

Abbey Lodge Care Home Care Home Service

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East Kilbride
Glasgow
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Telephone: 01355 266 622

Type of inspection:
Unannounced

Completed on:
21 June 2022

Service provided by:
Abbey Healthcare Homes (East
Kilbride) Limited

Service provider number:
SP2004004066

Service no:
CS2003041409

About the service

Abbey Lodge Care Home is a purpose-built nursing home situated in a residential area of East Kilbride. It has easy access to local amenities. The provider is Abbey Healthcare Homes (East Kilbride) Ltd, and the service is registered to provide support and care to a maximum of 80 older people.

The home is on three levels, two of which are for use by residents. Each floor has single occupancy bedrooms with en-suite shower facilities. The entrance is situated on the ground floor which also has communal lounges, dining areas and a conservatory for people experiencing care and their visitors to use. There is a large garden area to the rear of the home offering pleasant places to sit. There are good car parking facilities at the front of the premises. At the time of the inspection there were 63 people living at the home.

About the inspection

This was an unannounced inspection which took place from 15 to 20 June 2022 between 09:30 and 17:00. 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:

- spoke with people who live at Abbey Lodge Care Home
- spoke with relatives of people using the service
- spoke to staff and management
- observed practice and daily life
- reviewed documentation

Key messages

- People were treated with kindness and compassion.
- The provider had updated the décor and refurbished communal and private areas of the home.
- People experience meaningful contact with their family and friends.
- Improvements are required to ensure that medication processes are safe.
- Improved quality assurance and oversight processes are required in order to support continuous improvement.
- The provider needs to complete its implementation of a new care planning system.

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?	2 - Weak
How good is our leadership?	2 - Weak
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?

2 - Weak

We found the performance of the service in relation to this key question was weak overall. Whilst we identified some strengths these were compromised by significant weaknesses relating to how people's health and wellbeing needs are met. The overall evaluation for this key question reflects the grade applied to the poorest performing quality indicator.

People's health and wellbeing benefits from their care and support

We gave an evaluation of weak in relation to this quality indicator. Whilst we identified some strengths these were compromised by significant weaknesses.

The service should make significant improvements to ensure that medication is managed safely and effectively. We found errors in the way that time sensitive medication was being administered. We had concerns about management oversight of the processes in place. We spoke to the manager who took immediate action to investigate our concerns and implement improvements. We have repeated a previous requirement to ensure that this is addressed.

The service was in the process of implementing a new electronic care planning system. We found that there were inconsistencies in the current care planning system, which placed people at potential risk of harm. Information was recorded on more than one system, meaning that staff could not be clear about people's care needs. This could impact on people receiving the intervention and care they required in a timely manner, putting their health at risk. See requirement 1.

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

We evaluated the performance of the service as good in relation to this quality indicator as there were important strengths which, taken together, outweigh areas for improvement.

We observed a good level of engagement between staff and people experiencing care. Staff morale was good and staff were attentive, treating people with kindness and compassion. We saw that staff and management spoke to people in a respectful manner and provided them with access to food and drinks whenever required.

People experiencing care benefited from meaningful contact and time with their families and friends. Visiting arrangements were more natural, meaning that people did not have to book ahead to spend time with their loved ones. Family members told us that they were happy with communication from the service about changes to visiting during the pandemic. Technology was used to help people stay connected with others, which enhanced their wellbeing.

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

We evaluated the performance of the service as good in relation to this quality indicator as there were important strengths which, taken together, outweigh areas for improvement.

The service had a robust cleaning regime in place to keep the home clean and minimise the risk of infection. The provider had consulted with local Infection Prevention and Control (IPC) colleagues and had made improvements to their cleaning schedules. The majority of staff were trained in IPC and the use of Personal Protective Equipment (PPE). We were assured that the service could demonstrate good knowledge of IPC practices and were therefore keeping people safe.

We have reported further findings under the following sections:

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

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

Requirements

1. By 31 July 2022, you, the provider, must put in place personal plans to set out people's wishes, preferences and how their care needs will be met. To do this, the provider must, at a minimum:

- a) Carry out comprehensive assessments of people's care needs including areas of risk and guidance on how to keep people safe.
- b) Ensure all identified support is included in each personal plan.
- c) Develop practical strategies and guidance in consultation with all relevant parties including family members (if appropriate) and external professionals.
- d) Ensure that accurate and contemporaneous monitoring records are kept for all documents that support and inform the care plans.

This is in order to comply with Regulation 5(1) and 5(2)(a-d) 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 (HSCS) which state that: 'My personal 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)

How good is our leadership?

2 - Weak

We found the performance of the service in relation to this key question was weak. Whilst we identified some strengths these were compromised by significant weaknesses.

People experiencing care should be confident that leaders have a good understanding of what is working well and what improvements are needed. We found a lack of management oversight of several aspects of care and support. For example, the service did not have strategies in place to address concerns around the management of medication.

There were significant events which had not been communicated to the manager, putting people at potential risk of harm. The provider needs to establish robust processes to monitor standards of care and implement clear plans to support continuous improvement. This would ensure that people experiencing care benefit from a well-informed staff team with good knowledge of their changing needs.

We saw that 6-monthly reviews of people's care had taken place, however we did not see evidence that agreed actions were taken forward. Improvements should be made to ensure that people's needs, outcomes, and wishes are primary drivers for change.

People should benefit from a culture of continuous improvement with robust processes in place to ensure good outcomes for people. Whilst we saw that the service had an improvement plan in place, it was missing key areas which would support improvement and benefit people experiencing care. Various audit and checks were taking place, however there was no clear plan in place to address any issues arising. The provider should develop its quality assurance processes to drive improvement and ensure best outcomes for people experiencing care. See requirement 1.

Requirements

1. By 31 July you, the provider, should develop a robust and sustainable quality assurance process in order to ensure good outcomes for people and to promote a culture of continuous improvement. To achieve, this you must:

- a) attain clear management oversight of all aspects of care and support.
- b) Include all identified issues identified from audits in the service's improvement plan.
- c) establish clear communication between staff at all levels to ensure essential information is documented and shared.

This is to comply with Regulations 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 Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our setting?

4 - Good

We evaluated this key question as adequate, where strengths only just outweigh weaknesses.

People benefitted from a bright, clutter free and clean environment, some of which had been recently refurbished. People had privacy when they wanted and were supported to use the communal areas if they wished to do so. People had access to the rear garden which was safe and inviting with various seating areas.

The provider had begun a major programme of refurbishment. It was positive to see that a number of communal areas, private bedrooms and en-suites had been redecorated to a good standard. People experiencing care clearly benefitted from the improvements to their living environment.

People experiencing care should be confident that their health and safety is effectively managed. Arrangements for the ongoing maintenance of the environment and equipment were not always clearly evidenced. For example, there were no maintenance records to indicate the safety of portable electrical appliances.

The manager informed us of plans in place to address this and confirmed that all appliances were examined for safety before use. The provider should ensure that they have clear oversight of the maintenance of the environment and equipment. See area for improvement 1.

Areas for improvement

1. To ensure effective management of health and safety for people experiencing care, the provider should implement processes giving clear management oversight of how the environment and equipment is maintained.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (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

Carers, friends, and family members are encouraged to be involved

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The service promoted a supportive approach to involving people's family and friends in the planning and delivery of care and support. We spoke to relatives of people experiencing care who told us that they were consulted about their relative's care and how it could be improved. This meant that families could support people to make decisions in their best interest.

People experiencing care should be assured that they are able to influence the way that the care home is led. We found that some people were not involved in reviewing their own care. In some cases, it was documented that people would find it difficult to participate in a review meeting. We discussed this with the manager who agreed to explore other ways to involve people in expressing their views. We look forward to seeing how the service develops creative ways to engage with people to hear their views, wishes and expectations.

The service had improved how it responds to people and their families when there are concerns or disagreements. We saw that the manager provided written replies to people and took action to resolve difficulties. Family members told us that they found the manager and staff open and helpful, giving people confidence that their concerns would be addressed.

The service had implemented a key worker system to support clear communication with people's friends and family. Whilst the manager and staff maintained a good level of verbal communication with people's relatives, we found that most conversations were not documented. This meant that information could be lost, and key actions missed. Improvements would support people, their families, and friends to have their voices heard and meaningfully considered.

The service had started holding events and special celebrations since the easing of Covid-19 restrictions.

People experiencing care and their families were very happy to attend a recent Jubilee party held in the garden. People told us that there was good attention to detail to make sure that everyone was meaningfully involved. One family member told us that the efforts made meant that Abbey Lodge 'didn't feel like a care home'.

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

Requirements

Requirement 1

When a person who is experiencing care has any tissue viability needs, staff must ensure that there is a clear, detailed system in place for review and treatment. This should be in line with best practice guidance. Where appropriate, external professionals and family/representatives should be involved to assist and advise, in particular when there are any issues with treatment.

To be completed by: 11 November 2021

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

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

This requirement was made on 29 October 2021.

Action taken on previous requirement

The timescale of this requirement had been extended to 1 June 2022.

We found that there were still discrepancies around monitoring and how tissue viability was being effectively managed. Records were held in more than one place, and we were not confident that people's care needs were being met at the identified times. The service had not developed an effective quality assurance system to address any identified issues. This is subject to an additional requirement which is detailed under the section 'how good is our leadership'.

We concluded that this requirement was not met and have therefore extended the timescale to 31 July 2022.

Not met

Requirement 2

By 1 June 2022, you, the provider, must ensure that the administration of medication is safe and effective.

To achieve this, you must review the system for the administration of medication to reduce the number of errors and the time taken to administer medication.

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

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

This requirement was made on 9 March 2022.

Action taken on previous requirement

We continue to have concerns with the safety and effectiveness of medication processes. We reviewed medication records which showed a number of irregularities in how medication was being documented and administered. These had not been identified and investigated by the manager. We raised concerns with the manager who informed us of actions being taken to ensure the safe administration of medication.

We concluded that this requirement was not met and have therefore extended the timescale to 31 July 2022.

Not met

Requirement 3

By 4 April 2022, you, the provider, must ensure that referrals are made to Social Work to protect vulnerable people.

To achieve this, you must ensure that you comply with Adult Support and Protection legislation and submit appropriate referrals to Social Work where there are any concerns of vulnerable people being at risk of harm.

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

This is to ensure care and support is consistent with Health and Social Care Standard which states that: 'If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies' (HSCS 3.24) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 9 March 2022.

Action taken on previous requirement

Since the last inspection there has been an improvement in the provider's compliance with Adult Support and Protection legislation. We saw evidence of appropriate referrals to Social Work where there were concerns of vulnerable people being at risk of harm.

Met - outwith timescales

Requirement 4

By 4 April 2022, you, the provider, must ensure that relevant notifications are made to the Care Inspectorate.

To achieve this, you must ensure that all relevant notifications are submitted to the Care Inspectorate in line with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to comply with Regulation 21(2)(a)(b)(c)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2002 (SSI 2002/114).

This is to ensure care and support is consistent with Health and Social Care Standard which states that: 'If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies' (HSCS 3.24), and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 9 March 2022.

Action taken on previous requirement

Since the last inspection there has been an improvement in the provider's compliance with their duties in making relevant notifications to the Care Inspectorate. We saw evidence that notifications have been submitted in line with the Care Inspectorate guidance on records that must be kept and notifications that must be made.

Met - outwith timescales

Requirement 5

By 1 June 2022, you, the provider, must ensure that all care reviews are up to date, re-evaluated once in each 6-months, and involve people experiencing care and/or their representative.

This is in order to comply with Regulation 5(2)(b)(i)(ii)(iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard which states that:

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15).

This requirement was made on 9 March 2022.

Action taken on previous requirement

We saw evidence that reviews are now taking place, with the majority having been held. The manager could demonstrate clear oversight of the reviews process and informed us of the dates set for the final few outstanding meetings.

Met - outwith timescales**Requirement 6**

By 30 April 2022, you, the provider, must ensure people experience care in an environment that is safe, well maintained, and minimises the risk of infection.

This must include, but is not limited to:

- (a) ensure that the environment is cleaned thoroughly, including all equipment, and furnishings
- (b) ensure that damaged flooring and door gaps are repaired to ensure they can be cleaned effectively, and doors provide effective barrier in case of fire,
- and
- (c) develop, implement, and monitor a cleaning schedule that reflects the National cleaning specifications for care homes guidance.

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

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).

This requirement was made on 23 February 2022.

Action taken on previous requirement

The provider had implemented a programme of refurbishment of the care home, and we saw that repairs had been carried out to ensure safety for people experiencing care. There was evidence that cleaning schedules had been developed using guidance from local IPC colleagues. We found that the care home and equipment was clean and on the whole in a good state of repair.

We concluded that the manager and housekeeping teams were working well towards ensuring that the building was safe, well maintained and minimised the risk of infection.

Whilst we are satisfied that this requirement has been met, we identified issues around the maintenance of the premises which still need attention from the provider. We have put in place an area for improvement to allow the service time to focus on these actions.

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

All areas of identified support should be included in each person's care plan. Strategies and guidance should be developed and agreed with all relevant parties, this includes family members if appropriate.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 25 September 2020.

Action taken since then

The provider continues to work towards implementing a new electronic care planning system. We were unable to fully assess changes and developments in people's care plans and will continue to monitor this with the provider.

The provider has advised us that work will be completed on the new electronic care plans by 30 June 2022.

This area for improvement has not been met and is now subject to a requirement with suitable timeframes in which to achieve this.

Previous area for improvement 2

The Provider should review the current laundry system and develop this further to ensure that each person's clothing is clearly labelled and can be identified as theirs. Measures should be put in place to minimise the number of unclaimed belongings.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 25 September 2020.

Action taken since then

The provider had implemented new systems to ensure that new clothing belonging to people is labelled. The number of unclaimed belongings had decreased with a significantly smaller number of clothing items remaining unmarked. The manager continues to work with people experiencing care and their families to identify any remaining items.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that staff are offering ongoing support and care to people who are receiving palliative care.

Even when family are present staff should check in to ensure that needs are being met. There should be a system in place to ensure that those who are at end of life, where appropriate and to ensure their comfort, are receiving enough to eat and drink.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 25 September 2020.

Action taken since then

We reviewed monitoring charts maintained for food and fluid intake and were assured that people experiencing care were receiving enough to eat and drink.

This area for improvement has been met.

Previous area for improvement 4

Care plans should include practical strategies and advice for staff, in relation to how best to support someone to ensure their support and wellbeing needs are met. Where appropriate, external professional input and advice should be included.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 25 September 2020.

Action taken since then

The provider continues to work towards implementing a new electronic care planning system. We were unable to fully assess changes and developments in people's care plans and will continue to monitor this with the provider.

The provider has advised us that work will be completed on the new electronic care plans by 30 June 2022.

This area for improvement has not been met and is now subject to a requirement with suitable timeframes in which to achieve this.

Previous area for improvement 5

When a person experiencing care is identified as at risk of malnutrition or dehydration staff should ensure that accurate records are kept in regards to food and fluid intake. There should be monitoring and review of these records and this should be recorded in a manner that is easy to audit. Care plans should be consistent and offer detailed guidance for staff on how to ensure they maximise an individual's intake and what to do if they are not eating for a long period of time.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 25 September 2020.

Action taken since then

We reviewed monitoring charts maintained for food and fluid intake with agreed targets documented for each individual. We were satisfied that these were being completed, however on reviewing the weight management records we found a lack of management oversight. We were not assured that care plans offered up to date detailed guidance to staff to ensure that they could meet people's needs.

We are also aware that the provider is working towards implementing a new electronic care planning system. We will continue to monitor this with the provider.

The provider has advised us that work will be completed on the new electronic care plans by 30 June 2022.

This area for improvement has not been met and is now subject to requirements with suitable timeframes in which to achieve this.

Previous area for improvement 6

When there is an identified risk or injury, in this occasion scalding from hot food or drinks, there should be a full risks assessment carried out and staff should be fully informed and aware of the safety measures in place and follow them at all times.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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 And My environment is secure and safe (HSCS 5.17).

This area for improvement was made on 25 September 2020.

Action taken since then

The provider had not yet implemented an effective system to support people who are at risk from scalding from hot food or drinks, in particular where items may be thrown or spilled. We were not confident that people were protected from accidental harm without safety measures being put in place.

This area for improvement has not been met and is now subject to a requirement with suitable timeframes in which to achieve this.

Previous area for improvement 7

The service should ensure that resident's bedrooms and en suites are in a good state of repair. In order to do this, they should devise a refurbishment plan that has clear timescales for achieving this.

This ensures that care and support is consistent with the Health and Social Care Standards 5.22 which states "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment".

This area for improvement was made on 15 August 2019.

Action taken since then

The provider had implemented a refurbishment plan and we saw most areas of the building had been significantly improved.

This area for improvement has been met.

Previous area for improvement 8

The service should ensure that accurate and contemporaneous records are kept for all documents that support and inform the care plans. This must include, but not be limited to, daily records, food and fluid charts, oral health charts and topical medication administration charts.

This ensures care and support is consistent with the Health and Social Care Standards 1.15 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" and 3.14 which states "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".

This area for improvement was made on 15 August 2019.

Action taken since then

The provider continues to work towards implementing a new electronic care planning system. We found that monitoring records were not stored consistently and concluded that staff would find it difficult to establish people's care needs accurately. We were unable to fully assess changes and developments in people's care plans and will continue to monitor this with the provider.

The provider has advised us that work will be completed on the new electronic care plans by 30 June 2022.

This area for improvement has not been met and is now subject to a requirement with suitable timeframes in which to achieve this.

Previous area for improvement 9

The service provider should increase the opportunities for:

- (a) meaningful activity for residents
- (b) encourage more trips out of the home, following local guidance
- (c) consider ways of involving volunteers in the home to further enhance well-being, and
- (d) ensure key staff are aware of legal status so decisions about finances or well-being are reached with the right people, so that people can spend their money and live well.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 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' (HSCP 1.6).

This area for improvement was made on 23 February 2022.

Action taken since then

The provider has taken some steps to increase opportunities for meaningful activity for people experiencing care. We saw a few activities taking place within the home and various trips out were taking place. Special events were organised for people, their families, and friends to enjoy together. We saw people in bed during the day and others who spent time in communal areas without activity. The provider informed us that they continue to work towards improving their programme of activities including individual plans for people experiencing care.

This area for improvement has not been met and we will follow this up at a future inspection.

Previous area for improvement 10

The provider should ensure that staff treat people with dignity and respect. This should include supporting people to meet their needs and choices in a person-centred way.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: 'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11), and 'If a decision is taken against my wishes, I am supported to understand why' (HSCS 2.13).

This area for improvement was made on 23 February 2022.

Action taken since then

We carried out observations of people experiencing care and how they were treated by staff. We saw that people were treated with dignity and respect. We observed people being offered the choice of where they would like to be and supported to their rooms if they wished.

This area for improvement has been met.

Previous area for improvement 11

The provider should ensure that confidentiality is maintained by way of addressing when staff discuss personal information where it can be overheard.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This area for improvement was made on 23 February 2022.

Action taken since then

The provider has taken steps to ensure that confidentiality is maintained by staff. We observed staff discussing people in private office areas and did not have any concerns about confidentiality being breached.

This area for improvement has been met.

Previous area for improvement 12

The provider should ensure that people have the opportunity to have an Anticipatory Care Plan developed and agreed with all relevant parties, this includes family members where appropriate.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 23 February 2022.

Action taken since then

The provider has put Anticipatory Care Plans in place for people experiencing care. We sampled a number of these and were assured that people's care needs were documented should they require additional support in the future.

This area for improvement is met.

Previous area for improvement 13

To ensure infection transmission risks are minimised, a respiratory screening assessment should be completed to determine if people using the care service are to be placed on the respiratory or non-respiratory pathway. Staff should become familiar with the precautions to be taken, such as isolation and enhanced cleaning as set out within the 'National Infection Control Manual', Winter 21/22, Respiratory infections in health and care settings infection prevention and control (IPC) addendum.

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

This area for improvement was made on 23 February 2022.

Action taken since then

The service had completed respiratory screening assessments for people where required in line with the national guidance for IPC.

This area for improvement has been met.

Previous area for improvement 14

The provider should ensure that all staff attend infection, prevention, and control training to ensure they are up to date with best practice in order to keep people safe.

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

This area for improvement was made on 23 February 2022.

Action taken since then

The service had implemented further training for staff in IPC. We saw that 88% of staff had undertaken this training in addition to coaching in the effective use of PPE. The provider had plans in place for the remainder of staff to complete the training within specified timescales.

This area for improvement has been met.

Previous area for improvement 15

The provider should explore ways to improve the dining experience for people using the care service as set out within the Care Inspectorate publication 'Eating and drinking well in care: good practice guidance for older people'.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: '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 23 February 2022.

Action taken since then

This area for improvement was not fully reviewed during this inspection and the provider informed us that they continue to work on improving people's dining experiences.

This area for improvement will be followed up at a future inspection.

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?	2 - Weak
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	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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
5.2 Carers, friends and family members are encouraged to be involved	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 ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

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