

St. Margaret's Care Home Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
Whitefield Nursing Home Limited

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SP2018013102

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CS2016346127

About the service

St Margaret's Care Home is a care home for older people located in a residential area in south Edinburgh, close to local transport, shops and community services. The service provides nursing and residential care for up to 60 people.

The service provides accommodation over three floors with bedrooms all having en-suite facilities. There are additional shared bathing and toilet facilities on each floor, as well as communal lounges and dining areas. The home has gardens to the side and rear of the building with outside roof terraces and balconies on the first and second floors.

About the inspection

This was an unannounced which took place on 30 May 2022 between 08:15 and 18:05, 31 May between 09:10 and 18:05 and 1 June 10:30 and 16:30. 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 using the service and their family, friends and representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received feedback from electronic questionnaires.

Key messages

- People were supported in a caring and respectful way by staff who knew them well
- improvements were needed in the completion of some documentation to ensure people's needs were assessed and planned for and to evidence people received care in line with their wishes and assessed needs
- Leaders were knowledgeable about aspects of the service which worked well and those which required improvement
- training and development is needed for some staff to ensure that people's nutrition and hydration needs are being met
- some improvements were needed in the completion of medication records and care charts
- people were supported by a motivated and well-organised staff team.

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?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good as there were several strengths that impacted positively on outcomes for people and clearly outweighed areas for improvement.

1.1 People experience compassion, dignity and respect.

People's individual choices and preferences were respected by staff, who were knowledgeable about people's care and support needs. People were supported in caring and reassuring manner and those who were unsettled or upset were cared for sensitively by staff. One relative said 'my dad isn't able to walk anymore and not able to hold any real conversation but all the carers I have met when visiting my dad have been great with him'.

People were able to use the garden and roof terraces when they wished and spend time in areas of the home where they felt most comfortable. People's wish for privacy in their own rooms with minimal intrusion was respected.

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

Overall, people's needs were assessed and planned for. Staff liaised with relevant health professionals when there were changes in people's health or care needs and for advice on specific issues. Some improvements were needed in the standard of care documentation (see Key Question 5 for further information).

At the time of our visit, there was one activity worker, who had been recently employed, working in the service. This had impacted on the provision of social and activity opportunities for people. Whilst the activity worker had worked hard to provide a range of activities and spent individual time with people, they advised it had been difficult to meet some people's needs. People who spent a lot of time in their rooms had some social interaction with staff but this was often when staff were providing support with care tasks. One person living in the home commented 'I would like to chat with other residents not just staff.....I now know that with help I am able to have lunch on other floors with other residents and watch films'. During our visit we observed some missed opportunities for staff to spend meaningful time with people. One relative commented 'there appear to be few opportunities for outdoor activities'. One person said they really enjoyed the activities and another said 'I am looking forward to going out in to the garden, I like the garden'. Personal plans and social/activity documentation needed to improve to contain a consistent standard of information on people's social and activity preferences and to reflect the opportunities people were offered and participated in. This will help to support people to have a sociable and active life, in ways that reflect their own interests and activities they enjoy.

Two further activity workers were due to start working in the home in the home soon after the inspection. This will support the development of social opportunities for people living in the home (see area for improvement 2, Key Question 5).

The chef was very knowledgeable about people's individual needs and preferences and on ways of increasing individual people's calorie intake where needed. Care staff had good knowledge of people's preferences but variable understanding on whether food was fortified with extra calories in the kitchen and if this was done on an individual basis or for everyone. There were a number of new staff in the care team and the manager advised that they needed further guidance on a food first approach for people needing an increased calorie intake.

The completion of food monitoring charts indicated there had been some missed opportunities to help some people have an increased calorie intake (see area for improvement 1).

Overall, medication was managed well. Some improvements were needed in the completion of documentation to evidence that people received their medication as prescribed. The manager was working with people's GPs to improve communication as this had impacted on stock re-ordering (see area for improvement 2).

Some relatives and carers felt that communication about changes in their loved ones health or support needs could be improved. One person said 'if I ask for information regarding my dad's health then I get it but if I don't ask then nothing is offered generally'. Some people said that at times, it was difficult to speak to a member of staff by telephone and they had to wait for some time at the front door before being let in by staff. The home manager was committed to improving communication and ensuring key information is shared with people and their families and representatives (see areas for improvement 3).

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

Staff recognised the importance that meaningful contact with loved ones was essential to people's health and well-being. Families and friends were supported to visit the home, however there were mixed views on whether some restrictions were still in place. One relative commented 'visiting cannot be spontaneous, it does not have to be booked in advance which is a huge improvement but is still restricted'. Another said they were 'restricted to certain times when visiting'. The manager advised that they preferred that people were not disturbed during mealtimes to enable people who needed more support to enjoy their meals with minimal interruption. However, any family members, carers or representatives who wished to help their loved meals during mealtimes were welcome and supported to do so. The manager intended to communicate clarify the current visiting arrangements with families and representatives.

Staff had used technology to help people keep in contact with family and friends when they were unable to visit.

Residents were supported to spend time away from the home with family and friends. Whilst acknowledging that some people may be anxious about going out after periods of restrictions in the wider community, people should now be supported to get out and about with their family and friends and to use local facilities. This will help people to maintain relationships and connections away from the home and to feel involved and part of the community they live in. The recent recruitment of two new activity workers will support this.

Areas for improvement

1. Some residents were at risk of losing weight or not sustaining their weight. The provider should put systems in place to ensure people receive meals and snacks that meet their dietary needs. In order to do this:
 - a) ensure staff understand the risks of under nutrition and how to support residents to eat well to prevent under nutrition
 - b) opportunities to add extra calories are maximised
 - c) ensure all staff are clear about how extra calories are added.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

2. The provider should ensure that any treatment or intervention that residents receive is safe and effective. In order to do so, medication management should be developed to include;

- where medication is not given as prescribed, clear information should be recorded on the medication administration records (MARs) to indicate the reason for this
- records are kept to evidence that topical creams and ointments are applied as prescribed
- handwritten changes to the original instructions on MARs should be dated, signed and have the origin of the change
- the effectiveness of medication given on an 'as required basis' should be recorded, in order to evaluate the effectiveness and continued need for the medication being given.

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

3. To improve communication for people and their families, the manager should implement an effective system for sharing information. This should include, but is not limited to, information about people's health and wellbeing, and actions being taken to mitigate any identified risks.

This is to ensure care and support is consistent with Health and Social Care Standard 1.12: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

How good is our leadership?

4 - Good

We evaluated this key question as good as there were several strengths that impacted positively on outcomes for people and clearly outweighed areas for improvement.

2.2. Quality assurance and improvement is led well.

A system of quality assurance was in place to help assess and monitor the quality of the service and environment/equipment. This was completed by the manager and deputy manager along with comprehensive quality audits conducted by senior managers. The use of clear action plans in response to some of the audits completed will help ensure that improvements are implemented. The completion of observation of staff practice over a broader range of areas will further support on-going improvement. A business improvement plan was in place to support continuous improvement of the service.

The manager and senior management team had a good understanding of what was working well in the home and areas that needed further development. They were responsive to feedback throughout the inspection and provided reassurances of actions that will be taken to make the improvements needed.

Staff felt the manager and senior staff were approachable and supportive. A system of individual staff supervision was in place to support staff with their learning and development needs and to offer guidance and support with discussions on practice issues. The manager was re-establishing the frequency of these meetings as this had been impacted by staffing issues and the impact of the pandemic on the home.

How good is our staff team?

4 - Good

3.3. Staffing arrangements are right and staff work well together

We evaluated this key question as good as there were several strengths that impacted positively on outcomes for people and clearly outweighed areas for improvement.

The staff team were organised and communicated well with one another in order to ensure people received the care they needed. Staff were flexible and helped one another to ensure people's needs were met. This was reflected in feedback from staff who felt they worked well together as a team.

Regular assessments of people's nursing and care needs were used to help determine the number of staff hours that were needed. Whilst people's fundamental care needs were met, on-going staff vacancies meant that, at times, there were a number of temporary staff on shift. The manager aimed to achieve as much consistency as possible by arranging for staff who were familiar with the home to return, however, at times this did impact on the organisation of staff teams as more supervision and support is needed for staff who are not familiar with people's needs. One person living in the home commented 'appreciate the help from everyone....I enjoy when I know the staff looking after me'.

Despite the best efforts of staff, at times they were not always able to spend meaningful time with people or in supporting them to maintain their interests or social opportunities. Staff said they sometimes were not able to spend time with people other than when helping them with care tasks.

The service had a staffing contingency plan in place in case staff were absent due to COVID-19. Staff felt supported by management and able to approach them with any comments or concerns. Additional wellbeing support was offered for by the provider.

The provider is continuing with the ongoing recruitment of new staff. Regular assessment of people's needs and consideration of how staff are deployed across the home will help ensure people's needs are met whilst awaiting staff vacancies to be filled.

This will be followed-up at future inspections.

How good is our setting?

4 - Good

We evaluated this key question as good as there were several strengths that impacted positively on outcomes for people and clearly outweighed areas for improvement.

4.1. People experience high quality facilities.

The home was spacious and well furnished and decorated. There were a variety of seating areas and shared rooms where people liked spending time and we saw a number of people being supported to spend time where they felt most comfortable, both on their own if they preferred a quieter environment or with others. An enclosed garden was situated to the rear of the home along with outdoor terraces on the upper floors. Whilst people could use these independently when they wished, we did not see many people using them during our visit. Ongoing development of these will further help them be enjoyable outdoor spaces for people.

A number of bedrooms were large and airy and others benefited from direct access to the garden and terraces. Whilst nicely decorated, some bedrooms and shared rooms would benefit from creating a more homely environment to meet people's needs and preferences.

Systems were in place that ensured the ongoing maintenance of the environment and equipment. The home was clean and tidy during our visit and cleaning schedules were followed and completed by housekeeping staff.

An environmental assessment had been completed which helped identify changes that could create a supportive setting for those living with dementia or cognitive impairment. Whilst some actions had been taken, the development and completion of an action plan would help create an environment that is enabling for people living with cognitive impairment.

How well is our care and support planned?

3 - Adequate

We evaluated this area of support as adequate as, whilst there were some strengths that had a positive impact for people, these just outweighed the key areas of performance that needed to improve.

5.1. Assessment and personal planning reflects people's outcomes and wishes.

Personal plans were detailed and showed that key care needs were assessed and planned for. Plans contained individual and personalised information which reflected choices and outcomes. Additional care plans were developed for specific health and care needs which helped ensure that staff were aware of how to support people with these. Whilst recognising these strengths, some plans needed further development.

Personal plans had information on people's skin care needs. The information was variable with some plans needing more detailed information. Improvements were needed in the completion of some wound documentation and re-positioning charts.

The majority of staff have completed pressure area prevention and management training. The provider should implement a system to obtain reassurances that staff are putting their training in to practice (see requirement 1).

Plans contained information on people's food and drink preferences and the support people needed. However, nutrition care plans had variable standard of information on people's hydration needs and how to encourage people to drink more or the signs that someone may be dehydrated. Fluid monitoring charts were implemented when people moved in to the home to assess their intake or where there were concerns. The completion of fluid monitoring charts was variable with some gaps in recording, charts not being totalled, or having an aimed for intake and not being signed to indicate oversight by senior staff (see area for improvement 1).

Some end of life and palliative care plans needed more meaningful information on individual choices and future wishes. The provider has started to review this documentation in order to support improved planning for people's end of life wishes.

The completion of social and activity related care plans and associated documentation needed to improve in order to evidence the opportunities that people were offered and participated in. This would help staff support people to have an active and meaningful life in the home and also evidence the social and activity opportunities that people had participated in but had not been recorded in plans (see area for improvement 2).

Care plan sections were evaluated regularly and changes in people's needs were recorded. This information was not always transferred to the main assessed needs section of each care plan. This would help ensure that information is easily available to staff. Reviews of people's needs were completed and involved people and their families, carers or representatives. Some people commented that. However, some needed more detailed information to evidence that a comprehensive review had been completed.

Requirements

1. By 14 August 2022, the provider must ensure that people's skin care needs are assessed and planned for and that people receive care in line with their assessed needs. In order to do so the provider must ensure;
 - a) personal plans contain detailed information on people's skin care needs. This should, as a minimum, include;
 - i) regular completion of skin risk assessments and where there are significant changes identified, evidence that people and/or their representatives are informed
 - ii) information on topical creams/ointments including the frequency, application site and reason for application
 - iii) information on special mattresses, cushions and other pressure relieving equipment and settings
 - iv) information on people's re-positioning needs
 - b) accurate completion of re-positioning charts in line with people's assessed skin care needs
 - c) wound documentation is accurately completed and evidences that wounds are assessed, reviewed and treated in line with treatment plans.

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

Areas for improvement

1. To ensure people are supported to drink well, the manager should ensure that people's hydration support needs are adequately risk assessed. The outcome of assessments should be reflected in people's support plans and the support provided by staff.

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.

2. In order to ensure positive outcomes for people, the manager should ensure that people's care plans reflect their preferences in relation to activity and engagement. This should include, but is not limited to, activities of interest to the person, opportunities which have been offered, review of what the person has liked and disliked, and any particular support required to support the person to participate.

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.

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

Requirements

Requirement 1

The provider must ensure that people receive care which promotes the prevention and management of pressure ulcers, in accordance with their assessed needs and preferences. By the 18 April 2022, the provider must evidence improvement in the assessment, care planning and monitoring of people's skin integrity and pressure ulcer care within the service. In order to achieve this the provider must adhere to the following:

- a) People and/or their representatives must be consulted and involved in the risk assessment, implementation, monitoring and reviewing of their skin integrity and pressure ulcer support plans, as appropriate.
- b) Skin integrity and pressure ulcer support plans must meet the required standards and recognise best practice models for care and support. Support must be sought from health professionals as required.
- c) Appropriate to their role, all staff providing care must demonstrate competence and have the required skills, knowledge and competence to assess, plan, and monitor people's skin integrity and pressure ulcer care needs using recognised tissue viability resources, and take the appropriate action needed when concerns are identified.
- d) Quality assurance systems and monitoring must be in place to ensure effective and positive outcomes are achieved for people experiencing care.

To be completed by: 18 April 2022

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 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 4 April 2022.

Action taken on previous requirement

This requirement was made following a complaint investigation.

Skin risk assessments were completed on a regular basis or when people's condition changed. We were unable to see if significant changes in people's risk assessment were discussed with them or their representatives.

Personal plans had information on people's skin care needs. The information was variable with some plans needing more information such as on prescribed topical creams/ointments and settings for special mattresses.

Overall, wound documentation was completed well, however, the recording of wound dressing reviews and changes could be clearer in order to evidence these are completed in line with sound assessments and reviews. A new system had been introduced to help monitor wounds. This included a tracking document, action checklist, care plans and wound assessment and treatment plans. This provided clear information on wound assessment, treatment and progress and will help with management oversight. Staff liaised with health professionals where needed.

Improvements were needed in the completion of re-positioning charts to evidence that people are being supported to change position in line with their assessed needs.

There were no topical administration records in place in one unit of the home to evidence that creams and ointments are applied as prescribed. This was rectified during the inspection. Some staff were unclear about where to find information on mattress settings or what creams and ointments people needed.

The majority of staff have completed pressure area prevention and management training. The provider should implement a system to obtain reassurances that staff are putting their training in to practice.

Progress made in meeting aspects of this requirements in the short time between the requirement being made and the inspection visit. However, further progress is needed to provide reassurances that people's skin care needs are being met. To support on-going improvements and to reflect the evidence obtained at this inspection, this requirement has been met and a further requirement on skin care has been made (see requirement 1, Key Question 5).

Met - within 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

To improve communication for people and their families, the manager should implement an effective system for sharing information. This should include, but is not limited to, information about people's health and wellbeing, and actions being taken to mitigate any identified risks.

This is to ensure care and support is consistent with Health and Social Care Standard 1.12: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

This area for improvement was made on 25 March 2022.

Action taken since then

This areas for improvement was made following a complaint investigation.

The sample of personal plans we looked at showed that relatives, carers or significant others were contacted when people's needs changed. Reviews of people's needs were completed regularly, however, it was not always clear what information was shared and discussed.

The manager sent out regular communication to families, however, we had mixed feedback from people about the general communication they had with the home. Some people said they were kept up-to-date whilst others felt they did not have regular contact with the home.

The manager advised they will continue to send out regular communication and will ensure improvements are made in areas needing further progress.

This area for improvement has not been fully met.

Previous area for improvement 2

To ensure people are supported to drink well, the manager should ensure that people's hydration support needs are adequately risk assessed. The outcome of assessments should be reflected in people's support plans and the support provided by staff.

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 March 2022.

Action taken since then

This area for improvement was made following a complaint investigation.

Food passports were in place which provided information on people's drink preferences, the assistance they needed and if they needed any they needed thickened fluids and any adapted equipment such as 2 handled cups.

Nutrition care plans were in place, however, there was variable standard of information on people's hydration needs and how to encourage people to drink more or the signs that someone may be dehydrated.

People were offered a choice of drinks on a regular basis and had drinks available in their rooms. The completion of fluid monitoring charts was variable with some gaps in recording, charts not being totalled, or having an aimed for intake and not being signed to indicate oversight by senior staff.

This area for improvement has not been met.

Previous area for improvement 3

In order to ensure positive outcomes for people, the manager should ensure that people's care plans reflect their preferences in relation to activity and engagement. This should include, but is not limited to, activities of interest to the person, opportunities which have been offered, review of what the person has liked and disliked, and any particular support required to support the person to participate.

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 4 April 2022.

Action taken since then

This area for improvement was made following a complaint investigation.

The completion of social and activity related care plans and associated documentation needed to improve in order to evidence the opportunities that people were offered and participated in. This would help staff support people to have an active and meaningful life in the home and also evidence the social and activity opportunities that people had participated in but had not been recorded in plans.

This area for improvement has not been met.

Previous area for improvement 4

In order to ensure positive outcomes for people, the manager should ensure that people's support plans reflect how their personal care needs can continue to be met when health conditions impact on the support to be provided. This should include, but not be limited to, details of the support to be provided both in normal circumstances and when this needs to be adapted, records of what support was provided and what support could not be provided.

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 4 April 2022.

Action taken since then

This area for improvement was made following a complaint investigation.

The sample of personal plans we looked at showed that, overall, people's personal plans reflected their care and support needs and how these should be met. Additional care plans were completed for specific needs. Changes in people's health and support needs were recorded in monthly care plan reviews but this information was not always transferred to the main assessed needs section of the care plan section.

A recognised assessment tool was in place which helped staff monitor changes in condition and to assess this against the person's normal condition. Staff liaised with health professionals regarding any changes in people's condition.

The layout and design of personal plans resulted in some duplication of information which did not support staff to quickly and easily find clear and concise information on people's needs.

Overall, sufficient progress has been made to meet this area for improvement.

Previous area for improvement 5

In order to ensure that people's concerns and complaints are responded efficiently, the manager should ensure that the provider's complaint policy is effectively implemented. This includes, but is not limited to, ensuring that people are informed of a delay to the investigation within the agreed timeframe.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern about my care and support.

This area for improvement was made on 4 April 2022.

Action taken since then

This area for improvement was made following a complaint investigation.

Overall, complaints had been investigated and responded to in a timely manner. There had been a delay in responding to two complaints, however, the manager had written to the complainant regarding this. The manager intended to devise a system to help monitor timeframes to ensure people are responded to timeously.

This area for improvement is met.

Previous area for improvement 6

Service users' choices should be discussed to determine as to when they would like to rise from bed in the morning and when they would like to receive their breakfast. Staff should aim to meet their wishes.

This to comply with the Health and Social Care Standards; 3.16 ?People have time and care for me and to speak with me? 3.17 ?I am confident that people respond promptly, including when I ask for help? 3.19 ?My care and support is consistent and stable because people work together well?

This area for improvement was made on 30 August 2019.

Action taken since then

People were supported to rise at a time that they preferred. People were able to choose where and when they had their breakfast. Ongoing development of care plans to include people's preferences on the time they like to get up in the morning and when they prefer to have breakfast will continue to ensure people's preferences are met.

This area for improvement is met.

Previous area for improvement 7

Some residents were at risk of losing weight or not sustaining their weight. The provider should put systems in place to ensure people receive meals and snacks that meet their dietary needs. In order to do this:

- a) ensure staff understand the risks of under nutrition and how to support residents to eat well to prevent under nutrition
- b) opportunities to add extra calories are maximised
- c) ensure all staff are clear about how extra calories are added.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 30 August 2019.

Action taken since then

The majority of staff had completed relevant training on nutrition. The chef was very knowledgeable about people's individual needs and preferences and on ways of increasing individual people's calorie intake where needed. Similarly, care staff had good knowledge of people's preferences but variable understanding on whether food was fortified with extra calories in the kitchen and if this was done on an individual basis or for everyone. There were a number of new staff in the care team and the manager advised that they needed further guidance on a food first approach for people needing an increased calorie intake.

There was variable completion of food monitoring charts indicating there had been some missed opportunities to help some people have an increased calorie intake.

The manager had regular meetings with the chef and kitchen staff to help share information and develop this area of support.

This area for improvement has not been met.

Previous area for improvement 8

The service needs to audit and evaluate the meal time practices to ensure all service users are receiving the correct assessed support.

This is to comply with the Health and Social Care Standards: 1.34 ?If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected? 1.35 ?I can enjoy unburied snack and meal times in as a relaxed atmosphere as possible? 4.11 ?I experience high quality care and support based on relevant evidence, guidance and best practice?

This area for improvement was made on 30 August 2019.

Action taken since then

Audits and evaluations of mealtimes had had been completed. These had identified areas that needed to improve and actions taken. We saw that these improvements had been sustained.

Overall, we saw that the dining experience was positive for people and they were offered choices throughout their meal and were supported to dine where they wished. People who needed help with their meals were supported in a respectful way by staff. Mealtimes were organised and staff communicated well with one another to ensure people were served and supported in a timely and calm manner.

Ongoing mealtime audits will help maintain this good practice and positive outcomes for people living in the home.

This area for improvement is met.

Previous area for improvement 9

In order to ensure good outcomes people should have confidence that staff are safely recruited at all times.

This to comply with the Health and Social Care Standards that state 4.24 I am confident that people who support and care for me have been appropriately and safely recruited.

This area for improvement was made on 30 August 2019.

Action taken since then

The provider has a specific team who deal with the recruitment of all staff. The sample of recruitment files we looked at had detailed information and evidenced that all checks are being completed in line with safer recruitment guidance.

This area for improvement is met.

Previous area for improvement 10

In order that people and staff are protected and safe in relation to the prevention and risks of infection, the provider should ensure that there are infection control systems and procedures in place that adhere to Health Protection Scotland guidance. A staff training programme should be established that ensures staff skills and knowledge is transferred into everyday practice. This could include but not be limited to:

- (i) the service should review their infection control and prevention systems and procedures to ensure that infection risks are minimised;
- (ii) there should be a programme of observation of hand hygiene practice and audit to provide assurance that the minimum standard of infection prevention and control is practiced by all staff;
- (iii) the service should continue to work with other agencies to develop, deliver and monitor a training programme that covers infection control and prevention procedures. This should include a process of audit of compliance to ensure that learning transfers into practice and becomes part of everyday practice within the home; and
- (iv) the service should ensure that staff are kept up to date regarding residents' infection status and that staff follow infection control procedures when caring for people who are in isolation in their rooms.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11); and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14) This is also consistent with Health Protection Scotland guidance - COVID-19 Information and Guidance for Care Homes

This area for improvement was made on 22 June 2020.

Action taken since then

Overall, we observed a good standard of staff practice in relation to infection prevention and control (IPC). There was a variable standard of hand hygiene at mealtimes on occasion. Audits on hand hygiene had been completed which included handwashing and use of personal protective equipment (PPE), along with observations of staff practice. They had identified any actions or changes needed and improvements noted in subsequent audits. Staff had completed IPC training and IPC staff champions were in place to support good practice in the staff team. IPC champions included staff members from across the whole staff team including reception and housekeeping staff. PPE was located around the home including people's bedrooms. The manager intended to put new PPE stations in shared bathrooms to ensure staff had easy access to PPE. This area for improvement is met.

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
1.1 People experience compassion, dignity and respect	5 - Very 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
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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

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।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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