

# Torry Care Home Care Home Service

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Torry  
Aberdeen  
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**Type of inspection:**  
Unannounced

**Completed on:**  
25 January 2023

**Service provided by:**  
Renaissance Care (No1) Limited

**Service provider number:**  
SP2011011731

**Service no:**  
CS2018369768

## About the service

Torry Care Home service is owned by Renaissance Care (No1) Limited. It was registered to provide a care home service for a maximum of 81 older people.

The service operates from a purpose-built building that has been extended. It is situated near to a range of shops and amenities. The service has four units situated over three floors.

## About the inspection

This was an unannounced inspection which took place on 17 January 2023 between 09:15 and 15:30 with a further visit on 18 January 2023 between 09:00 and 14:00. 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 eight people using the service
- contacted and spoke to nine relatives or guardians of people who stay at Torry Care Home
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- We received very mixed feedback about the service and carers.
- Staff, although were acting with the best intentions, were making choices on people's behalf, which restricted people from living their best lives.
- There was a lack of oversight on the units and essential care was not always met.
- Quality assurance processes had failed to identify or promptly address concerns in relation to people's quality of life and their experiences.
- Complaints and concerns were not being addressed.
- The care planning systems should be further developed to reflect the people's care and support needs.

## 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?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	2 - Weak

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

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

## 3 - Adequate

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

A requirement was made since the previous inspection. This was in relation to staff being fully informed about any updates or changes in the general health, care or support needs of people using the service. The service had not met this requirement therefore this will be reinstated with an agreed timescale of 22 March 2023. **(See 'What the service has done to meet any requirements we made at or since the last inspection' and requirement 2.)**

We received mixed feedback about the service from people and their families. Some relatives spoke highly about the care and support. People said "Dad has been there for a while, and I think he is pretty happy. He has put on some weight so, I think he is eating well and looks better than before" and "on the whole everything seems to be fine regarding my mum's care". However, some people had concerns that care and support had not been fully explained, followed up or addressed properly. This included lost or damaged belongings and clothing, incidents and injuries.

Staff were working with the best intentions, however, they did not always fully support people to make their own decisions. This included basic choices about their everyday lives and meant people were not able to direct their own care and support. **(See requirement 1.)**

Key information regarding people's care and support needs was not always readily available to staff. The new electronic care planning system was not being used effectively to support good outcomes and experiences for people. Most staff relied on the information shared verbally by other more experienced staff or staff who knew the person. As a result, the information passed on was not always accurate. There were significant concerns around the consistency of care for those people who were admitted for a period of respite, new admissions and where people could not communicate themselves to inform staff of any changes. Managers have been working with senior staff to improve recognition of changes in people's care needs. However, there was still a lack of oversight which meant that essential care needs were not always met. As a result, staff were not fully aware of people's care and support needs resulting in inconsistent or poor practices and experiences. **(See requirement 2, 'How good is our leadership?' and 'How well is our care planned?')**

People spoke highly of the quality and choice of meals. However, the dining experience for some people could be improved. Someone waited too long for a replacement meal and some food was cold. People had access to fluids but did not always have choice about their preferred drinks. Staff monitored people's weight, but we were concerned that appropriate actions to address weight loss were not always taken. Staff were knowledgeable about the importance of providing meals in the correct texture for people. However, staff did not always record how to boost people's calorie intake. This meant that people were not always receiving a diet that was right for them. **(See 'How good is our leadership?' and 'How well is our care planned?')**

Some medication practices were not in line with best practice. People were receiving their medication as prescribed. However, there were inaccuracies around the management and storage of medication. A previous area for improvement regarding medication was not met and will be reinstated as a requirement. **(See requirement 3.)**

Staff worked closely with health professionals but had not always considered strategies such as sleep plans before seeking medical intervention. Although professional advice was implemented, there were sometimes delays. The service should always discuss any delays with people, families and other professionals where appropriate. This will ensure people receive support that is right for them. **(See 'How good is our leadership?')**

There were activities on offer, however, people's experiences were mixed. Staff need to ensure that everyone has access to activities by asking them about their preferences and offering them the opportunity to participate. One person had benefitted from going to a family wedding, however, other people found there was not enough to do. One person said "I spend most of the day in the lounge in front of the TV. There is not much to do. A relative commented that more time could be spent speaking to people to find out more about their lives. Improvements are needed to enhance the quality of people's days to ensure they are meaningful and fulfilling. A previous area for improvement about getting the most out of life was not met and will be reinstated as a requirement. **(See requirement 4.)**

The service had effectively implemented the 'Scottish Government Open with Care' guidance which meant that people were being supported to manage their relationships with those important to them. Families and friends could visit when people wished them to, while still ensuring safety protocols were being followed. Staff could further support people to remain in contact with families by ensuring that phones and tablets were fully charged, working and they were familiar with the technology. The home could develop processes, to support people to remember and celebrate important events in their family life, such as anniversaries and grandchildren's birthdays.

The service had enhanced their infection prevention and control (IPC) practices. The staff had reacted quickly and dealt appropriately to prevent a recent outbreak of Covid 19 spreading throughout the home. We found the home and equipment to be clean and in a good state of repair. The housekeeping staff were knowledgeable about the cleaning products and the schedules for using them. The IPC practices were monitored, and staff competencies and compliance were being assessed. Care staff also had a good knowledge of what they could do to minimise risk. As a result, this helped reduce the spread of infection which, helped to keep people safe.

## Requirements

1. By 22 March 2023 the provider must demonstrate all service users are enabled and supported to make choices and empowered to be in control of their lives. The provider must, at a minimum ensure that all staff fully understand the principles of the Health and Social Care Standards.

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

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'I am fully involved in all decisions about my care and support' (HSCS 2).

2. The provider must demonstrate that relevant staff are fully informed about any updates or changes in the general health, care or support needs of people using the service. Further to this, the provider must demonstrate that accurate, timely and appropriate information is shared with the representatives of people using the service and other healthcare professionals involved in their care. In order to do this, the provider

must

- 1) Ensure that NHS vaccination team are assisted by a member of staff who will take responsibility for a) documenting vaccination status in residents' personal plans b) notifying the person's representative (where appropriate) c) communicating vaccination status accurately to their colleagues.
- 2) Ensure that advice from other healthcare professionals is sought in a timely manner when a residents' condition changes.
- 3) Ensure that written notes are detailed and accurate.
- 4) Ensure that handover documents contain appropriate and accurate information.
- 5) Ensure that verbal handover reports are detailed, accurate and unhurried.
- 6) Ensure that all communication with residents' representatives is recorded within the residents' personal plan.

To be completed by: 16 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well.

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 22 March 2023.

3. By 22 March 2023 the provider must improve the provision for the health, welfare and safety of residents, the management team should ensure that effective medication management systems are in place and being adhered to by all staff involved in the administration of medications.

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes' (HSCS 3.14); and

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

4. By 22 March 2023 the provider must ensure the proper provision for all service users to get the most out of life. The provider must, at a minimum ensure that:

(a) the meaningful information about people's likes and dislikes are shared with staff in a constructive way that support people getting the most out of life.

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:6); and

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2).

## How good is our leadership?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Two requirements were made since the previous inspection. These were in relation to ensuring that the health needs of people who live in the service are adequately assessed and met and the complaints process was managed. The service had put an action plan in place to manage the improvements needed. The service had not met either of these and both will be reinstated with an agreed timescale of 22 March 2023. **(See 'What the service has done to meet any requirements we made at or since the last inspection' and requirements 1 & 2.)**

There was a lack of leadership and oversight on the units to ensure essential needs were being identified, addressed and met. Policies and procedures were in place but were not implemented into practice. There were issues around medication storage, staff being unfamiliar with people's care and support needs, communication, nutritional support and ensuring people's lives are meaningful and fulfilling. As a result, people's experiences were inconsistent or poor. **(See area for improvement 1.)**

Concerns and complaints had not been addressed appropriately. The complaints policy had been rewritten. This policy was detailed and specific to Torry Care Home. The management team and staff failed to recognise or address people's concerns. Families raised concerns in relation to laundry, personal items missing, unexplained or differing versions of incidents or injuries as well as the care provided. Relatives' questions or queries were often not responded to causing frustration and a loss of confidence in the management team. As a consequence, there was not a culture that improved the outcomes and experiences for people using the service. **(See requirement 2.)**

The organisation's quality assurance processes had failed to identify or promptly address concerns in relation to people's quality of life and their experiences. There were a range of audit tools that were used to inform the manager and senior management about how well the service was performing. The auditing system should be completed accurately to reflect any concerns or issues, such as medication management, skin integrity and pressure ulcer prevention to improve outcomes for people. The management team need to ensure the auditing processes link into the service's improvement plan as well as individual action plans. This would contribute to there being a focus on sustaining improvement for people using the service. **(See requirement 2.)**

## Requirements

1. The provider must demonstrate that the service has systems in place to ensure that the health needs of people who live in the service are adequately assessed and met. In order to do this, the provider must

1) Demonstrate that staff will contact relevant healthcare professionals promptly when people who use the service require treatment or their health condition is not improving.

2) Ensure that staff have the necessary knowledge, skills and experience to assess when people who use the service require further assessment, investigation or treatment.

3) Ensure that anticipatory care support is fully implemented in line with people's wishes and personal plan.

4) Ensure that managers and responsible staff monitor and audit people's health needs robustly.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for care Services) Regulations, Scottish Statutory Instruments 2011 No 210; 4 (1) (a) - requirement for the health and welfare of service users. Regulation 4 (2) - requirements about proper provision of adequate services from any healthcare professional. Regulation 9 (2) (b) - requirements about the fitness of employees. regulation 15 (b) (i) - requirement about training.

To be completed by: 16 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required. This is in order to comply with: Regulation 4(2) 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 22 March 2023.

2. The provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must

a) Review and update the complaints procedure in line with best practice, ensuring that it contains appropriate information for Torry Care Home.

b) Review the complaints procedure regularly to ensure it is current and accurate.

c) Ensure that residents and their representatives are provided with a copy of the complaints procedure.

d) Develop staff awareness on how to recognise, investigate and respond to complaints.

e) Ensure that complaints are fully investigated. Written responses should clearly detail the findings of the investigation, action taken and lessons learned to improve outcomes for people.

To be completed by: 16 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a



culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This is in order to comply with: Regulation 18(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 22 March 2023.

### Areas for improvement

1. The provider should ensure that there is effective leadership on each of the floors in the home to help deliver consistent standards to people experiencing care.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

### How good is our staff team?

### 3 - Adequate

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

Staff were welcoming, warm, and working with the best intentions to meet people's needs. We received mixed feedback about the staff from people and their families. Some relatives spoke highly about specific staff and how they "have built up positive working relationships with dad and can pick up immediately any concerns or worries". Others told us that they "know how difficult and frustrating it can be for staff". However, essential care such as ensuring buzzers were at hand; hearing aids were working and put in; and adult to adult conversation, was lacking at times. There was a lack of leadership and oversight on the units to ensure these essential care needs were being identified, addressed and met. **(See 'How good is our leadership?')**

The service was staffed primarily by the service's own staff. This ensured people were cared for by people who knew them. The staffing rota had been reviewed and staff were now working 12 hour shifts. Staff morale was good, and staff were being deployed appropriately throughout the home. The management team need to be aware that as the staffing levels drop, in the evening, there is a potential that a culture may develop regarding people feeling they need to go to bed early. Staff said a lot of people go to bed early 'as it's a long day for them to be sitting doing nothing'. Staff need to ensure people have a choice about their daily life that is not influenced by staff or staffing levels. **(See 'How well do we support people's wellbeing?')**

Training and competences were being monitored and assessed. There was a team of highly qualified team leaders. A new team leader development programme had been introduced by the organisation. Although working with the best intentions, these skills were not being used to improve outcomes and experiences for people on a daily basis. There was a lack of role modelling on the floors. As a result, staff lacked direction and leadership and there was a risk that people were not being empowered or in control of their lives. **(See 'How well do we support people's wellbeing?' and 'How good is our leadership?')**

## How good is our setting?

### 4 - Good

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

The home was warm and welcoming. Staff have begun to take into account best practice guidance for people with dementia. The signage and visual markers, such as signs to show where the toilets were, supported people to move easily and independently around each unit. The environment should continue to be regularly assessed to ensure that it remained dementia friendly.

Torry was clean, tidy and clutter free. The home was well maintained and decorated to a high standard. However, staff need to begin to create a more homely feel within the lounges with items that can be easily cleaned. Any issues or repairs reported were actioned quickly, promoting people's health and safety. Maintenance records were in very good order, with a clear process for highlighting any required work. The maintenance team had good oversight of all equipment in the home and the maintenance requirements for each article. As a consequence, the general environment was safe and secure.

There were garden areas for people to use. Some people were supported to use the garden, weather permitting. One relative said "dad can access safely the outside area and he now walks for miles happily". Other people, especially on the upper floors of the service, were only taken downstairs by staff on the odd occasion. There was plenty of social space. Most people could choose where to spend their time. (See 'How well do we support people's wellbeing?' and 'How good is our leadership?')

## How well is our care and support planned?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People's support plans were now held electronically. Staff spoke highly of this system and discussed the benefits of having the most up to date information readily available. Care and support plans held some important and relevant information, but there were significant gaps within some people's plans especially those who were using the service for respite or whose care and support had changed. More individualised detail was needed around how staff support people. The care plans did not reflect people's current needs, choices and wishes. The information was not being effectively monitored, evaluated, or assessed. As a consequence, there was a significant risk that care and support could be compromised, or people's wishes, and views are not respected due to the limited or incomplete information available to staff. A requirement was made since the previous inspection. This was in relation to care and support plans. The service had put an action plan in place to manage the improvements needed. The service had not met this and will be reinstated with an agreed timescale of 22 March 2023. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' and requirement 1.)

The communication between staff was varied. Important information was not shared in a consistent manner. Systems and processes were in place to support communication, such as electronic handover, verbal and written handovers and communication diaries. However, these were used inconsistently and were ineffective. Staff relied on word of mouth of other carers who had been on the previous shift or knew the person. For example, in how a person was being supported to change position on a new specialised mattress and if a person required a fortified diet. As a consequence, the correct information was not available to ensure people received the right care and support in a consistent manner.

## Requirements

1. By 27 June 2022 the provider must ensure positive outcomes for service users by further developing robust systems, to effectively demonstrate that individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users. In order to achieve this the provider must:

- ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of the care/support planned or provided
- ensure that all risk assessments are accurate and updated regularly
- ensure that people have an anticipatory care plan (ACP) in place that reflects their wishes and, where appropriate, those of their representatives
- ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this
- be able to show evidence of regular monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities, and can demonstrate this through their practice
- staff are aware of and have ready access to the Care Inspectorate guide for providers on personal planning audits.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) 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 states that:

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7); and

'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 3.07).

An extension to this timescale has been agreed to 22 March 2023.

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

### Requirements

#### Requirement 1

By 27 June 2022 the provider must ensure positive outcomes for service users by further developing robust systems, to effectively demonstrate that individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users. In order to achieve this the provider must:

- ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of the care/support planned or provided
- ensure that all risk assessments are accurate and updated regularly
- ensure that people have an anticipatory care plan (ACP) in place that reflects their wishes and, where appropriate, those of their representatives
- ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this
- be able to show evidence of regular monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities, and can demonstrate this through their practice
- staff are aware of and have ready access to the Care Inspectorate guide for providers on personal planning audits. <https://hub.careinspectorate.com/media/4654/personal-plans-guide-adults-final-05112021.pdf>.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) 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 states that:

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7); and

'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 3.07).

**This requirement was made on 4 April 2022.**

#### Action taken on previous requirement

This requirement was not met. (See 'How well is our care and support planned?') We have reinstated this requirement to reflect our findings with agreed extended timescales of 22 March 2023.

**Not met**

## Requirement 2

The provider must demonstrate that the service has systems in place to ensure that the health needs of people who live in the service are adequately assessed and met. In order to do this, the provider must

- 1) Demonstrate that staff will contact relevant healthcare professionals promptly when people who use the service require treatment or their health condition is not improving.
- 2) Ensure that staff have the necessary knowledge, skills and experience to assess when people who use the service require further assessment, investigation or treatment.
- 3) Ensure that anticipatory care support is fully implemented in line with people's wishes and personal plan.
- 4) Ensure that managers and responsible staff monitor and audit people's health needs robustly.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for care Services) Regulations, Scottish Statutory Instruments 2011 No 210; 4 (1) (a) - requirement for the health and welfare of service users. Regulation 4 (2) - requirements about proper provision of adequate services from any healthcare professional. Regulation 9 (2) (b) - requirements about the fitness of employees. regulation 15 (b) (i) - requirement about training.

To be completed by: 16 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required. This is in order to comply with: Regulation 4(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 12 October 2022.**

### Action taken on previous requirement

This requirement was not met. (See 'How well do we support people's wellbeing?' and 'How good is our leadership?') We have reinstated this requirement to reflect our findings with agreed extended timescales of 22 March 2023.

**Not met**

## Requirement 3

The provider must demonstrate that relevant staff are fully informed about any updates or changes in the general health, care or support needs of people using the service. Further to this, the provider must demonstrate that accurate, timely and appropriate information is shared with the representatives of people using the service and other healthcare professionals involved in their care. In order to do this, the provider must

- 1) Ensure that NHS vaccination team are assisted by a member of staff who will take responsibility for a) documenting vaccination status in residents' personal plans b) notifying the person's representative (where appropriate) c) communicating vaccination status accurately to their colleagues.
- 2) Ensure that advice from other healthcare professionals is sought in a timely manner when a residents' condition changes.

- 3) Ensure that written notes are detailed and accurate.
- 4) Ensure that handover documents contain appropriate and accurate information.
- 5) Ensure that verbal handover reports are detailed, accurate and unhurried.
- 6) Ensure that all communication with residents' representatives is recorded within the residents' personal plan.

To be completed by: 16 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well. 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 12 October 2022.**

#### Action taken on previous requirement

This requirement was not met. (See 'How well do we support people's wellbeing?') We have reinstated this requirement to reflect our findings with agreed extended timescales of 22 March 2023.

#### Not met

### Requirement 4

The provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must

- a) Review and update the complaints procedure in line with best practice, ensuring that it contains appropriate information for Torry Care Home.
- b) Review the complaints procedure regularly to ensure it is current and accurate.
- c) Ensure that residents and their representatives are provided with a copy of the complaints procedure.
- d) Develop staff awareness on how to recognise, investigate and respond to complaints.
- E) Ensure that complaints are fully investigated. Written responses should clearly detail the findings of the investigation, action taken and lessons learned to improve outcomes for people.

To be completed by: 16 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. This is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 12 October 2022.**

**Action taken on previous requirement**

This requirement was not met. (See 'How good is our leadership?') We have reinstated this requirement to reflect our findings with agreed extended timescales of 22 March 2023.

**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

To ensure the proper provision for all service users to get the most out of life, the provider must, at a minimum ensure that:

- the meaningful information about people's likes and dislikes are shared with staff in a constructive way that support people getting the most out of life.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:16); and

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2).

**This area for improvement was made on 4 April 2022.**

**Action taken since then**

This area for improvement was not met and will be reinstated as a requirement. (See 'How well do we support people's wellbeing?')

#### Previous area for improvement 2

To improve the provision for the health, welfare and safety of residents, the management team should ensure that effective medication management systems are in place and being adhered to by all staff involved in the administration of medications.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes' (HSCS 3.14); and

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

**This area for improvement was made on 4 April 2022.**

## Action taken since then

This area for improvement was not met and will be reinstated as a requirement. (See 'How well do we support people's wellbeing?')

## Previous area for improvement 3

To ensure that service users receive the nutritional and hydrational support they require. To do this, the provider must ensure that:

- staff have the knowledge and understanding of specialist diets and IDDSI: The International Dysphagia Diet Standardisation Initiative framework
- staff must evaluate the content of the charts and plan care accordingly.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34); and

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

**This area for improvement was made on 4 April 2022.**

## Action taken since then

This area for improvement was met. (See 'How well do we support people's wellbeing?')

## Previous area for improvement 4

To ensure that used linen or infected linen is managed in line with guidance, the provider must ensure that:

- there is a clear process in place for handling dirt/clean linen
- linen is washed to ensure it is effectively decontaminated at the correct temperature in line with guidance <https://www.nipcm.hps.scot.nhs.uk/media/1677/2018-05-linen-guidance-v22.pdf>.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My environment is safe and secure' (HSCS 5.17).

**This area for improvement was made on 4 April 2022.**

## Action taken since then

This area for improvement was met. We found that personal protective equipment (PPE) was readily available. Handwashing facilities and hand sanitiser were available throughout the home. The systems and



processes in place to keep clean linen separate from dirty linen had been revised. This contributed to ensuring possible cross infection was minimised.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

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