# Westerton Care Home
# Care Home Service

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**Type of inspection:**
Unannounced

**Completed on:**
12 September 2022

**Service provided by:**
Westerton Care LLP

**Service provider number:**
SP2011011715

**Service no:**
CS2011303316

## About the service

Westerton Care Home is located in Bearsden, East Dunbartonshire, and is situated near to local amenities and transport. The service is currently registered to provide a care service to 106 residents. There were 95 people living in the home during the inspection.

The care home is purpose-built with five separate units located over three floors. Each unit has a communal lounge, dining areas and shared bathing facilities. All bedrooms within the service are single with en-suite toilet and shower facilities.

There are pleasant outdoor areas to the rear of the care home and a putting green at the side of the care home.

Located in the basement are additional recreational facilities for people living in the home and their families to use. This includes a café, a cinema, a hairdressing salon and a sensory room. There is secure covered parking area for visitors to the care home located at basement level, to the rear of the building.

The aims of the service, are:

"We aim to provide the highest standard of care for our service users to retain their independence with the objective of improving the quality of life."

## About the inspection

This was a full inspection which took place between 31 August and 6 September 2022 and was carried out by four inspectors from the Care Inspectorate.
To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection.
In making our evaluations of the service we spoke with nine residents and six of their family and spoke with 21 staff and the management team. We observed staff practice, daily life for residents, reviewed documents and spoke with eight external professionals who support the home.

## Key messages

- Although prompt action was taken to address some concerns we highlighted relating to cleanliness, the service must take prompt action to address concerns we had relating to a fire escape route and access to unsafe area outside.
- Medication administration records and daily care charts were not always accurately completed and information within care plans could be better.
- People's health needs were generally well met.
- Relatives and friends could visit their loved ones freely.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

| | |
|---|---|
| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 3 - Adequate |
| How good is our setting? | 3 - Adequate |
| 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? 3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

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

Medication Administration Records were not always completed well. We found a number of missing signatures and running stock counts were at times inaccurate. This meant that we could not be assured that people had always received the right medication at the right time.
There was also a lack of outcomes to 'as required' medications which meant there was no assessment recorded to show whether the medication had worked. Some of the "as required" protocols were also out of date.
Within one unit, the room and fridge for storing medications had frequently been warmer than the recommended guidelines and no corrective action had been taken.
Medication quality assurance systems in place had not always led to improvements.
(See requirement 1)

There was good evidence of audits being completed on other clinical areas such as wounds and falls. Outcomes had been discussed at clinical meetings and actions had been taken e.g., referrals made, and equipment put in place to meet residents' needs.

Staff had sought advice on residents' health from external healthcare professionals where needed and had followed any guidance made. Healthcare professionals spoke positively about how the service had involved them in residents' care.

Residents generally looked neat and tidy during the inspection, although there were specific incidences where people's presentation could have been better. We spoke with management about this and suggested staff should be reminded about paying more attention to detail.

Daily care records were not always completed well, and some showed a number of gaps in their completion. This meant that we could not be sure that all residents needs had been met in full relating to personal care, oral care, catheter care, bowel records, pressure care and fluid intake charts.
(See area for improvement 1)

Hand over meetings took place between shifts. This helped make sure staff were informed about the most up to date information about residents' health. This included general health, diet and fluids, appointments, and accidents/incidents.
Daily flash meetings also took place with heads of department where the most important information about residents was discussed.

Residents were offered choices during mealtime and assisted respectfully, however, they had to wait up to 40 minutes for their meals to arrive in some instances.
Hand hygiene was not being carried out with all residents to help reduce the risk of infection. Meals were not always being served in keeping with infection prevention and control (IPC) best practice.
There were a lack of condiments for people to use to enhance their food.
(See area for improvement 2)

Improvement had been made to the amount of activities residents could participate in to support them physically and cognitively. Community events were part of the programme as well as individual activities.

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

The service was operating in line with Scottish Government's 'Open with Care' guidance relating to supporting visiting within the home. We observed many visitors coming and going from the home freely.

Relatives spoke to us positively about how well they were supported with visiting and how the service had kept them informed about any changes to this.

Not all six-monthly care reviews had been completed to keep representatives informed and involved in residents' care.
(See requirement 2)

**1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure**

PPE stations were available throughout the care home and storage of the PPE protected it from contamination thereby reducing the risk of the spread of infection.

Inspectors identified one mattress and two mattress covers which were heavily stained. The service took immediate action to address the issues we found and following a full audit of all mattresses and covers, replaced six mattresses. However, the quality assurance checks which were completed on cleanliness within the home, had not been effective in identifying these issues. The service assured us of increased checks on mattresses which would be introduced, and how staff would be supported in their completion.
Daily walk around records showed how there was a general inspection of areas within the home including repairs and maintenance and whether cleaning schedules were being followed correctly. However, we found a number of areas where the standard of cleanliness was unsatisfactory in particular areas within en suite toilets and touchpoint areas under dining tables. This meant that residents were not being fully protected from harm and the risk of infection
(See requirement 3)
There were also a number of tired and worn areas which are reflected under Key Question 4 of this report.

Staff spot checks were completed in relation to some staff infection control practices. Records of these checks showed that there were no issues identified with staff practice at these times. However, we observed times where staff practice relating to the wearing of masks was inappropriate. This issue has been incorporated into a requirement relating to training under Key Question 3 of this report.

### Requirements

1. By 14 October 2022, the provider must ensure that medication is administered as prescribed and that clear Medication Administration Records are used which reflect accurate recording of medication administration. Records should also be improved upon to make sure they more accurately reflect the reason and outcome of administering "as required" medications. Medication audits should be effective and identify any shortfalls and subsequent actions taken to address areas for development and improve residents' outcomes. Additionally, medication should be stored within recommended temperatures.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users and the Health and Social Care Standards Standard 1.19 which states 'My care and support meets my needs and is right for me'

2. By 14 December 2022, the provider must ensure that care plans are reviewed minimally on a six monthly basis, in line with current legislation. In doing so, reviews should include the views of residents and their representatives or where this is not possible, the reason recorded.
This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans and the Health and Social Care Standard 2.17 which states that 'I am fully involved in developing and reviewing my personal plan, which is always available to me'

3. By 14 October 2022, the provider must ensure that all areas of the home are cleaned effectively and free from contamination, including but not limited to mattresses (and covers), en suite toilet areas and undersides of tables.
In doing so, quality assurance checks must be effective and demonstrate how they have led to improvements where issues are identified.
This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; and the Health and Social Care Standard 4.11 which states 'I experience high quality care and support based on relevant evidence, guidance and best practice'

### Areas for improvement

1. Daily personal care charts should be improved upon in relation to, but not limited, personal care, oral care, catheter care, bowel records, pressure care and fluid intake to help demonstrate effective communication of important information. Where concerns are identified through clinical recording records, relevant and effective action must be taken such as seeking medical advice.
This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states 'My care and support meets my needs and is right for me'

2. To promote the health and wellbeing of people, the dining experience should be improved upon. Hand hygiene should be supported prior to and after eating food and meals should be protected from cross contamination when being served. People should be offered condiments to help enhance their food in line with their individual preferences.
This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states 'My care and support meets my needs and is right for me' and 1.37 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences'

## How good is our leadership? 3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

The service was going through a change of management; however, the service had a management team in place to oversee the home daily. The service was trying hard to make sure units were being led well by more senior staff to direct and monitor the care delivered to residents.

Inspectors attended some morning changeover meetings and found they provided important information for staff on the health issues of residents. This meant staff were knowledgeable about the residents and were directed on any specific care required to meet residents' needs. Other daily 'Flash Meetings' with heads of departments, helped promote discussions on any important issues and identify any actions needed to make improvements.

Meetings took place within all departments which gave staff the opportunity to discuss and hear about important issues and make suggestions on how the service could improve.

A range of quality assurance (QA) systems were used which aimed to help identify shortfalls and improve outcomes for residents. We saw evidence where at times this had led to improvements as a result of monitoring peoples' health or incidents. However, the QA systems had not been effective in identifying issues relating to poorer practice mentioned under Key Question 1 within this report relating to the environment and staff practices. Other audits were noted to have identified issues that were either ongoing or had no records of any subsequent actions taken to improve matters. Some of the audit forms also had missing signatures or did not indicate what units they were in relation to.
A previous area for improvement has been repeated.
(See area for improvement 1)

Some of the information provided to us was disorganised, incomplete, overly full and/or difficult to track. We raised this at feedback for actioning as we questioned how user friendly, they were for staff and managers to keep up to date.

Dependency levels of service users were being calculated monthly to assess how many staff were required to meet residents' needs. However, feedback from many people we spoke with was that there were frequently not enough staff to meet the needs of residents and they provided specific examples of this. The dependency tool showed that the service had provided significantly more care hours than what had been calculated as required. However, some staff felt that the tool was not totally effective at reflecting the full needs of the residents. We also found some dependency scores that had been calculated incorrectly which resulted in the calculations of total staff required being potentially incorrect.
(See requirement 1)

Every resident had a keyworker however the keyworker system had not been working effectively recently and staff were working across other units. Management discussed plans in how they intended to improve this.
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Financial records showed clear and transparent financial transactions, with a system of regular checks to ensure there were no inconsistencies.

The complaints folder recorded how complaints were investigated, the outcomes of investigations and any actions taken if required. We highlighted how the letters responding to complainants should give people the option of raising their concerns with external parties out with the company.

Events had been reported to the Care Inspectorate and Social worker where required. Staff who spoke with us were clear about what was to be reported under ASP and their role in this.

### Requirements

1. By 14 October 2022, the provider must ensure that there are enough staff on duty in such numbers as to meet the needs of residents. In doing so, dependency assessments must be;
- effective in calculating the number of staff required to meet people's needs
- kept updated with the most current information on residents
- completed by competent staff fully and accurately who are supported to raise concerns where this is not the case.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; and the Health and Social Care Standard 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'

### Areas for improvement

1. The provider should implement formal quality assurance systems to monitor the cleanliness of the home environment, equipment used by people living in the home including the cleanliness of mattresses. The outcome of quality audits should be used to inform action plans to address any issues identified.
This is to ensure care and support is consistent with the Health and Social Care Standard 4.19 which states that, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' and 5.22 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'.

## How good is our staff team? 3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

People benefitted from a responsive staff team who sought clinical advice from healthcare professionals for people's changing needs. Generally, we observed staff supporting and engaging with residents and visitors in a warm and respectful way. Residents and relatives generally spoke very highly of the staff. We observed some isolated incidents where practice was not as good with some agency staff and passed these on to the management for consideration.

Staff knew and could discuss the needs of residents well. This meant people could be confident that staff were aware of important information needed to support them safely.

The service continued to actively recruit staff to fill vacancies. Where required agency staff were used to cover any shortfalls and where possible, the same staff were used, to ensure continuity for residents. The recording of recruitment information demonstrated that best practice had been followed and showed that how relevant checks had been completed.

Most staff had completed the training they required to undertake in order to have the necessary skills and knowledge to meet people's needs. However, as mentioned under Key Question 1, we saw some concerns relating to the practice of staff relating to infection prevention and control. We also found that there had been no monitoring of staff moving and handling to ensure ongoing safe practice, which formed part of a previously made requirement.
A new requirement has been made relating to the implementation of staff training.
(See requirement 1)

Staff supervision sessions had not been carried out regularly to provide support and identify development needs. This could have helped to assess staffs' skills and knowledge, reinforce best practice, and help inform training needs as well as providing individual support.
(See area for improvement 1)

The service regularly checked that staff were up to date with their professional registration. Staff were supported to work towards meeting any conditions indicated on their professional registration.

### Requirements

1. By 14 December 2022, the provider must ensure that training delivered is effective and that learned skills and practices are demonstrated by staff. This must include, but not be limited to, training in infection prevention and control and manual handling.
In doing so, the provider must ensure:
- quality assurance systems are implemented and reviewed to ensure ongoing safe staff practice
- clear records demonstrate actions taken where there are indications of poor staff practice and where required, this information should help inform training needs

This is in order to comply with: Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and the Health and Social Care Standard 3.14: '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'

### Areas for improvement

1. To ensure that people can be confident that staff supporting them are competent and skilled, the manager should develop staff supervision sessions. These should demonstrate meaningful conversations between both parties about the individual's skills and knowledge to reinforce best practice, inform training needs and support staff.
This is in order to ensure that care and support is consistent with the Health and Social Care Standard 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'

## How good is our setting? 3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

Where assistance was required from staff, residents could seek this through a pull cord system which was regularly maintained.
Where people required specific equipment to meet their needs, this was in place. The regular maintenance programme and repairs made sure residents had equipment that was in good condition and worked properly.

The service had refurbishment and development plans, which showed areas in which the service intended to improve and develop the service. We saw where people had already benefitted from having chairs replaced where this had been assessed as required.

However, there were a number of heavily marked and worn areas within the service which may have been unable to withstand effective cleaning processes. This included pantry areas, shower trays and shower chairs. One bed was found to have the laminate veneer peeling off.
Not all wall coverings and carpets were in a good condition within communal areas.
We found that external gates were not appropriately secured which meant that residents' safety could have been compromised.
(See requirement 1)
We also discussed how the heat within the building seemed excessive at times and the service agreed to look into this.

The Laundry area was clearly marked for clean and dirty laundry routes, to help reduce the risk of cross infection. Laundry staff we spoke with were knowledgeable on their roles and correct laundry procedures. However, we found that there continued to be issues with residents' laundry going missing frequently. Monthly laundry audits had identified that the label machine was broken, and this seemed to be an ongoing issue which had contributed to this. Feedback from some relatives indicated that their family member sometimes wore other people's clothes as a result of their clothes going missing.
(See requirement 2)

Residents could use the communal cinema and café areas which were well decorated and pleasant spaces, although some people fedback how the facilities within the café had reduced for people seeking snacks.

Spaces within units were not always being used for the benefit of residents. In some units, the dining areas appeared cramped at mealtimes with very little space to move between tables.
Some of the additional lounge areas in units appeared to be underused throughout the inspection. We also found that the layout of chairs in lounges that were used, did not always encourage people to engage with each other or at times, enable them to watch television easily.
The hairdressing room had still to be moved back to its original site and continued to temporarily use an empty bedroom, which we were told, was excessively hot at times.
A repeated area for improvement has been made in relation to the use of spaces for the benefit of residents.
(See area for improvement 1)

On grading this Key Question, we took into account the requirement relating to the environment made under Key Question 1

### Requirements

1. By 14th October 2022, the provider must ensure that people experience an environment that is safe, well looked after with tidy and well-maintained premises, furnishings, and equipment. In doing so the provider must ensure that priority works required to ensure the safety of people are undertaken namely:
a) the final fire exit within the garden sufficiently complies with current Scotland Fire and Rescue Services guidance in that it does not impede the fire escape route
b) complete an appropriate risk assessment to identify control measures until such times as works on the fire exit are complied with
c) access is restricted to the unsafe area adjacent to the building
This is to comply with Regulations 4(1)(a)(d) (Welfare of Users) and Regulation 10(a)(b)(c)(d) (Fitness of Premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care

Services) Regulations 2011 (SSI 2011/210) and the Health and Social Care Standard 5.17 which states: 'My environment is secure and safe'

2. By 14th December 2022, the provider must ensure that laundering provisions and management systems are effective in order to ensure that clothing can be identified and returned to the correct person and are used by the named person only.
This is to ensure care and support is consistent with the. (HSCS 1.2), 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.' (HSCS 1.4)
This is to comply with Regulations 4(1)(a)(d) (Welfare of Users) and Regulation 10(a)(b)(c)(d) (Fitness of Premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and the Health and Social Care Standards 1.12 which states 'My human rights are protected and promoted, and I experience no discrimination' and 5.22 which states: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'

### Areas for improvement

1. People should experience an environment that is safe, well looked after with tidy and well-maintained premises, furnishings, and equipment. In order to achieve this, the provider should ensure that:
a) the care home environmental refurbishment plan appropriately prioritises the upgrades required.
b) completion dates have been set for all identified works
c) where works are not completed within planned timescales, a clear record should be kept of the reason why
d) refurbishment plans are regularly reviewed and signed off as complete once actions are achieved by an appropriate person.
e) refurbishment plans are shared with the care inspectorate regularly and on request
This is in order to ensure that care and support is consistent with the Health and Social Care Standards 4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' and 5.22 which states: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'

2. The management team should complete the Kings Fund Audit tool and ensure that all appropriate rooms are accessible for residents and are being used for their benefit. This is to ensure care and support is consistent with the Health and Social Care Standards 4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' 5.11 which state that 'I can independently access the parts of the premises I use and the environment has been designed to promote this' and 5.7 'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible'

## How well is our care and support planned? 3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

Some parts of the care plans were recorded well and recorded the outcomes of what was to be achieved. There was some good evidence of person-centred planning and life histories as well as clinical needs and input from clinicians. However, we found that the quality of care plans and the associated daily notes varied, and some were better completed than others.

Although information within the daily notes was informative about the person's health needs, they did not always record residents' mental state. Some care plan information did not reflect information contained within other related care records and monthly updates were not always completed or gave an overview of the resident's health. Additionally, a number of six monthly care reviews were out of date which meant we could not be assured that all care plans had the most current and up to date information. (This is subject to a requirement under Key Question 1)
Two areas for improvement relating to care plans have not been met and have now been superseded with a requirement.
(See requirement 1)

### Requirements

1. By 14 December 2022 the provider must ensure that people experience care and support that is safe and right for them, by improving individuals' personal plans to:
- provide current detailed information to guide staff providing their care and support
- cross reference all relevant parts to ensure consistency in the provision of support
- ensure care plans, daily notes and review minutes are written in a person-centred manner, taking account of all the needs of residents, not just health concerns.
- ensure that evaluations are outcome focused and reflective of how effective the planned care has been in promoting positive choices.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation SSI 2011/210 Regulation 4(1)(a) - welfare of service users and Regulation 5 - Personal plans and the Health and Social Care Standard 1.15 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'

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

## Requirements

### Requirement 1

The provider must evidence improvement in the assessment, care planning and monitoring of people's moving and handling needs. To do this, the provider must, at a minimum:
a) ensure care plans are reviewed and updated by a competent person to detail how a person is to be supported with moving and handling
b) ensure effective quality assurance systems are in place to review documentation and ensure positive outcomes are achieved for people experiencing care.
To be completed by: 01 May 2022 This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective. 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 8 March 2022.**

### Action taken on previous requirement

In relation to the moving and handling aspects of the care plans, we saw that these had been improved upon, therefore this requirement has been met.
A new requirement has been made in relation to care plans content in general however and is reflected under Key Question 5

### Met - outwith timescales

## Requirement 2

The provider must ensure people are supported with safely with their mobility and transfers. To do this, the provider must, at a minimum:
a) ensure the moving and handling practice of staff who undertake people handling is observed and evaluated by a competent person, and records kept to evidence completion.
b) ensure additional training and support is provided as required to ensure that all staff meet the expected practice standards.
c) ensure quality assurance systems are implemented and reviewed to ensure there is effective monitoring of staff moving and handling to ensure ongoing safe practice.
To be completed by: 01 May 2022 This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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 is in order to comply with: Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 8 March 2022.**

### Action taken on previous requirement

There had been a significant improvement in relation to the number of staff who had received moving and handling training. As part of the training course, staff moving and handling practice had been evaluated. However, there had been no further monitoring of staff moving and handling to ensure ongoing safe practice.
A new requirement has been made to address this outstanding element along with additional issues relating to the implementation of staff training.
(See requirement 1, Key Question 3)

### Not met

## 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 activity programme provided should respond to the preferences and choices of all residents. All staff should see the value in offering meaningful opportunities for residents. This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.'

**This area for improvement was made on 27 November 2020.**

**Action taken since then**

Residents benefitted from a wide and varied programme of activities to support them physically and cognitively. Activities staff had started to record how individual goals and outcomes for people were met. Activities had met individual interests and preferences as well as group events and family/friends involvement. Records also showed how residents benefitted from linking in with local community groups. Overall, the service demonstrated a positive approach to activities with some innovative ideas and future plans in how they aimed to improve.
This area for improvement has been met.

**Previous area for improvement 2**

The management team should complete the Kings Fund Audit tool and ensure that all appropriate rooms are accessible for residents and are being used for their benefit. This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'The home is suitable to promote the care and independence of residents, particularly those living with dementia.'

**This area for improvement was made on 27 November 2020.**

**Action taken since then**

Although the Kings Fund Audit Tool had been completed, it had not lead to improvements. More information is recorded under Key Questions 1 and 4.
This area for improvement has not been met.
(See area for improvement 2, Key Question 4)

**Previous area for improvement 3**

Care plans, daily notes and review minutes should be outcome focused and written in a person-centred manner, taking account of all the needs of residents, not just health concerns. Care plans for residents living with dementia or stress and distress should be comprehensive and guide staff on how best to support each resident. Each resident should have anticipatory care plan in place. This is to ensure care and support is consistent with the Health and Social Care Standards 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'.

**This area for improvement was made on 27 November 2020.**

### Action taken since then

Some parts of the care plans were recorded well and recorded the outcomes of what was to be achieved. However monthly updates were not always completed or gave an overview of the residents; health in that month.
Daily notes information was informative about the person's health needs however did not always record residents' mental state
A number of six monthly care reviews were out of date.
This area for improvement has not been met however has been superseded with a requirement under KQ5 relating to the quality of the care plans.
(See requirement 1, Key Question 5)

### Previous area for improvement 4

The provider should ensure that a range of meaningful activities are available for everyone living in the home. Account should be taken of the abilities and preferences of the individual. This is with particular reference to people living with dementia and people who chose to spend their time in their bedroom. This is to ensure care and support is consistent with the Health and Social Care Standards, which state, 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25).

**This area for improvement was made on 6 May 2021.**

### Action taken since then

See information recorded under area for improvement 1 of this section.
This area for improvement has been met.

### Previous area for improvement 5

The provider should improve the management of mealtimes by ensuring that staff are effectively led and deployed to support service users to eat and drink. Access to drinks should be improved for all service users, particularly those who spend time in their bedrooms. This is to ensure care and support is consistent with the Health and Social Care Standards which state - If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected. (HSCS1.34) I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible. (HSCS 1.35) I can drink fresh water at all times. (HSCS 1.39)

**This area for improvement was made on 6 May 2021.**

### Action taken since then

Mealtimes were well organised, and residents were supported to eat and drink effectively and respectfully. Therefore, this area for improvement has been met.
However, an area for improvement has been made in relation to other elements of the dining experience.
(See area for improvement 2, Key Question 1)

### Previous area for improvement 6

The provider should improve the content of personal plans by ensuring the following:

- Written in a person-centred manner, taking account of all the needs of residents, not just health concerns.

- That evaluations are outcome focused and reflective of how effective the planned care has been in promoting positive choices.

- Develop end of life care plans to fully reflect the wishes and choices of the individual.
- Review 'Do Not Attempt Cardiopulmonary Resuscitation' forms to safeguard people's decisions.

This is to ensure care and support is consistent with the Health and Social Care Standards 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.' (1.15 HSCS)

**This area for improvement was made on 6 May 2021.**

### Action taken since then

See information recorded under area for improvement 3 of this section.
This area for improvement has not been met and has been superseded with a requirement under key question 5 relating to care plans.
(See requirement 1, Key Question 5)

### Previous area for improvement 7

The provider should implement formal quality assurance systems to monitor the cleanliness of the home environment, equipment used by people living in the home including the cleanliness of mattresses. The outcome of quality audits should be used to inform action plans to address any issues identified. This is 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). 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22)

**This area for improvement was made on 6 May 2021.**

### Action taken since then

Quality assurance checks were completed on a range of areas within the home, including cleanliness. However, inspectors identified one mattress and two mattress covers which were heavily stained.
The service was proactive in addressing the issues we found and following a full audit of all mattresses and covers, replaced six mattresses.

Environmental audits had failed to identify issues relating to the securing of external gates which meant that residents' safety could have been compromised. Although some audit processes had identified shortfalls, these had not always led to any improvements. Some of the audit forms had missing signatures or did not indicate what units they were in relation to.
This area for improvement has not been met.
(See area for improvement 1, Key Question 2)

### Previous area for improvement 8

To enhance existing Infection Prevention and Control measures the provider should ensure the following:
- People living in the home are regularly supported to maintain a high standard of hand hygiene.
- There are sufficient PPE stations available at point of need.

- There are sufficient clinical waste bins to ensure safe disposal of PPE.
- There are sufficient ABHR dispensers available, particularly at entrances and exits of units and in link corridors.
- Review the management of clean linen and develop systems that will safeguard people from infection.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'The premises have been adapted, equipped and furnished to meet my needs and wishes. '(5.15 HSCS) ' I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

**This area for improvement was made on 6 May 2021.**

### Action taken since then

Residents were not always being supported with hand hygiene prior to mealtimes.
The service had well stocked personal protective equipment (PPE) stations at the point of need and sufficient clinical waste bins made sure there was safe disposal of used PPE.
Alcohol-based hand rub (ABHR) dispensers were available throughout the home. However, some had ran out during different days of the inspection. We discussed with management how staff should be reminded about making sure this is replenished timeously.
We found no issues with the use of linen trolleys.
Most elements of this area for improvement have been met, however the element relating to hand hygiene was not. This element will be incorporated into an area for improvement relating to the dining experience. (See area for improvement 2, Key Question 1)

## Previous area for improvement 9

The provider should review the staffing levels and the skill mix of care teams to ensure that they are responsive to the changing needs of service users. The provider should take account of the following:
- Dependency levels of service users
- The layout of the larger units in the home.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'My needs are met by the right number of people.' (HSCS 3.15)

**This area for improvement was made on 6 May 2021.**

### Action taken since then

Dependency levels of service users were being calculated monthly to assess how many staff were required to meet residents' needs. The service continued to actively recruit staff to fill vacancies. Where required agency staff were used to cover any shortfalls and where possible, the same staff to ensure continuity for residents.
Feedback from many people we spoke with was that there were not enough staff to meet the needs of residents and they provided specific examples of this.
The dependency tool showed that the service had provided significantly more care hours than what was required, however we found some dependency scores calculated incorrectly. This would have resulted in the calculations of total staff required being incorrect.
This area for improvement has not been met and has been superseded with a requirement under key question 2 relating to dependency tools and staffing levels.
(See requirement 1, Key Question 2)

### Previous area for improvement 10

The provider should formally assess the impact Infection Prevention and Control training has on staff practice to determine understanding and compliance with current Health Protection Scotland guidance. This is to ensure care and support is consistent with the Health and Social Care Standards, which state " I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14)

**This area for improvement was made on 6 May 2021.**

#### Action taken since then

We saw records of competencies completed for donning and doffing as well as staff hand hygiene. Management discussed how they had also completed staff themed supervisions and introduced a reflective practice tool and evaluation.
However, significant numbers of staff were not wearing facemasks appropriately, which included more senior in leadership roles. One member of staff was observed handling dirty laundry inappropriately which could increase the risk of spreading infection.
This area for improvement has not been met and has been superseded with a requirement under key question 2 relating to staff training and competencies.
(See requirement 1, Key Question 3)

## 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? | 3 - Adequate |
|---|---|
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |
| 1.4 People experience meaningful contact that meets their outcomes, needs and wishes | 3 - Adequate |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 3 - Adequate |

| How good is our leadership? | 3 - Adequate |
|---|---|
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

| How good is our staff team? | 3 - Adequate |
|---|---|
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 3 - Adequate |

| How good is our setting? | 3 - Adequate |
|---|---|
| 4.1 People experience high quality facilities | 3 - Adequate |

| How well is our care and support planned? | 3 - Adequate |
|---|---|
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 3 - Adequate |

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