

Budhmer House (Care Home) Care Home Service

Budhmer House
Portree
IV51 9DJ

Telephone: 01478 612 012

Type of inspection:
Unannounced

Completed on:
27 May 2022

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003008462

About the service

Budhmer House Care Home is a purpose built home situated in a quiet residential area of Portree on the Isle of Skye. The home was registered to provide a service to 29 older people. The provider is Crossreach which is part of the Church of Scotland. At the time of the inspection there were 14 people using the service

The home is spread over two storeys with resident accommodation located entirely on the ground floor. Bedrooms were for single occupancy. A few of the bedrooms had en-suite facilities but most people used the bathrooms or shower rooms located on the ground floor.

Shared spaces included, a spacious lounge and a separate dining room. There was a cafe bar which could be used to receive visitors or for activities. Outdoor space comprised two enclosed courtyard garden areas and a separate enclosed garden area to the back of the premises.

Budhmer House's aims include:

- to provide a relaxed, safe environment
- to assist residents to retain as much independence and skills as possible
- to provide a varied program of activities and events to meet the a range of needs, choices and skills.

These aims can be summarised by Crossreach's mission statement:

'In Christ's name we seek to retain and regain the highest quality of life that each individual is capable of experiencing at any given time'.

About the inspection

This was an unannounced inspection which took place between 16 and 20 May 2022. The inspection was carried out by three inspectors 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:

- chatted generally with people using the service and two of their family members.
- spoke with five staff members and the registered manager.
- observed practice and daily life.
- reviewed documents.
- spoke with visiting professionals.

Key messages

- Staff provided kind and respectful care.
- Staff were good at developing meaningful relationships with people.
- People were re-connecting with family and friends and there were plans to re-connect with the local community.
- Relatives were strongly supportive of the care home and the care and support provided by staff
- There was a lack of leadership capacity to ensure quality assurance systems were in place.
- The manager should have clear systems for regularly monitoring standards of all aspects of staff practice and care planning.
- The home was in a poor state of repair internally and externally
- People's health and wellbeing was compromised by a lack of cleanliness because key staffing levels were not right.
- Aspects of essential staff training needed updating.

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?	3 - Adequate
How good is our setting?	1 - Unsatisfactory
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question. This applies when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. Without action it is likely that people's welfare or safety will be compromised by risks which cannot be tolerated.

At this inspection we looked at three quality indicators under this key question.

1.3 - People's health benefits from their care and support.

There were some strengths in this area of performance, but these were compromised by significant weaknesses, which taken together substantially affect people's outcomes.

There were regular and supportive links with local health services including community nursing and GP practices and the system for administering and recording medication was robust. However, there were significant gaps in healthcare information for people. For example, we did not see competent assessments for continence, food, fluid and nutrition or stress and distressed behaviours. One support plan we sampled showed the person required assistance to eat and their food pureed but we did not see a Speech and Language Therapy (SALT) assessment which would support this or detail about the consistency required to enable this person to eat safely.

Most people experienced mobility issues. Multifactorial risk assessments had been completed with areas of risk indicated. However, there were insufficient details about the risks and no information about mitigating factors or records of the control measures in place to manage these effectively. **(See Requirement 1).**

We were aware that staff know the residents and their needs very well but the gaps in the written information and a lack of robust risk assessments leaves people exposed to potentially poor outcomes and their health needs unrecognised and unmet.

1.4 - People experience meaningful contact that meets their outcomes, needs and wishes.

There were some major strengths in supporting positive outcomes for people in this area of performance.

Visiting was fully open and followed government guidance in the 'Open with Care' document. Relatives came into the home to visit with their loved ones freely without the need to make appointments. This means that people's emotional and physical wellbeing is supported, and their rights protected in the service's approach to visiting.

Relatives told us about the support in place for them to keep in touch with their loved ones during lockdowns and the efforts of staff to keep them informed about what was happening in the home and with their relative. They told us that their loved one was treated kindly and with respect. They said that people living in the care home could choose how they spent their time and they were offered activities they were known to enjoy.

Staff supported people to remember and celebrate important occasions and life events of those important to them.

During our visit we saw a member of staff visiting the home with her new baby. The residents were very engaged and seemed to enjoy this visit enormously. This helps to support a homely environment and promote positive mental health for people.

1.5- People's health and wellbeing benefits from safe infection prevention and control practices and procedures

There were major weaknesses in critical aspects of performance which require immediate action by the service to improve experiences and outcomes for people and ensure that people's safety is not compromised.

We visited the home on 16 May and found the environment to be cluttered and dirty, presenting a significant risk to people living and working in the care home. Following this visit we issued a letter of serious concern detailing the actions the provider was required to take immediately to ensure the home was clean and safe.

We visited the home again on 19 May. At the second visit we found that some decluttering had taken place, but little more progress had been made to address the concerns raised.

The current state of the floorings, wall coverings, and cupboards means that it would be very difficult to maintain a clean and safe environment. Floor coverings were old worn and cracked which means that dirt, and bacteria could be harboured there. Paint and wallpaper was peeling off the walls in places. Dust and cobwebs were evident in several rooms and public spaces. Some of the furniture had dirty, grease marks on it which were pointed out to management on the first day of our visit and hadn't been cleaned off by the last day of our visit. Some of the rooms, cupboards and offices were cluttered which makes them difficult to clean and to keep clean.

The kitchen, including fridges, freezers and pantries were not clean. Kitchen cupboards were dirty and storage of baking tins and kitchen equipment were stored on the floor close to several dirty floor brushes and dustpans and a rodent trap; food storage boxes were also stored on the cupboard floor. This gave rise to significant and serious concerns about the service's performance in relation to infection prevention and control. This area of practice is now included in an improvement notice that has been issued to the service.

The laundry was cluttered and in need of a deep clean and there was not a clear system for clean and dirty laundry to be kept separate. This means that there was a risk of cross contamination. **(See Requirement 1).**

A cleaning schedule was in place, however, recording was inconsistent and did not reflect areas we saw in the home to be dirty. For example, according to the schedule, all of the bathrooms were cleaned on Friday 13th May but we saw dust, cobwebs, and built up dirt on the sink which looked like more than two days build up. Kitchen, dining room, food storage and staff area cleaning schedules were rarely completed and none were available since March this year. There was no record of empty bedrooms being cleaned. This area of practice is now included in an improvement notice that has been issued to the service.

There did not appear to be any housekeeping staff on duty at weekends. Sometimes care staff were able to come in at weekends and undertake cleaning tasks. However, the lack of consistent housekeeping staff means that people were not always protected from the spread of infection.

There were adequate sanitisers throughout the building and PPE stations, however, these were not all as clean as they could be, including the insides of drawers. Some of the PPE stations were untidy with gloves

and masks spilled out of their boxes. We saw some continence products inappropriately stored in one of the PPE stations and PPE equipment was not always disposed of in clinical waste.

From the training records we were able to sample, most staff had completed training on infection prevention and control last year. However, practice audits had not been completed. This means that the provider could not be assured that the training had been effective or staff practice reflected the training received.

Requirements

1. By 30 June; you must ensure that the environment supports the safe management of linens. In particular you must but this is not limited to:
 - a. Ensure that the laundry is set out so there is a clear demarcation and flow through for dirty and clean items to minimise risk of cross contamination.
 - b. Ensure there is a copy of the National Infection Control and Prevention Manual available in the home
 - c. Ensure that staff follow the safe procedures for the management of linen outlined in Chapter 7 of the National Infection Control and Prevention Manual.

This is to comply with Regulation 4(1)(a) and (d) – (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

I experience high quality care and support because people have the necessary information and resources.’ (HSCS 4.27)

How good is our leadership?

1 - Unsatisfactory

There were major weaknesses in critical aspects of performance which require immediate action by the service to improve experiences and outcomes for people and ensure that people's safety is not compromised. Therefore we evaluated the service's performances under this key question as unsatisfactory.

Quality assurance processes appear to be ineffective. While we saw some quality audits that were completed, other audit findings were not consistent with our findings. For example: an infection prevention and control audit had been completed in January 2022, but did not pick up any of the concerns that we saw during our visit. The environmental audits completed, again did not identify obvious issues with regards the environment in relation to damp, poor state of repair, flooring, clutter, lighting and did not take into account dementia friendly guidelines such as the Kings Fund Tool. The Kings Fund Tool is used to assess how well the needs of people living with dementia is promoted, this had been completed, however, this was to a poor standard and needed to be redone. **(See Area for Improvement 1).**

Mattress audits were up to date, however, wheelchair or booster cushions were not included. We checked one mattress and one booster cushion and on inspection we advised that the cushion required to be replaced immediately.

Running water and Legionella records were not consistently recorded, so we have no assurance that these had been done and that water was safe.

There was no evidence of regular practice audits, staff support and supervision meetings or staff meetings. These form part of the suite of quality assurance systems that provide assurance that staff were being supported to deliver safe care. **(See Requirement 1).**

We saw evidence of inaction in relation to recommendations made by external agencies. For example, a food safety audit completed in September 2019 made recommendations for improvement and a Food Hygiene inspection in March 2020 issued a certificate which stated 'Improvement Needed', but there did not appear to be an action plan to address these. Following our inspection visit, an environmental health officer visited the home. They concluded that the level of cleanliness in the kitchen and associated storage areas were satisfactory. In relation to food, the issues found were not of a serious enough nature to require immediate action. However, in terms of the Food Hygiene Information System, as there were outstanding contraventions from the previous inspection, the home has retained the **"Improvement Required"** status.

There was poor provider oversight of quality systems. Internal auditing had been infrequent and where audits had taken place, these had not identified areas where things were required to improve. There was little evidence to support that any actions had been taken to address improvements identified through external audits. Additionally we were concerned at the slow response to the letter of serious concern we issued on 16 May 2022. The provider should ensure that adequate resources are made available to the service in terms of staffing (including management), quality assurance and training. **(See Requirement 1 and 2).**

Requirements

1. By 30 June, you must ensure that staff have the right support and skills to deliver safe care. In order to achieve this, you must:

- a. ensure staff have access to protected time on a 1:1 basis for support and supervision at planned, regular intervals.
- b. supervision meetings should be recorded and include a summary of decisions and agreed actions to be taken by each person and a timeframe when it should be completed.
- c. discussions should always include training and development needs and gaps in people's knowledge.
- d. Regular supervision should provide an overview of staff performance which provides the basis of annual staff appraisals
- e. Conduct and record regular audits of staff practice in all aspects of their work including infection prevention and control. Information from practice audits should be used to inform agendas for staff support and supervision, staff meetings and annual appraisal.

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

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

2.

By 30 June 2022, you must ensure that there is an effective quality assurance system in place to demonstrate a culture of continuous improvement within the care service. In particular you must ensure that:

- a. An audit of the current performance of the care home across all areas of the service is undertaken.
- b. Develop robust and regular auditing systems to check actual performance so that gaps can be identified and action taken to resolve these.
- c. Develop and share action plans from the audits with key stakeholders including timeframes when improvements will be made and advise them when progress would again be reviewed.
- d. Ensure that the findings from quality assurance processes inform the improvement/development plan for the service.
- e. Ensure regular oversight and support to the service and local management team, to develop the range of quality assurance processes required to promote service improvement.

This is to comply with Regulation 3 (Principles) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210); and Regulation 4(1) (a) and (d) Welfare of Service Users Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

Areas for improvement

1. The service should undertake a new Kings Fund Tool assessment, ensuring that the guidance is followed, includes relevant people and reflects the reality of the home environment. This should lead to a development plan that identifies changes that can improve the living environment for people living with dementia.

This is in order to comply with the Health and Social Care Standards (HSCS) which state that:

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)

How good is our staff team?

3 - Adequate

We found there were some strengths which just outweighed weaknesses. These had a positive impact but key areas of performance needed to improve. Therefore we evaluated the service's performances under this key question as adequate.

Staff demonstrated kindness, caring and showed genuine warmth towards people they were supporting. It was very clear that staff knew the residents' needs very well and worked with them in sensitive and supportive ways, promoting independence, acknowledging their concerns and sharing laughter. This means that there were positive and trusting relationships between staff and residents.

Staffing in the service was difficult. Numbers of permanent care staff were low and recruitment in this area had significant challenges. This means that the service was reliant on agency staff to cover gaps. However, they had secured some agency staff who had worked regularly in the service for more than three years and this provided consistency to the residents and the staff team.

Domiciliary staff in particular was short. When there were shortages on kitchen and housekeeping staff, these roles were covered by care staff. However, the manager confirmed that they did not always have the required qualifications to work as a cook and may not have the necessary knowledge to ensure cleaning is carried out to safe standards. Certainly cleaning schedules and cleaning records were poor and inconsistently completed. Housekeeping staff worked Monday to Friday, this meant that there was no domiciliary services at weekends which had a negative impact on the general cleaning of the home.

We saw some evidence of training taking place, but records were not up to date. We could see that Infection Prevention and Control (IPC) training took place last year and Personal Protection Equipment (PPE) training earlier this year. Medication refresher training for seniors had taken place.

The service did not have a training needs analysis or a training plan which would help identify staff skills and gaps in their knowledge and practice. This information is required to ensure people who use the service are supported by knowledgeable and skilled staff.

(See Requirement 1).

Supervision records were not available for us to view. The manager acknowledged that individual staff support and supervision meetings had not taken place for some time. Some group supervision had happened, but these were not documented so we were not able to assess the quality, frequency or efficacy of support to staff. We have made a requirement in relation to staff support and supervision under Key question 2.

Requirements

1. By 30 June 2022, you must ensure that staff are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational goals. In particular you must but is not limited to:

- a. ensure that training records are accurate and up to date.
- b. take action to ensure that a training needs analysis is completed to include housekeeping staff or those undertaking housekeeping tasks.
- c. ensure that essential core training has been completed by all staff
- d. develop a training plan for the service detailing the training to be provided, the dates on which training will be delivered and the names and roles of staff who will attend the training.

This is to comply with Regulation 15 - (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210); and Regulation 4(1) (a) - (Welfare of Service Users) Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to comply with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

How good is our setting?

1 - Unsatisfactory

There were major weaknesses in critical aspects of performance which require immediate action by the service to improve experiences and outcomes for people and ensure that people's safety is not compromised. Therefore we evaluated this key question as unsatisfactory.

The home externally and internally was tired and in need of an upgrade. It was very cluttered in places, was dusty and in need of a deep clean. There were cobwebs, dead spiders and flies in a number of the rooms. Peeling wallpaper and paint was seen in several areas. Furniture and surfaces were dirty and stained. Of serious concern was:

- The state of the roof which had previously been repaired and looked to be unstable.
- Signs of damp evident throughout the home in different areas and on both floors. There was evidence of water coming into the building in multiple areas and mould and damp staining on walls, ceiling and windows.
- A storage room where hoists were charging had evidence of water coming in around the electrical plug sockets.
- Doors and windows need replaced. Some of the double glazed window units were blown so the glass was opaque.
- Woodwork and plasterwork were in a very poor state of repair; woodwork was mouldy, chipped and missing in some places.
- Plaster walls were soft in some places.
- The wiring and electrics - plugs and sockets look outdated and were insufficient in number.
- Lighting levels in many areas of the home were low and it was difficult to see clearly in some places.

These issues gave rise to significant safety concerns with regards to the fabric of the building and the care and maintenance of the home. The provider was undertaking structural surveys to ensure that the building was safe for use and to identify any ongoing risks.

(See Requirement 1).

One of the fire doors was locked with a keypad and Yale lock and the electrical cupboards were very dusty and appeared to be used as storage for boxes. This in our view constituted an increased fire risk. The manager was advised to remove the locks from the fire door and the boxes from the electrical cupboards during the inspection.

The kitchen was in a poor state of repair, we saw broken cupboard doors and drawer fronts, and the cooker switches were missing or broken.

Floor coverings were damaged and in need of replacing in many areas. Carpets were frayed, split and wrinkled which presented an increased risk of tripping. Hard flooring was cracked, split and missing in places. The flooring was springy in places and appeared damaged.

Some of the toilets and bathrooms were stained and equipment such as shower chairs and assisted baths required to be repaired or replaced. There were a number of broken bins in toilets and bathrooms and some were not pedal operated, this increases the risk of spread of infection.

The garden was in a poor state of repair and the slope of the ramps leading from the home into the garden were unsafe. This means that people living in the care home could not safely access the garden areas independently.

Most maintenance checks were not up to date. Visual checks of ceilings and roofs did not identify damage to the plasterwork and staining seen at our inspection visit.

(See Requirement 2).

Requirements

1. By 30 June you must ensure that the care home is maintained to safe and acceptable state of repair. In particular you must but is not limited to:
 - a. Develop a repair and maintenance schedule for internal repairs and replacement of fixtures and fittings including soft furnishings, floorings and equipment, including a timeframe for when each will be completed.
 - b. Prioritise repairs and replacement of equipment according to level of risk to people.
 - c. Ensure the garden areas are brought into a useable space for people and access to the gardens are made safe.
 - d. Share the schedule with relatives and other key stakeholders.
 - e. Ensure that regular maintenance checks take place and the findings are recorded to include the details of any issues found, action taken to redress issues and the date on which these issues were resolved.

This is to comply with Regulation 10(2)(d) – (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'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?

2 - Weak

We found there were some strengths but these were compromised by significant weaknesses. The weaknesses, when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Therefore we have evaluated the service's performance under this key question as weak.

Personal or care plans gave a nice overview of the support people needed and were written in a person

centred way. However, they lacked the detail required to direct staff on how to support people in line with their needs and wishes and the level of risk they were exposed to and did not accurately reflect the care and support experienced by people. For example, we observed staff supporting people with great sensitivity to eat independently as far as they were able. The care plans had minimal information in relation to eating and drinking and how people's meals were presented to enable them to enjoy good nutrition in a safe and acceptable way. Where people required adapted diets these did not link to a professional assessment such as from a speech and language therapist. This area of practice is now included in an improvement notice that has been issued to the service.

Care plans, health and risk assessments did not link very well and needed to have greater detail about what support people need and why. For example, one care plan mentioned that the person 'sometimes gets distressed', but there was no reference to a stress and distress plan for them so new staff would not know how to offer comfort or what was needed to manage their stress reactions and keep them safe. When people show stressed and/or distress, these should be recorded and analysed so any themes or triggers can be identified and people can be supported effectively. Communication plans were better informed but again did not link to stress and distress plans for those that needed this. **(See Area for Improvement 1).**

Continence assessments were in place, but again care plans lacked the detail to enable appropriate care. For example, they did not record how continence was to be managed or if any continence products were used. Details such as size and /or if different products were needed for night time use were missing. There was no indication if the local continence advisor was involved and they made no reference to tissue viability.

The activities folder was not available for us to view, but we were aware that activities had been necessarily reduced due to Covid-19 and we were told that activities and links to the local community were being reintroduced. Activities records for previous years were well completed, varied and evidenced individual and group activities. However, these had not translated into individual activity plans for people.

Anticipatory care plans were in place but was at a basic level. Information was minimal and needed to be further developed. **(See Area for Improvement 2).**

Reviews were not consistently held every six months as required and review records we sampled were not reflective of the level of support required by people.

Areas for improvement

1. The service should ensure that people who communicate stress and distressed have an up to date assessment and support plan in place to reduce distressed reactions.

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

'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.' (HSCS 2.8)

'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)

2. The service should ensure that anticipatory care plans are further developed to include details of people's preferences in all areas of their care and support if they become seriously ill or develop life limiting

conditions. This will enable people to consider and communicate their wishes for their future care if their needs become more complex.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18)

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 was to review the overall dining experience. This was so that people's wishes, choices and preferences were sought and taken into account, thereby, promoting positive outcomes.

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

This area for improvement was made on 4 October 2019.

Action taken since then

There was limited evidence that the dining experience had been reviewed. Tables settings were basic and could have been made more homely and attractive with the inclusion of table mats condiments and flowers. The action plan provided by the service stated that the following actions would be taken:

- To promote independence at mealtimes and encourage individuals who are able to participate in self-serving by providing individuals with tea/coffee pots and jugs of juice at mealtimes.
- To improve dignity during meal times by providing alternative ways to protect clothing.
- Carry out surveys to establish meal time experience and choices available.

We were told that residents had been involved in recent menu planning and deciding whether lunch or dinner would be the main meal of the day. We did not, however, see evidence that the first two actions had been carried out or that the dining experiences for people had improved significantly. This area for improvement is Not Met.

Previous area for improvement 2

The service was to further develop the way that they reviewed the management of falls in order to protect the safety of people who were at risk. They were to ensure that aspects of the environment, staffing and any spike in falls was taken into account to evidence as to how they were looking at reducing possible risks.

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

This area for improvement was made on 4 October 2019.

Action taken since then

See main body of the report under Key Question 1 for further information. We have made a requirement in relation to risk assessments including for falls. This area for improvement is Not Met .

Previous area for improvement 3

People, their relatives and staff should all be encouraged to contribute to the way the service was led and managed in a way which suits them. They were to evidence how they were improving outcomes on their behalf. The service was to also self-evaluate the quality of the service against the Health and Social Care Standards in order to develop and implement a plan that improves outcomes and experiences for people.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that, '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 4 October 2019.

Action taken since then

Relatives advised us that the communication with the management was good and they were kept informed about their relatives. However, we did not see evidence of feedback surveys having been completed and we did not see an improvement plan for the service. This area for improvement is Not Met.

Previous area for improvement 4

It is important that people should experience care in a planned and agreed way that meets their needs, wishes and preferences. The service was to ensure that the information in care plans was person centred, with outcomes that were clear to the person and the staff. In addition, evaluations of the care plans were to detail how staff were meeting these outcomes. Overall, this would then assist with formal reviews that concentrated on assessing people's views and experiences in order to improve outcomes.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that, 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

This area for improvement was made on 4 October 2019.

Action taken since then

See main body of the report under Key Question 5 for further information. We have made a requirement in relation to care planning and reviews. This area for improvement is Not Met.

Previous area for improvement 5

It is important that people and their relatives/representatives are able to take part in regular formal reviews so that they could take part in decision making and therefore influence their day to day lives.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that, 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

This area for improvement was made on 4 October 2019.

Action taken since then

See main body of the report under Key Question 5 for further information. We have made a requirement in relation to care planning and reviews. This area for improvement is Not Met.

Previous area for improvement 6

The service was to review how they managed and supported people with risk taking. These were to be person centred and clearly identify the risk and control methods that were to be used to protect people's safety.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that; 'I am empowered and enabled to be as independent and as in control of my life as I want to be' (HSCS 2.2) 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 4 October 2019.

Action taken since then

See main body of the report under Key Question 1 for further information. We have made a requirement in relation to risk assessments. 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.

Detailed evaluations

How well do we support people's wellbeing?	1 - Unsatisfactory
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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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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