

## Braid Hills Nursing Centre Care Home Service

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Edinburgh  
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**Type of inspection:**  
Unannounced

**Completed on:**  
5 December 2022

**Service provided by:**  
BUPA Care Homes (ANS) Limited

**Service provider number:**  
SP2003002354

**Service no:**  
CS2003010604

## About the service

Braid Hills Nursing Centre is a care home that is registered to provide care to a maximum of 119 people; 95 older people and a maximum of 24 people with a physical disability. It is owned and run by BUPA Care Homes (ANS) Limited.

The home is situated in a residential area to the south of the city of Edinburgh, close to local bus routes. The building sits back from the road, and is surrounded by landscaped gardens, some of which are enclosed. There is off-road parking available at the front of the building. Accommodation is provided on two floors, and access to the first floor is by stairs, passenger lift or stair lift fitted to the main staircase.

The home is divided into four units, at the time of our visit one of the units was closed. One unit provides care for young people aged 21yrs to 65yrs, three units care for people over 65yrs, with one unit specialising in the care of people living with dementia. Each unit has a lounge, dining area, shared bathrooms and toilets. All bedrooms have en-suite toilet and wash basin, with a small number also having en-suite shower facilities. Some units have a visitor lounge and the ground floor units have direct access to enclosed garden areas. There are central facilities in the home for cooking and laundry.

The provider states it's core purpose is 'longer, healthier, happier lives'. The aims and objectives for Braid Hills Nursing Centre include providing a service that is safe, effective, caring, responsive and well-led. The specific aims for the care home include;

- To treat our residents as individuals, supporting independence and lifestyle choices - To enable our residents to meet their full potential through well planned support and care
- To provide opportunities for residents to participate in activities tailored to their individual needs and preferences to maintain physical and mental well-being
- To meet the emotional, social and physical needs of our resident in a secure and homely atmosphere.

## About the inspection

This was an unannounced inspection which took place on 22 November from 12:40 until 19:30, 23 November from 10:00 until 20:00 and 25 November from 09:20 until 13:55. The inspection was carried out by two 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 staff and management
- spoke with residents
- observed staff practice and daily life
- reviewed documents Inspection report.

## Key messages

- since the last inspection, improvements have been made and a number of requirements and areas for improvement have been met
- although progress has been made on remaining requirements and areas for improvement, - further time is need for all aspects to be fully met
- the care home manager has recently been appointed. They have identified and actioned some issues that needed prompt attention
- on-going work is needed to demonstrate that the improvements and progress made since the last inspection is sustained.

## 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 is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

At this inspection we followed up the requirements and areas for improvement made at the inspection on 10 August 2022. Please see the sections of this report entitled 'what the service has done to meet any requirements we made at, or since, the last inspection' and 'what the service has done to meet any areas for improvement we made at, or since, the last inspection' for further information.

An initial consultation on social events and activities has been completed. In response to this weekly ladies and gentleman's evenings have been started along with some one-off events had been started. The activity workers advised that they regularly ask people for their views on activities and adapt their plan accordingly. Recording this will help evidence how people's feedback influences the events and activities on offer and helps ensure that these continue to meet people's preferences and choices. The provider should continue to regularly obtain peoples feedback which should then be used to develop both individual and group activities. There was more detailed information in personal plans on people's individual preferences, interests and how they like to spend their time. Information was evaluated on a monthly basis which helped ensure staff had up-to-date information on how to support people to spend their time in ways they enjoyed.

The provider reviews staffing levels, skill mix, recruitment and sickness absences on a regular basis. In response to this, one new activity worker has joined the staff team and some staff have been undertaking extra duties to support the provision of activities. However, care staff told us they had limited opportunities to spend meaningful time with residents outwith the time they spent providing fundamental care and support.

Since the last inspection, there has been progress in improving social opportunities and activities for people, both on an individual basis and in groups. Due to the number of residents living in the home and their varied needs and preferences, on-going work is needed in developing, planning and delivering social opportunities both in and away from the home (see requirement 1).

Care staff told us they had limited opportunities to spend meaningful time with residents outwith the time they spent providing fundamental care and support. The service has experienced on-going difficulties with recruiting staff, both in care staff and other supporting roles. The provider reviews staffing levels, skill mix, recruitment and sickness absences on a regular basis. Recruitment of staff is on-going, with some new staff having been recently appointed and due to start working in the home once recruitment checks and induction training is completed. The manager has re-deployed some staff to work in different areas of the home in order to better meet people's needs (see requirements 1 and 2).

Some improvements are needed in the labelling of clothes and system to ensure laundry is returned to residents (see area for improvement 1).

As some further progress and improvements are needed the evaluation for this key question remains relevant.

## Requirements

1. By 09 November 2022, the provider must ensure that people are supported to participate in social opportunities and activities that are meaningful for them and enables them to have as active and fulfilling a life as possible. In order to do this, the provider must;

- a) obtain feedback from people living in the home, their families/carers/representatives on activities and social opportunities they would like. This should be used to inform and develop group and individual social/activities
- b) develop personal plans with people living in the home, and/or their families/carers/representatives, to include detailed information on people's preferences, wishes and aspirations for social opportunities and activities. These should be regularly reviewed to ensure that people's social needs are being met and updated where changes are identified
- c) on an on-going basis, obtain feedback from people living in the home, their families, carers or representatives on the social opportunities and activities on offer (both group and individual) and whether this is meeting people's individual preferences and choices
- d) complete a review of staffing levels, roles and deployment to ensure that there is sufficient staff to support people to engage in activities and social opportunities. This should include supporting people with opportunities in the home, on a group and individual basis (including for those who spend their time in their own rooms) and to engage in opportunities away from the home.

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 Inspection report Inspection report for Braid Hills Nursing Centre page 5 of 26 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 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

An extension to this timescale has been agreed to 31 January 2023.

2. The provider must ensure that people living with dementia receive compassionate and person centred care and support that is right for them, and which meets their needs. To do this the provider must, as a minimum, ensure:

- a) a full audit requires to be undertaken to determine the correct numbers and skill mix of staff to ensure good outcomes for people living with dementia.
- b) staff require to be skilled, knowledgeable and competent in dementia care and how to manage stress and distress reactions.
- c) staff have the time to meaningfully engage and interact with people which supports good emotional wellbeing for people with a cognitive impairment.

To be completed by: 19 July 2022 This is to ensure care and support is consistent with Health and Social Care Standard 3.16: People have time to support and care for me and to speak with me. This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

An extension to this timescale has been agreed to 31 January 2023.

## Areas for improvement

1. 1. To ensure peoples dignity is respected, the service should ensure people's personal clothing is stored appropriately and families are informed if items of clothing are no longer suitable.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to

make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

## How good is our staff team?

At this inspection we followed up the requirements and areas for improvement made at the inspection on 10 August 2022. Please see the sections of this report entitled 'what the service has done to meet any requirements we made at, or since, the last inspection' and 'what the service has done to meet any areas for improvement we made at, or since, the last inspection' for further information.

Staffing levels, skill mix, recruitment and sickness absences were reviewed on a regular basis and actions taken to address any immediate or short-term shortages. However, on-going difficulties recruiting staff have impacted on the provider's ability to put more permanent measures in place. They have been able to appoint some new staff who have yet to start working in the home.

Resident dependency needs calculations showed that there should be enough staff to meet people's needs. Whilst staff were able to meet people's fundamental care needs, they often did not have time to spend with residents. The manager noted that she feels individual dependency calculations may not always be accurate and intends to review these and support staff in their completion to ensure they better reflect people's needs.

More time is needed to allow the new staff to start working in the home and for resident dependencies to be reviewed and staff supported in the completion of these. This will allow us to evaluate the effect these have on the staffing levels needed. so we can evaluate the effect this has on staffing levels and deployment (see requirements 1 and 2 in Key Question 1).

Individual staff supervision meetings were now being scheduled on a more regular basis. Some records of supervision meetings should contain more detail on what was discussed to evidence that these are supportive and allow for staff to reflect on their practice and discuss their on-going development.

Some observations of staff practice were completed, however these were not documented. The manager devised a document for recording observations of practice during the inspection and intends to implement this without delay. The provider should look at a more planned system for observing staff practice to help provide reassurances that practice is of a high standard and they are able to implement training they have completed (see area for improvement 1).

As some further progress and improvements are needed the evaluation for this key question remains relevant.

## Areas for improvement

1. 1. To ensure that people experience care and support that meets their needs and preferences, the provider should ensure that;
  - a) staff complete training needed relevant to their role and to the needs of people living in the home
  - b) observations of staff practice and opportunities for staff to have reflective discussions should be completed in order that the provider can determine that staff are putting their training in to practice.This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) 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).

## How good is our setting?

Since the last inspection, the home has been re-decorated and looks smarter and brighter. New furniture and signage has been ordered, awaiting delivery. Items such as decoration and pictures have been added, helping to make some areas more homely again. Overall, there were no concerns about the cleanliness or tidiness of the home or equipment.

There have been on-going difficulties recruiting housekeeping staff and regular agency domestics are being used until vacancies can be filled. They have been supplied with more regular agency workers which has helped with more consistent completion of daily housekeeping routines.

The completion of cleaning records by temporary staff needed to improve. We have suggested some ways that the manager may want to consider that could help improve the completion of these. The manager intends to develop the cleaning records to more clearly evidence the cleaning of regularly touched points in communal areas of the home. The housekeeping supervisor completed audits and took action in response to issues, however, not on a formal audit tool. The manager and housekeeping supervisor intend to source and implement one to help monitor concerns and actions needed and taken (see requirement 1).

As some further progress and improvements are needed the evaluation for this key question remains relevant.

## Areas for improvement

1. 1. By 09 November 2022, the provider must ensure that the care home is clean, homely and well-maintained and has high quality facilities that meets people's needs. In order to achieve this, the provider must;
  - a) complete an audit of the home environment to identify areas that need updated, redecorated or other works, including replacement or repair of equipment and furnishings. This should be used to develop and implement an action plan which should include timescales for completion and persons responsible.
  - b) complete a review of staffing levels and deployment to ensure that there is sufficient staff to maintain a clean and tidy home environment in line with good practice guidance
  - c) ensure that accurate records of cleaning and maintenance are maintained and that these are regularly audited and action taken where appropriate.

This is to comply with Regulation 4(1)(a) (Welfare of users) and 10 (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (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 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22)

An extension to this timescale has been agreed to 31 January 2023.

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed the weaknesses.

The standard of information in personal plans had improved with more detail on individual wishes and choices. Personal plans were regularly evaluated and updated where there were changes.

Care reviews were completed around six monthly and involved people living in the home, family or their representatives, where appropriate. These identified changes and personal plans were updated where needed. More detail was needed in some review records to evidence a comprehensive review had been completed. We have suggested they look at adapting the document to include a section for people's (and family/representatives) comments and views on their care.

Risk assessments documents had identified hazards and potential hazards, included actions taken and those for further consideration and the person responsible. Some risk assessments evidenced that consideration had been given to people's mental health and cognitive ability when assessing risk. These helped inform the development of personal plans. Relevant care plan sections were reviewed.

There was evidence that people had been consulted and involved with risk assessments and contacted when there were changes in people's needs. Some further work was needed to ensure that consultation in relation to all risk assessments is consistently completed and recorded.

Overall, there has been progress made in response to aspects covered in the requirement. There is a more robust risk assessment system in place and an on-going plan to provide training to staff on assessing risks.

Some on-going work is needed to ensure that risk assessments and personal plans are completed to a consistent standard.

As a result of the progress made in areas covered by this quality indicator we have increased the evaluation.

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

### Requirements

#### Requirement 1

By 09 November 2022, the provider must ensure that people are supported to participate in social opportunities and activities that are meaningful for them and enables them to have as active and fulfilling a life as possible. In order to do this, the provider must;

- a) obtain feedback from people living in the home, their families/carers/representatives on activities and social opportunities they would like. This should be used to inform and develop group and individual social/activities
- b) develop personal plans with people living in the home, and/or their families/ carers/ representatives, to include detailed information on people's preferences, wishes and aspirations for social opportunities and activities. These should be regularly reviewed to ensure that people's social needs are being met and updated where changes are identified
- c) on an on-going basis, obtain feedback from people living in the home, their families, carers or representatives on the social opportunities and activities on offer (both group and individual) and



whether this is meeting people's individual preferences and choices

d) complete a review of staffing levels, roles and deployment to ensure that there is sufficient staff to support people to engage in activities and social opportunities. This should include supporting people with opportunities in the home, on a group and individual basis (including for those who spend their time in their own rooms) and to engage in opportunities away from the home.

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 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22)

**This requirement was made on 10 August 2022.**

### Action taken on previous requirement

An initial consultation on social events and activities has been completed. People have been asked for their views at meetings and the feedback identified that people would like more organised activities in the evenings. In response to this weekly ladies and gentleman's evenings have been started along with some one-off events. The activity workers advised that they regularly ask people for their views on activities and adapt their plan accordingly. Recording this will help evidence how people's feedback influences the events and activities on offer and helps ensure that these continue to meet people's preferences and choices. The provider should continue to regularly obtain peoples feedback, for example through surveys, meetings or by incorporating this in to six month care reviews. This feedback should then be used to develop both individual and group activities.

The sample of personal plans we looked at included more detailed information on people's individual preferences, interests and how they like to spend their time. This information had been evaluated on a monthly basis which helped ensure staff had up-to-date information on how to support people to spend their time in ways they enjoyed and that were meaningful to them.

The provider reviews staffing levels, skill mix, recruitment and sickness absences on a regular basis. In response to this, one new activity worker has joined the staff team and some staff have been undertaking extra duties to support the provision of activities. However, care staff told us they had limited opportunities to spend meaningful time with residents outwith the time they spent providing fundamental care and support.

Since the last inspection, there has been progress in improving social opportunities and activities for people, both on an individual basis and in groups. Due to the number of residents living in the home and their varied needs and preferences, on-going work is needed in developing, planning and delivering social opportunities both in and away from the home.

The provider must obtain on-going feedback and use this to further develop activities and social opportunities for people living in the home. They must continue to review staffing levels, skill mix and deployment and put contingency measures in place to address any issues until they are able to fill staff vacancies.

An extension to this timescale has been agreed to 31 January 2023.

**Not met**

## Requirement 2

The provider must ensure that people who experience stress and distress receive the right support with the aim of providing person centred care and improve their quality of life. In order to achieve this, the provider must ensure that:

- a) risk assessments should be viewed in a positive way to enable people to be assessed and monitored appropriately, and to support people with more positive experiences and a sense of purpose.
- b) any recommended stress and distress interventions are implemented, monitored and reviewed frequently.
- c) personal plans contain information that reflects people's experience of stress and distress.
- d) staff are skilled and knowledgeable in the assessment and management of stress and distress reactions.
- e) stress and distress care planning takes into account all aspects of the person's care and support needs, including their choices and wishes.

To be completed by: 29 July 2022

This is to ensure care and support is consistent with Health and Social Care Standard 1.6: 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.

This is in order to comply with: Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

An extension to this timescale has been agreed to 9 November 2022.

**This requirement was made on 6 June 2022.**

### Action taken on previous requirement

Risk assessments were completed for a number of key health and care needs. These evidence that people's mental health or cognitive impairment had been considered and that people had been consulted and discussions held about changes in people's needs.

The sample of personal plans we looked at described situations or factors that caused or contributed to people feeling distressed or anxious. There was information on how people displayed their distress and ways this could be alleviated or how staff should support them. Additional care plan sections were in place for specific needs such as where medication is needed to alleviate people's symptoms.

Some plans contained information on input from external health professionals and any recommended actions or treatment. Overall, we could see that these recommendations had been actioned by staff.

However some information needed to be more detailed. Staff were in the process of moving paper based personal plans to electronic plans and adapting to the new system of recording. The manager will ensure that are aware of how to add information to relevant sections of the electronic plans.

We observed one resident who was upset being supported in a caring manner by staff and in a way that indicated staff knew ways that would help reduce their distress. Staff knew residents well and how to adapt the support they provided depending on each individual situation.

Most staff have completed training on stress/distress and dementia since the last inspection. Further training is scheduled for December 2022 and January 2023 to support the reminder of staff to complete this training.

**Met - within timescales**

**Requirement 3**

The provider must ensure that people living with dementia receive compassionate and person centred care and support that is right for them, and which meets their needs. To do this the provider must, as a minimum, ensure:

- a) a full audit requires to be undertaken to determine the correct numbers and skill mix of staff to ensure good outcomes for people living with dementia.
- b) staff require to be skilled, knowledgeable and competent in dementia care and how to manage stress and distress reactions.
- c) staff have the time to meaningfully engage and interact with people which supports good emotional wellbeing for people with a cognitive impairment.

To be completed by: 19 July 2022

This is to ensure care and support is consistent with Health and Social Care Standard 3.16: People have time to support and care for me and to speak with me.

This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

An extension to this timescale has been agreed to 9 November 2022

**This requirement was made on 7 June 2022.**

**Action taken on previous requirement**

Since the last inspection the service has experienced on-going difficulties with recruiting staff, both in care staff and other supporting roles. The provider reviews staffing levels, skill mix, recruitment and sickness absences on a regular basis. Recruitment of staff is on-going, with some new staff having been recently appointed and due to start working in the home once recruitment checks and induction training is completed. The manager has re-deployed some staff to work in different areas of the home in order to better meet people's needs.

Most staff have completed training on stress/distress and dementia since the last inspection. Further training is scheduled for December 2022 and January 2023 to support the reminder of staff to complete this training.

Care staff told us they had limited opportunities to spend meaningful time with residents outwith the time they spent providing fundamental care and support.

Recent recruitment of some new staff should help staff have more time to spend with residents.

The provider must continue to review staffing levels, skill mix and deployment and put contingency measures in place to address any issues until they are able to fill staff vacancies.

An extension to this timescale has been agreed to 31 January 2023.

**Not met**

**Requirement 4**

By 09 November 2022, the provider must ensure that people are supported to have a positive dining experience, that reflects their needs and preferences. In order to do this, the provider must;

- a) gather feedback from people on the quality and choice of food and meals on offer use this along with peoples requests or preferences to involve people in devising menu options.
- b) ensure changes to menus should be clearly communicated to staff and people living in the, with as

- much notice as possible to allow for people to choose alternatives
- c) ensure where people request an alternative, these should be accommodated wherever possible or other options offered
- d) review dining facilities to ensure that people's needs and preferences can be accommodated.

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: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33) and 'If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate' (HSCS 1.36).

**This requirement was made on 10 August 2022.**

### Action taken on previous requirement

People's views on the quality of meals had been obtained by use of a survey and from discussions during meetings. Feedback was positive and there were no issues or comments raised that needed actioned. A new mealtime forum meeting had been started and will continue on a regular basis to gain on-going feedback and help involve people in the choice and quality of food and meals on offer. The manager had started gathering further information from people living in one unit in order to devise different menus that would better meet their needs and preferences.

During our visit the options at mealtimes corresponded to that set out in menus. Staff advised that any changes to menu options are communicated to them before mealtimes and usually shared at the daily staff meeting in the morning.

People were provided with alternatives where they did not want the menu options available. Two people felt they were not always receive their chosen alternative, however, staff described the options offered and how they aimed to meet their requests.

Some people preferred to dine in their own rooms and were supported to do so when they wished. In one unit, the dining room was not large enough to accommodate everyone, if they chose to dine together at the same mealtime. The manager had reviewed the dining facilities and furniture and storage had been repositioned. This allowed for more tables and chairs in the room and for people who needed to remain seated in adapted chairs, feel more included in mealtimes. A dining area had been created in the lounge which provided a quiet, smaller dining space for people. These changes will help more people to enjoy dining together at mealtimes should they choose to do so.

A mealtime audit had been completed that identified that some staff would benefit from training on how improve the dining experience for those that choose to have their meals in their rooms. This had not yet been implemented at the time of our inspection.

### Met - within timescales

#### Requirement 5

By 09 November 2022, the provider must ensure that the care home is clean, homely and well-maintained and has high quality facilities that meets people's needs. In order to achieve this, the provider must;

- a) complete an audit of the home environment to identify areas that need updated, redecorated or other works, including replacement or repair of equipment and furnishings. This should be used to develop

and implement an action plan which should include timescales for completion and persons responsible.

- b) complete a review of staffing levels and deployment to ensure that there is sufficient staff to maintain a clean and tidy home environment in line with good practice guidance
- c) ensure that accurate records of cleaning and maintenance are maintained and that these are regularly audited and action taken where appropriate.

This is to comply with Regulation 4(1)(a) (Welfare of users) and 10 (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (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 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22

**This requirement was made on 10 August 2022.**

#### Action taken on previous requirement

Since the last inspection, the home has been re-decorated and looks smarter and brighter. New furniture and signage has been ordered, awaiting delivery. Items such as decoration and pictures have been added, helping to make some areas more homely again. An action plan was in place for areas requiring improvement and was regularly reviewed and updated.

There have been on-going difficulties recruiting housekeeping staff and regular agency domestics are being used until vacancies can be filled. They have been supplied with more regular agency workers which has helped with more consistent completion of daily housekeeping routines. Overall, there were no concerns about the cleanliness or tidiness of the home or equipment.

The completion of cleaning records by permanent and regular staff had improved. There were times where these had not been completed by agency workers. We have suggested some ways that the manager may want to consider that could help improve the completion of these. The manager intends to develop the cleaning records to more clearly evidence the cleaning of regularly touched points in communal areas of the home. The housekeeping supervisor completed regular walk rounds of the home and checked the standard of work completed. They recorded this and actions taken in response to issues, however, not on a formal audit tool. The manager and housekeeping supervisor intend to source and implement one to help monitor concerns and actions needed and taken.

They must continue to review staffing levels, skill mix and deployment and put contingency measures in place to address until they are able to fill staff vacancies. They must ensure improved completion of cleaning records to evidence relevant guidance is being followed.

An extension to this timescale has been agreed to 31 January 2023.

**Not met**

#### Requirement 6

By 09 November 2022, the provider must ensure that people's care and support needs are assessed and planned for and that people receive care in line with their assessed needs. In order to do so, personal plans must include but not be exclusive of;

- a) personalised information that details how people's needs should be met and includes their wishes

and choices.

b) accurate information that is updated when people's needs change.

c) regular reviews of people's care and support needs. Records should evidence that a comprehensive review has been completed that involves people and their relatives, carers or representatives. Personal plans must be updated with changes following reviews.

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).

**This requirement was made on 10 August 2022.**

## Action taken on previous requirement

The standard of information in personal plans had improved with more detail on individual wishes and choices. Personal plans were regularly evaluated and updated where there were changes.

Care reviews were completed around six monthly and involved people living in the home, family or their representatives, where appropriate. The sample we looked at had identified changes and personal plans were updated where needed. More detail was needed in some review records to evidence a comprehensive review had been completed. We have suggested they look at adapting the document to include a section for people's (and family/representatives) comments and views on their care.

**Met - within timescales**

## Requirement 7

The provider must support people to assess risks and maintain their safety. By 02 May 2022, the provider must ensure a robust risk assessment process is in place to keep people safe. This must include, but is not limited to:

a) Ensure consultation and involvement with the person experiencing care and / or their representative in the development and review of risk assessments;

b) Review and update risk assessments to reflect any mental health issue which may impact on the person's capacity to make decisions regarding their own safety;

c) Use the risk assessment process to inform how risks will be managed through their care plan.

To be completed by: 02 May 2022.

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)

An extension to this timescale has been agreed to 31 August 2022.

**This requirement was made on 1 April 2022.**

## Action taken on previous requirement

Risk assessments documents included identified hazards and potential hazards had been identified, actions taken and any further actions that need to be considered, person responsible and completion date.

Some risk assessments evidenced that consideration had been given to people's mental health and cognitive ability when assessing risk.

Relevant care plan sections were reviewed. Information in risk assessments helped inform the development of plans and additional plans of support were developed in response to risk identified.

A resident equipment demonstration checklist was completed for some people where they used specialist chairs. This noted if they were able to use the equipment independently or not and if so, if they had been shown how to do so.

There was evidence that people had been consulted and involved with risk assessments and contacted when there were changes in people's needs. Some further work was needed to ensure that consultation in relation to all risk assessments is consistently completed and recorded.

Overall, there has been progress made in response to aspects covered in the requirement. There is a more robust risk assessment system in place and an on-going plan to provide training to staff on assessing risks.

Some on-going work is needed to ensure that risk assessments and personal plans are completed to a consistent standard.

There is sufficient progress to meet this requirement.

**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 ensure people's dignity is respected, the service should ensure people's personal clothing is stored appropriately and families are informed if items of clothing are no longer suitable.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

**This area for improvement was made on 24 June 2022.**

#### Action taken since then

People's clothing was kept clean and tidy and no concerns raised about items that were no longer suitable. Two relatives told us that their loved ones had items belonging to other people in their rooms and had seen other people with their relatives' clothes.

There were on-going problems in the labelling of people's clothes and a number of unclaimed items in the



laundry room. Laundry staff had tried ways to improve this but this continued to be an issue. The manager had already changed the time that clothing is taken back to units to help ensure permanent staff are available to put clothing back in people's rooms.

The provider advised their procedure is that relatives should ensure people's clothing is labelled, however recognises that some people are less able to do so.

The provider should implement a system to help reduce items of clothing being unclaimed/lost and that these are returned to the correct residents rooms.

This area for improvement is not met.

## Previous area for improvement 2

People should be confident that if concerns are raised, these are acted upon. The provider should ensure that staff are aware of how, and to whom, concerns and complaints are reported.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS 4.20) which states 'I know how, and can be helped, to make a complaint or raise a concern about my care and support' and (HSCS 4.21) which states 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'.

**This area for improvement was made on 1 April 2022.**

### Action taken since then

We spoke with a number of staff working in different roles, who were aware of how to record and escalate any concerns or issues raised to them. Concerns were recorded on the provider's electronic system and highlighted at daily staff meetings.

This area for improvement has been met.

## Previous area for improvement 3

The service should consult with people before there are any changes made to the environment. Feedback from people should then be considered before any changes are to be made.

This is to ensure care and support is consistent with Health and Social Care Standard 5.5: I experience a service that is the right size for me.

**This area for improvement was made on 28 June 2022.**

### Action taken since then

People living in the home had been involved in choosing colours for some of the re-decoration that had been completed and in choosing some of the decorative touches that had been introduced. There had been no significant environmental changes made since our last inspection but there were plans to change the use of one of the communal rooms in one unit. The development of this and other changes in the home should continue to involve people living in the home and be recorded to evidence how people's views have been sought and these have influenced the changes being made.

This area for improvement is met.



#### Previous area for improvement 4

The provider should ensure the numbers and deployment of staff meet the needs of residents. When calculating the numbers of staff required, the amount of direct care time in staff roles should be taken into account, along with factors such as the layout of the building and each unit, and the deployment of staff on each shift.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: 'My needs are met by the right number of people.' (HSCS 3.15) 'People have time to support and care for me and to speak with me.' (HSCS 3.16).

**This area for improvement was made on 31 October 2019.**

#### Action taken since then

The provider reviews staffing levels, skill mix, recruitment and sickness absences on a regular basis which identified any immediate or short-term shortages and actions taken to -redeploy staff across the home or use agency staff where needed. However, on-going difficulties recruiting staff have impacted on the provider's ability to put more permanent measures in place. They have been able to appoint some new staff who have yet to start working in the home.

When the new manager started in their role, they had identified that resident dependency needs had not been calculated on a regular basis. This has since been rectified. These show that there should be enough staff to meet people's needs, however did not reflect our observations or the feedback from staff. The manager noted that she feels individual dependency calculations may not always be accurate and intends to review these and support staff in their completion to ensure they better reflect people's needs.

More time is needed to allow the new staff to start working in the home and for resident dependencies to be reviewed and staff supported in the completion of these. This will allow us to evaluate the effect these have on the staffing levels needed. so we can evaluate the effect this has on staffing levels and deployment.

The areas covered by this area for improvement are duplicated in requirements 1, 3 and 5. For clarity and to support improvements, this area for improvement is superseded by these requirements.

#### Previous area for improvement 5

To ensure that people experience care and support that meets their needs and preferences, the provider should ensure that;

- a) staff complete training needed relevant to their role and to the needs of people living in the home
- b) observations of staff practice and opportunities for staff to have reflective discussions should be completed in order that the provider can determine that staff are putting their training in to practice.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) 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 10 August 2022.**

#### Action taken since then

Staff were being supported to complete training including stress/distress and dementia. Whilst not all staff have complete relevant training or refresher sessions, these have been planned for December 2022 and January 2023.

Individual staff supervision meetings were now being scheduled on a more regular basis and most staff had had at least one supervision recently. Some records of supervision meetings should contain more detail on what was discussed to evidence that these are supportive and allow for staff to reflect on their practice and discuss their on-going development.

Staff advised that the nurse observed some aspects of their practice and they were given feedback following this. These observations, however, were not recorded. The manager devised a document for recording observations of staff practice during the inspection and intends to implement this without delay. The provider should look at a more planned system for observing staff practice to help provide reassurances that practice is of a high standard and they are able to implement training they have completed.

This area for improvement is not met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

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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