant training;
e) include competency assessments for all staff, especially in areas where access to a trained nurse may be intermittent;
g) commence and record a programme of regular supervision with all staff;
h) monitor the impact and level of agency staff.

This is in order to comply with: Regulation 15(a) Staffing of The Social Care

Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My needs are met by the right number of people.' (HSCS 3.15); '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 requirement was made on 4 November 2021.

Action taken on previous requirement

We found the service maintained staff rotas on a forward planned basis to ensure the care home provided a safe level of support for those people experiencing care. The approach to daily allocation guaranteed core staff familiar with residents were working within each unit and supported by agency staff. To improve consistency the service was using regular agency staff.

The service had a staffing contingency plan and used a recruitment tracker to effectively manage vacancies. National shortages meant there was a continued reliance on agency staff. The service continued to monitor the registered nursing compliment to ensure it meets the needs of those people assessed as requiring nursing care in both the main house and the annex. This was essential to reassure people and families enough staff were available for the wellbeing and safety of residents.

The service continued to submit weekly staffing notifications to the care inspectorate. This included information around current vacancy levels. New staff had been recruited and the service continued to access regular agency staff. This was seen to be of a positive benefit to both the residents and staff.

Day to day staffing arrangements were determined by assessment. Consideration was given to the number of people being supported in their rooms, those requiring one-to-one support, or additional support to maintain good hygiene and infection control practices.

The manager evaluated staff skills and abilities and made appropriate changes to roles and responsibilities as a result. The provider had continued to roster a high level of additional hours for staff support and training.

Induction had been completed for all current and new staff. This was followed by evaluation and the completion of key staff competencies. Staff told us they felt well informed and supported. The service had also improved how it captured and recorded training with a full overview.

We saw evidence of some individual and group supervisions with a plan in place to deliver effective supervision. Staff we spoke to were clear about their roles and deployed effectively. Staff helped each other with a flexible response to ensure care and support was consistent.

The service had improved the daily clinical overview with key indicators maintained for all residents. The provider had now implemented the new electronic care planning system with initial training completed.

Staffing arrangements subject to frequent review and oversight by the manager meant these were adjusted to meet people's changing needs. Improving practice and carefully planned occupancy levels were supported with safe staff numbers.

There was supportive and visible leadership and role modelling from the manager. This enabled people to voice any concerns, share ideas and explore ways increase resilience. Professional records were up to date.

The senior staff team had stabilised to lead the service and ensure consistency in standards of assessment and care delivery. We were satisfied with the progress and concluded this requirement was met. In light of national shortages of staff, we anticipate this service will require more time to recruit a permanent senior team. To ensure progress continues to be monitored we have included this as an ongoing area for improvement. See the section 'How good is our staff team' AFI 1.

Met – outwith timescales

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

Areas for improvement

Previous area for improvement 1

The provider should ensure people's day-to-day activities are meaningful, and accessible for everyone living in the home. Activities should continue to be planned and communicated. This should involve all staff, reflect individual preferences, and include activities to maintain and enhance people's level of independence, skills, and abilities.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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).

This area for improvement was made on 2 September 2021.

Action taken since then
Areas around the home had been adapted to support safe physical distancing. People were able to use an appropriate mix of refurbished private and communal areas. We observed there were also increased opportunities to be outside to promote good mental health and wellbeing.

People had been supported to keep in touch with their families. Visits were taking place following guidance with no unnecessary restrictions. Staff were able to ensure good communication and families felt supported. A newsletter for residents and families was also being developed. In the future families may be able to access the new electronic care plans to help support and inform care.

People were encouraged to be actively involved in giving their views about the setting including how well it works for them and what could be improved. We saw evidence of this with the addition of a new tearoom and potting shed. Residents had also been involved in baking and the naming of indoor and outdoor spaces. We observed people were benefitting from a warmer , more comfortable, welcoming environment. We considered this areas of improvement to be met.

We observed an increase in the level of well-planned and communicated meaningful engagement and activity for everyone. The service was committed to reduce the risk of people feeling lonely or isolated.

We considered this area for improvement to be met.

Previous area for improvement 2

Wound care should continue to be improved to promote healing and prevent avoidable skin damage. This should include, but not limited to:

a) complete, implement and regularly review risk assessments for all people experiencing care in order to identify individual risks around skin integrity and wound care;
b) address the risks identified and ensure any required actions are communicated to, understood by, and consistently implemented by trained staff working in the service;
c) ensure staff have access to appropriate training, guidance, and support to enable them to meet people's health, safety, and care needs; and,
d) take action to help ensure people have access to equipment and receive appropriate services from external health care professionals.

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

This area for improvement was made on 2 September 2021.

Action taken since then
Wound care continued to be centrally managed to ensure consistency across all areas of the service. It was led by the qualified nursing staff with access to up-to-date clinical key performance indicators.

We saw support was available from the Care Home Liaison Nurse (CHLN) and Tissue Viability Nurse specialists as required. Information on wound and skin care was being added to a new electronic care planning system. External professionals had some reservations about using these platforms and a centralised hardcopy folder was to be maintained at present.

We examined wound care records and saw body maps were available to help monitor any risks of pressure damage to people's skin. Mattress management, assessment documentation, care plan alerts and daily care diaries were used to monitor any additional areas and actions related to wound care.

Overall peoples changing skin integrity was well anticipated to help protect them from avoidable harm. Visiting professional expressed confidence in the nursing team. We considered this area for improvement to be met.

We considered this area for improvement to be met.

Previous area for improvement 3

Practice in relation to medication management must continue to be consistent. This should include, but not limited to:

a) ensuring 'as required' protocols are evaluated for effectiveness;
b) ensuring pathways for the management of covert medication are reviewed in line with good practice;
c) reviewing the introduction of assessment tools and responses to the management of pain;
d) continuing to review and improve the management of the ordering, receipt, storage, administration, disposal of medicines, with access to homely remedies; and,
e) developing and implement medication audits informed by good practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 2 September 2021.

Action taken since then
Medication management improvement was seen to be well embedded with good control around ordering, stock levels and audits. Surplus stock was regularly returned. This helped to reduce any potential negative impact on health outcomes for people requiring support with medications.

Staff training and medication audits were maintained to help improve the overall management of medications. The installation of air conditioning to control the temperature where medications was stored was effective. External support was available from HSCP Pharmacist and Lloyds Chemist.

Improvements around, as required medications, pain assessment, oral supplements, and homely remedy protocols were in place.

We were satisfied this area of improvement had been met.

Previous area for improvement 4

In order that people's nutritional needs are met, the provider should continue to ensure:

a) all residents who had lost weight and have a plan to support their nutritional needs;
b) residents have regular weights recorded as per their care plans;
c) MUST scores are calculated and consistently recorded accurately;
d) monthly nutritional evaluations are reviewed to ensure agreed care plans are effective;
e) staff have access to appropriate training, guidance, and support to enable them to meet people's nutritional needs; and,
f) people experiencing care can choose from a variety of healthy meals and snacks and are supported to eat in a calm and homely environment.

This is to comply with: Health and Social Care Standards (HSCS): '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 2 September 2021.

Action taken since then
The service has implemented an electronic care planning system. Managers are monitoring and reviewing the accuracy of information recorded in peoples electronic nutritional care plans. During implementation and training phases the service are maintaining a central hardcopy system to provide an accurate overview of weekly and monthly weights.

The MUST Step 5 tool was used appropriately to provide clarity around those residents identified at risk, and who required, for example, additional support at mealtimes. Food and fluid charts were well maintained and included a target and total.

Dietary information was shared with kitchen staff, who ensured individual dietary needs were catered for. A

consultant chef continued to work three days per week with the service and staff to embed good practice, menus, snacks, and the dining experience. A cyclical menu continued to be refined. We saw staff routinely offered visual and verbal choices. The snack stations introduced were fully operational and well stocked 24 hours per day.

People's nutrition and hydration was well supported and promoted by the staff. who were familiar to them.

Training was available to support the use and application of nutritional tools. We considered this area for improvement to be met and any technical issues with the new electronic care planning system will be followed up. See the section 'How well is our care planned' AFI 1.

Previous area for improvement 5

The provider should ensure care plans, good practice tools, charts daily records, and quality assurance audits are consistently completed, updated and reviewed. This should include, but not limited to:

a) care and support plans up to date and regularly reviewed to accurately reflect the assessed need of everyone experiencing care;
b) supplementary tools and charts including, for example, personal care, wellbeing checks, food and fluid and nutrition, risk management and mobility tools consistently completed, updated and reviewed;
c) the review of actions and responses to changes and/or improvements recorded, communicated and escalated where appropriate; and,
d) maintaining accurate records of a range of key clinical indicators to manage risk, dependency and inform care decisions.

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

This area for improvement was made on 2 September 2021.

Action taken since then
We observed stability in the management and leadership. Positive oversight had influenced positive changes to the day-to-day practice.

Shift handovers, staff allocation and daily resident communication sheets provided opportunities for staff and management to monitor progress and respond to peoples assessed and changing needs. The process and the quality of the information was consistent and continued to improve and evolve.

Care planning had been transferred to a new electronic live real time system. Care plans were being completed to ensure all sections were completed, up to date and evaluated.

Overall care plans evidence a consistent approach to support people's current and changing health needs. Plans, diaries, handover, allocation, and resident communication sheets were still key and supported staff to capture key and completed actions. The service has completed a full initial review of all care plans with additional resources identified to help refine and embed this new resource. .

Decisions about care and treatment were more informed by the range of good practice tools, review, and risk assessments within the electronic resource. Staff required further training and support to ensure the

accuracy of the information and its evaluation. We discussed the benefit of RESTORE 2 to help manage sudden changes in individuals' health and welfare.

As part of the phased implementation some e supplement supplementary records are also being maintained. The level of recording in in the new system will require further time to ensure charts, daily care notes captured people's needs, and their experience of the care. This was necessary to maintain improving consistency and accountability.

Care delivery was becoming more person centred as staff were more confident and able to provide assurances around general standards of care and support. Staff continued to take account of people's known wishes and preferences.

Whilst we saw improvements, the service required more time to embed, test and refine the new electronic care planning system. In order to support this we agreed to include this as an ongoing area for improvement in the section 'How well is our care planned' AFI 1.

Previous area for improvement 6

The care home should maintain a consistently high standard of cleanliness protecting the welfare and safety needs of people using the service. The service should ensure:

a) staff are competent and maintain a high standard of cleanliness in all areas of the care home to support good infection control practice;
b) sufficient housekeeping staff are recruited and suitability trained;
c) checklists developed are completed and undertake regular audits;
d) continue to prioritise actions for the active refurbishment with timescales; and,
e) continue to update progress through the improvement plan.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 2 September 2021.

Action taken since then
The service was visibly clean with no mal odours. we observed staff undertaking daily enhanced and terminal deep cleans across all areas of the care home. A permanent staffing resource was identified to lead the overall management of the care homes housekeeping services. Sufficient housekeeping staff were available daily.

Housekeeping staff were observed to be clear about which cleaning products were to be used, when and where. This was important to reduce any risks of contact transmission.

Daily cleaning records had been implemented for all areas with the level of recording reported as extensive and time consuming. The service was considering it approach to cleaning records pertaining to shared equipment. There may be an option to include cleaning records in the new electronic care planning application.

The management of mattresses, mattress cleaning and mattress audits was well managed and benefitted from recent nurse management overview. Housekeeping and care staff are to agree who will be responsible for this area in longer term.

There was an adequate supply of alcohol-based hand rub (ABHR), personal protective equipment (PPE) was supplied. We observed staff using PPE appropriately. There was appropriate placement of foot operated and open bins in residents' bedrooms and bathrooms.

The service had almost completed planned environmental improvements plan in all areas. Bedrooms on the ground floors had been completed to support those people identified as high risk.

As some areas of the environmental plan were still to be completed. We have set an ongoing area for improvement to monitor continued progress. See the section 'How good is our setting' AFI 1.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's heath and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	4 – Good
2.2 Quality assurance and improvement is led well	4 – Good

How good is our staff team?	4 – Good
3.3 Staffing arrangements are right and staff work well together	4 – Good

How good is our setting?	4 – Good
4.1 People experience high quality facilities	4 – Good

How well is our care and support planned?	4 – Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 – Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

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