

# Goldielea Care Home Care Home Service

Dalbeattie Road  
Dumfries  
DG2 7PE

Telephone: 01387 730 471

**Type of inspection:**  
Unannounced

**Completed on:**  
30 June 2023

**Service provided by:**  
Goldielea Care Home Limited

**Service provider number:**  
SP2012011762

**Service no:**  
CS2012306097

## About the service

Goldielea Care Home is registered to provide care and support to 47 older people. The service provider is Goldielea Care Home Limited which is part of Advinia Healthcare Ltd.

The service provider's website is: <http://www.advinia.co.uk/our-care-homes/>

The care home is a large period property near Dumfries situated in countryside.

Accommodation is provided between two units, known as "the main house" and "Woodlea". The main house has communal areas located on the ground floor comprising of two sitting rooms, dining area, conservatory and access to an outdoor seating area. Bedrooms are located on ground floor. Accommodation on the first and upper floors was not in use and refurbishment plans were in progress.

All bedrooms have en-suite toilet and wash basin. There are shared bathroom facilities on each floor.

The small unit (Woodlea) has accommodation for 12 older people and is quieter than the main house. This small unit has its own living, dining room and access to a courtyard sitting area.

During the inspection 29 people were living in the home.

The service provider employs nurses within the staff group but some people will have healthcare needs met by external visiting healthcare professionals including district nurses.

## About the inspection

This was an unannounced inspection which took place from 27 June till 29 June 2023. The inspection commenced at 07:30 on 27th June and was completed following feedback to the service provider (referred to as "provider" throughout this report) at 15:30 on 30th June. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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:

- consulted with six people supported by the service and six visiting relatives
- consulted with 15 staff, from both day and night shifts
- reviewed documents relating to care and support
- carried out observations of daily life.

**Key messages**

- The quality of staffing needed to improve, a requirement has been made.
- The opportunities for meaningful connections and meaningful activity so people get the most out of life needs to improve, a requirement has been made.
- Personal plans to set out people's preferences and guide staff on support needs also need to improve, a requirement has been made.

**From this inspection we evaluated this service as:**

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

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak
How good is our setting?	3 - Adequate
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?

## 2 - Weak

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

People should expect to experience compassion, dignity and respect. We found people's views and preferences were well known to some staff but not to others. This meant it was difficult to act upon them due to staffing inconsistency. Meetings were taking place with relatives and this helped to keep people informed and raise issues. However, due to staffing pressures care and support was delivered around routines and task, these were aimed to suit staff rather than the personal choices of people who live at Goldielea. This meant at times the care experience was impersonal. We also heard positive comments about staff who were well liked and there was much praise for individuals who were known and trusted. Interactions observed were pleasant and jovial but at times they could also be abrupt due to staff being rushed. There was limited opportunity for people to be involved in decision making and this needed to be explored so people's voices could be heard more strongly and the experience of care improves. Recent changes in the management team had taken place and relatives commented positively on newly established communications which were still at an early stage but gave some confidence their views were being acknowledged. (See Area for improvement 1)

People should expect to get the most out of life. Although staff tried their best to deliver care as people preferred, it was at a basic level. We heard of people not being able to get up out of bed, sit in a chair or go outside due to staff shortages. Sometimes the quality of care had fallen short because staff didn't know the person, or follow a detailed plan of care describing their preferences and needs. People's social history and "what's important to me" sections of their personal plan wasn't always well recorded. This meant staff had little to guide them.

There was little time for staff to have good conversations with people and to develop relationships so they know what matters to them. This meant staff could not support people effectively to maintain meaningful connections.

Opportunities for meaningful activities were sparse. An activity organiser was able to support some one-to-one interactions and enjoyable group activities. For some people this was not effective and they were bored or withdrawn as a result. Choices for how to spend your day were limited and people's aspirations weren't known or explored. (See Requirement 1 and Area for improvement 2)

People should expect to feel safe. At times there were long waits for staff and a lack of familiarity which could contribute to a feeling of lack of safety. Staff were aware of adult protection procedures and used these appropriately to report any harm or potential of harm so this could be investigated.

People should expect their health to benefit from the care and support provided. Health assessments and screenings took place, although records could be improved. Care and support was based on good practice and evidence based guidance which was overseen by nurses employed by the service. Staff mostly knew people's health needs well. Unfortunately, some instances had occurred where health needs could have been managed better and this needed to improve. (See Area for improvement 3)

People should expect to enjoy their meals and have opportunities for appropriate drinks and snacks throughout the day. The arrangements for mealtimes varied between the main house and Woodlea. Woodlea had the benefit of a small kitchen and hot trolley to allow the service of meals to be closer to people. In practice this was managed by too few staff to allow enjoyment of the meal. People were left waiting as staff tried to assist people and serve or clear meals. In the main house communal dining had fragmented and more individual trays were used to service people in their rooms. This meant people did not benefit from the social aspects of a mealtime and additional staff time was needed to transport and assist people. Both areas needed review to ensure enough staff and facilities, such as hot trolley or kitchenette were available to support people's meal and snack times better. (See Area for improvement 4)

People should be confident their medication is well managed. We found this needed review as medication stock balances had not been checked robustly enough. (See Area for improvement 5)

## Requirements

1.  
By 9th October 2023, the provider must ensure people experience care which support their well-being.

To do this, the provider must, at a minimum:

- Ensure people's personal preferences for how they wish to spend their day can be met.
- This is in terms of getting up to sit and being provided with appropriate seating to allow this.
- Staff must be available who can use hoists and provide safe and comfortable transfer between bed, chair or wheelchair.
- Choices of where to sit and enablement to go outside must be offered.
- Individually appropriate meaningful activities need to be assessed and plans made to support these on a regular basis.

This is to comply with Regulation 4(1)(a) and (b) (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 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 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" (HSCS 1.25).

## Areas for improvement

1.  
So people experience care with compassion, dignity and respect.

- People's views should be sought and responses provided, to show actions taken.
- Care provided should be according to individual preferences and supported by staff who take time to listen.
- Forums to engage with people and support involvement using advocacy and other external supports should be explored so people's rights are promoted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention." (HSCS 3.1)

2.

The provider should further develop support for meaningful activity and connections. With particular regard to:

- People at the later stages of dementia to ensure they have opportunities for tailored sensory interaction suitable to their needs and wishes.
- People who need support to spend their money to ensure this benefits their day to day life and is agreed reviewed at six monthly meetings.
- Consider how to use volunteers within the service more proactively to enhance day to day living.

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

**This area for improvement was made on 3 July 2019.**

3.

The provider should continue to improve staff practice in relation to dementia care, palliative care, infection control, mealtime experience and other key areas to ensure assessments are carried out by competent staff.

This should include the following:

- Review roles and function of nurses and senior carers to ensure there is best use of how roles and how shifts are led.
- Clear responsibility for key areas of clinical improvement within the service.
- Leadership training to support staff development.

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

**This area for improvement was made on 3 July 2019**

4.

So people experience better choice at mealtimes the provider should take account of best practice such as:

- Offering real time visual choices.
- Offer a clear alternative menu for those who don't like the choices on offer.
- Evaluate the arrangements for group dining and serving of meals, so as to be able to respond to individual preference/needs better.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

5.

So people can be confident their medication is managed well and they get the right medication at the right time, the provider should:

- review medication audits and balance checks.
- consider more person centred approaches to medication storage such as individual medication cabinets in bedrooms.
- review competency of and number of staff who administer medication, discussing this at regular supervisions.

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

### How good is our leadership?

### 3 - Adequate

There were some strengths but these just outweighed weaknesses. These need to be addressed to ensure people benefit from quality assurance and improvement which is well led. We evaluated this key question as adequate.

There were comprehensive systems in place to monitor quality within the service. This included regular audits carried out by both internal and external staff. This meant people should benefit from a culture of continuous improvement. However, recent staff changes meant improvement had been held back and new roles and responsibilities for key subject areas had yet to be assigned. For example, the use of self evaluation could be carried out more regularly to inform "where are we now" and contribute to the improvement plan which was already in use.

Some specialist areas of care had named staff attached to them previously such as infection control or dementia care to provide leadership but these roles had fallen away. This meant improvements were not happening as quickly as they could. Oversight of some areas should be stronger. For example financial audit, six monthly reviews and monitoring of professional registers. (See Area for improvement 1)

Management were responsive to Care Inspectorate feedback and demonstrated this throughout the inspection. There were some motivated staff who were keen to be part of the improvement agenda but others who needed support to develop leadership skills. The interim management team were proactive and decisions made recently were beneficial. However, further changes of management could leave the service vulnerable and this needed to stabilise.

The provider had not been focused closely enough on supporting management and leadership at Goldielea and this meant throughout the last year there was barely enough capacity to drive the improvement needed. Significant external support was therefore needed to continue to provide leadership.

### Areas for improvement

1. So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Consider inclusion of self evaluation using the quality framework for care homes for older people within the quality assurance system.
- Enhance the monitoring of six-monthly personal plan reviews.
- Ensure feedback is obtained from stakeholders, people who use the service and their representatives and actions are taken in response.
- Enhance staff leadership skills to build capacity for improvement.
- Empower staff at all levels to be involved in service improvement and consider use of "practitioner" roles as described by Scottish Social Services Council to support existing staff roles.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "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 is repeated from 4th May 2022.**

## How good is our staff team?

**2 - Weak**

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

People should expect staffing arrangements are right and staff work well together. We spoke to people, carried out observations and examined the rotas. The staff group were under pressure in all departments of the care home.

Care staff were more stable on night shift than on day shift. Staff all reported difficulty completing personal plans, reviews, audits and even providing care due to pressure of time. Dependency assessments for people living at Goldielea were in regular use but this did not take account of experienced staff time needed to meet these competing priorities.

People's personal goals were often not recorded in any detail and the personal plans were at a basic level. This all takes extra staff time which was not currently available. The physical layout of the building had been made more manageable as only the ground floor was in use and deployment of staff was subdivided to three areas. This was helpful but leadership "on the floor" was limited. The depute manager was also "nurse in charge" on days the acting manager was not there. This meant there was little additional staff time to help address improvements needed.

Housekeeping staff were sometimes unable to carry out the work expected effectively and there was no housekeeping supervisor. This meant there was a lack of oversight of some cleaning practices and record keeping so we could not be sure all areas had been cleaned to the frequency or depth expected.

Kitchen staff had also been limited at times and there was not enough contingency in place to cover absence and holidays. This meant kitchen staff could provide little support to care staff "on the Floor" with for example serving or clearing food. The mealtime experience needed review as this was not as enjoyable as it could be due to limited staffing. For example some people found food was cold by the time it was taken on a tray to their room and some people were not given enough support to use dining areas in small groups.



Maintenance staff had reduced in number and this meant there was less hours available to support environmental improvements needed, such as improved use of colour, contrast and lighting. This meant people did not benefit from an environment adapted to meet dementia or sensory loss needs.

Overall, staffing needed more improvement to ensure people's needs can be met more effectively. This includes leadership to support allocation of staff responsibilities for care and housekeeping staff. Additional kitchen and bank staff were needed to cover in the event of holidays and short notice absence. Also, recruitment and assessment of staff competence needed improvement. (See Requirement 1 and Area for improvement 1)

## Requirements

1. By 9th October 2023, the provider must ensure there are sufficient numbers of staff, with appropriate skills and experience, working across the service at all times to ensure people's safety and wellbeing.

To do this, the provider must, at a minimum:

- a) complete dependency assessments for all people living in the service.
- b) ensure people's personal goals and outcomes are taken in to consideration.
- c) ensure a balance in the skill mix among staff on shift at any time.
- d) take account of the physical layout of the building when setting the staffing level.

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 No. 210 Social Care)

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

**This requirement has been repeated and timescales extended.**

## Areas for improvement

1. So people can be confident staff are recruited well, the service provider should ensure robust recruitment practice includes verification of referees, checking with registration body such as SSSC and confirmation of training certificates.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am confident that people who support and care for me have been appropriately and safely recruited". (HSCS 4.24)

## How good is our setting?

### 3 - Adequate

There were some strengths but these just outweighed weaknesses. These need to be addressed to ensure people benefit from higher quality facilities. We evaluated this key question as adequate.

The small unit (Woodlea) on the ground floor, offered a quiet environment and facilities close to where people have their bedrooms. This meant people in this unit experienced small group living which is beneficial to their well-being.

The main house had communal lounges and dining facilities only on the ground floor. This meant people on the first floor had to come downstairs to use them. People in this area experienced a more institutional approach to living. For example the open hatch to the kitchen resulted in noise intrusion into the dining/ lounge areas. People often had to wait for a trolley to come round with drinks/snacks. Changes could be made to improve this as both first floor and ground floor had small kitchenettes which could be used to support people better but were not in current use for people living at the service.

The decision was made to close the first floor to allow refurbishment and improvements to be made. This floor was unoccupied at the time of inspection. Discussions took place with provider and local Health and Social Care Partnership and the Care Inspectorate on how additional lounge/dining and kitchenette spaces could be installed. An action plan providing more detail on this was in progress.

The ground floor had a choice of bath and shower facilities but people on the first floor had to come downstairs to use the shower. Some areas of the home had good use of colour to create contrast and lighting had been improved. However, other areas were still to be done. This meant some people experienced an environment which had been adapted better than others. (See Areas for improvements 1 & 2)

The premises were clean and mostly well maintained. Some issues had arisen with external gutters which needed attention and sash windows needed to be made easier to open.

Equipment was checked regularly to ensure people are kept safe. The laundry was in the basement and this meant heavy laundry bags had to be transported up/down stairs. This should be reviewed to allow easier transportation and safer flow of laundry to minimise cross infection. The housekeeping cupboard facility could also be improved to make use and storage easier and safer. (See Area for improvement 3)

People should be able to go outside independently if they are able to do so. However, the doors to outdoor areas were often locked so staff assistance was needed. The outdoor spaces needed improvement to make them safer and more attractive. Options to be involved in outdoor activities such as gardening or walking around the exterior of the building was limited due to the condition of pathways. Outdoor space was not freely accessible or used to its potential. This meant people could not freely choose to spend time outdoors. (See Area for improvement 4)

## Areas for improvement

1. The service provider should create more small group living in order to allow people to live in a more homely setting. This can foster greater choice and independence if the facilities allow and supports staff to deliver compassionate care with dignity and respect.

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". (HSCS 5.16)

2. The service provider should improve the facilities in order to support people to get the most out of life:

- Wet floor showers should be considered for the first floor, or upper floor to provide greater dignity and choice of facilities.
- Kitchenette facilities should be available for use by staff to support people living in each small group living area (ground and first floor) to allow easier access to drinks and snacks.

- Use of colour and contrast should be improved to help people with dementia and visual impairment to recognise surroundings as far as possible.
- Lighting should be improved in areas which are too dull.
- An action plan setting out environmental improvements and timescales is requested.

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". (HSCS 5.16)

3. So people experience a setting which is safer and cross infection is minimised, the service provider should review :

- Location, flow of laundry, provision of hand wash sink in the laundry and
- housekeeping cupboard downstairs has hand wash sink.
- Cleaning of fabric chairs is carried out according to manufacturer's instructions with suitable equipment supplied.
- Use of chlorine is specified in the COSHH folder.
- Greater oversight of cleaning schedules is carried out to ensure all areas are cleaned appropriately.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My environment is secure and safe". (HSCS 5.17)

4. So people can go outside independently and enjoy gardens which are accessible, the service provider should review:

- access to the courtyard in Woodlea and consider if patio doors can allow easier access from the lounge,
- access to the outdoors from the main house and consider better signposting,
- facilities outdoors so they are more welcoming and
- how people can connect better with the outdoors to allow gardening and walks around the building more easily.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "If I live in a care home, I can use a private garden". (HSCS 5.23)

## How well is our care and support planned?

**2 - Weak**

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

People should expect that assessment and care planning reflects their needs and wishes. Electronic personal plans were introduced over a year ago and staff had not been provided with sufficient training. Unfortunately, this meant parts of the personal plans were not completed and some written plans were not clear enough to direct consistent care. This meant people could not be sure their care needs or preferences would be known or correct actions taken to meet them.

The use of handsets to record care meant there were records of some aspects of care and support. However, this lacked detail and staff were not using the system to a fuller extent to record additional details. For example exact positional changes were not recorded well, which meant people could be left in one position for too long for comfort or spend too much time on skin which was at risk of breakdown.

Another example was the way people's fluids were recorded, in some cases recording this retrospectively meant inaccuracies. So, we could not be sure if people were getting enough to eat or drink.

Personal plans were compiled with insufficient detail, this meant they did not reflect personal preferences and needs. There was a lack of awareness of good practice in personal planning and so staff knowledge of how to make improvements needed support.

Personal preferences for care could only be seen by staff using a laptop or ,if recorded, on a handset. This was not always easy to see and some staff had difficulty in finding access. This meant staff were not directed clearly enough. People had little involvement in the care planning and review process and this meant there was limited opportunity to ensure their wishes and preferences were known or recorded accurately. In addition care reviews which should take place every six months had fallen behind. This was not in keeping with current legislation. The service provider was aware of these deficits and were taking steps to address.

(See Requirement 1)

Anticipatory care plans were in use to make sure staff knew about future wishes in the event of changes should people become unwell. However, these were used inconsistently and the summary had not always been shared with G.P.s to ensure a wider record. (See Area for improvement 1)

## Requirements

1. By timescale 9th October 2023 the provider must prepare a written plan (The personal plan) which sets out how the service user's health, welfare and safety needs are to be met.

To do this, the provider must, at a minimum ensure:

- staff competency in completion of person centred personal plans with clear leadership,
- people have meaningful involvement in their personal plans,
- people have representation to ensure their preferences and wishes are known,
- six-monthly reviews take place which meaningfully check accuracy as people's needs change,
- staff can see "at a glance" how to support people safely, for example using one -page profiles.

This is to comply with Regulation 5(1)(2)(a)(b)(c)(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 state: "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)

## Areas for improvement

1.

So people's preferences for future care needs are known and recorded, the service provider should use best practice in anticipatory care planning and ensure this links to E-KIS.

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

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

### Requirements

#### Requirement 1

The provider must ensure that there are sufficient numbers of staff, with appropriate skills and experience, working across the service at all times to ensure people's safety and wellbeing.

To do this, the provider must, at a minimum:

- a) complete dependency assessments for all people living in the service.
- b) ensure people's personal goals and outcomes are taken in to consideration.
- c) ensure a balance in the skill mix among staff on shift at any time.
- d) take account of the physical layout of the building when setting the staffing level.

To be completed by: 14 June 2023

This is in order to comply with: Health and Social Care Standard 3.15: "My needs are met by the right number of people." Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

**This requirement was made on 9 May 2023.**

#### Action taken on previous requirement

Although dependency assessment was carried out, there was insufficient adjustment made to staffing to ensure appropriate skills and experience in order to meet people's needs and ensure their well-being.

This requirement is not met and is repeated in this report. See Key Question 3 - Requirement 1.

**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

So people experience better choice at mealtimes the service provider should take account of best practice such as:

- Offering real time visual choices.

- Offer a clear alternative menu for those who don't like the choices on offer.
- Evaluate the times of meals and respond to individual preference as far as possible.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

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

### Action taken since then

There was little change in how people were offered choices at a mealtime. The selection of a meal choice well in advance of the meal was not meaningful for people with dementia. However, the use of a hot trolley in Woodlea was of benefit. This meant food could be served in the dining room close to where people eat and choices made in real time. However, in practice this was not happening. There were too few staff available. Additional assistance from a kitchen assistant to help with serving meals could have been beneficial but further recruitment was needed to enable this.

The majority of people in the main house were eating in their rooms or beds. This was not best practice and encouragement to get up and eat with others should be offered and supported. This meant staff time was taken at mealtimes in the transportation of trays to rooms and food was sometimes going cold. Mealtime practices need adjustment to get closer to best practice.

This area for improvement is not met and has been re-worded to take account of the findings of this inspection. See Key Question 1 - Area for improvement 4.

### Previous area for improvement 2

So people can be assured staffing arrangements and systems are in place to prevent or support any future outbreak of infection the following actions should be taken:

- Staff contingency plan/escalation process reviewed.
- Infection control audit process made more robust.
- Cleaning schedules further developed in keeping with national guidance.
- Pre-admission assessment reviewed to include screening questions to establish any isolation needs.
- Develop a replacement programme for fabric chairs in communal use, which are worn and hard to clean.
- Hand wash sinks in housekeeper's cupboards to have paper towels and bins to support effective use.

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

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

### Action taken since then

A staff contingency plan was in place with escalation process and we heard examples of how this was working to cover shifts at short notice.

An infection control audit was in place and cleaning schedules had been developed and were in keeping with national guidance. Some further adjustments were still needed to ensure monitoring of infection control practice and use of chlorine in the Control of Substances Hazardous to Health (COSHH) folder, so staff have appropriate guidance.

There were still fabric chairs in use which had "grubby" arms. Housekeeping staff needed more guidance and possibly new equipment to ensure they could keep these clean. A replacement programme of furnishings was in progress.

Hand wash sinks were in place in the upstairs housekeeper's cupboards. However, additional hand wash sinks were identified for installation in the laundry and downstairs housekeeper's cupboard which also lacked ventilation.

There are elements of this area for improvement which are on-going and have been re-worded to reflect the findings of this inspection. See Key Question 4 - Area for improvement 3.

### Previous area for improvement 3

So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Consider inclusion of self evaluation using the quality framework for care homes for older people within the quality assurance system.
- Enhance the monitoring of six-monthly personal plan reviews.
- Ensure feedback is obtained from stakeholders, people who use the service and their representatives and actions are taken in response.
- Enhance staff leadership skills to build capacity for improvement.
- Empower staff at all levels to be involved in service improvement and consider use of "practitioner" roles as described by Scottish Social Services Council to support existing staff roles.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "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 May 2022.**

#### Action taken since then

There was no action to address this area for improvement. This area for improvement is therefore repeated in this report. See Key Question 2 - Area for improvement 1.

### Previous area for improvement 4

So people can be confident staff are recruited well, the service provider should ensure robust recruitment practice includes verification of referees, checking with registration body such as SSSC and confirmation of training certificates.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am confident that people who support and care for me have been appropriately and safely recruited". (HSCS 4.24)

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

#### Action taken since then

Recent recruitment showed references were recorded but these often came from referees with personal e-mail address and lacked further verification. Some staff may have been previously registered with SSSC but no cross-check at the time of recruitment was carried out or evidence retained to show this had been done.

Overall, the monitoring of staff group registrations had not been carried out regularly.

This area for improvement is therefore not met and repeated. See Key Question 3 - Area for improvement 1.

## Previous area for improvement 5

The service provider should create more small group living in order to allow people to live in a more homely setting. This can foster greater choice and independence if the facilities allow and supports staff to deliver compassionate care with dignity and respect.

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". (HSCS 5.16)

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

### Action taken since then

Although Woodlea unit had a small homely layout which people could benefit from, this was not extended in the main house. Discussions took place as to how the use of space could be improved. No changes had yet been carried out.

This area for improvement is therefore not met and repeated in this report. See Key question 4 - area for improvement 1.

## Previous area for improvement 6

The service provider should improve the facilities in order to support people to get the most out of life:

- Wet floor shower should be considered for the first floor, or upper floor to provide greater dignity and choice of facilities.
- Kitchenette facilities should be available for use by staff to support people living in each small group living area (ground and first floor) to allow easier access to drinks and snacks.
- Use of colour and contrast should be improved to help people with dementia and visual impairment to recognise surroundings as far as possible.
- Lighting should be improved in areas which are too dull.

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". (HSCS 5.16)

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

### Action taken since then

No changes had yet been carried out.

This area for improvement is therefore not met and repeated in this report. See Key Question 4 - Area for improvement 2.

## Previous area for improvement 7

So the setting is safer and cross infection is minimised, the service provider should review:

- location, flow of laundry, provision of hand wash sink in the laundry and
- housekeeping cupboard has unnecessary equipment (such as stainless steel funnel) removed so fill/ tip can be managed more easily. Items stored within are protected from splash contamination.



This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My environment is secure and safe". (HSCS 5.17)

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

#### Action taken since then

There were no changes to the location or flow of laundry. The single compartment laundry buggies meant the split of laundry had to be carried out manually by the laundry assistant. The use of multi-compartment laundry buggies was discussed as an improvement to how the flow of laundry could be managed. Overall, the laundry needs a new location and plans have yet to be put in place.

Some changes had been made to the housekeeper's cupboard and the stainless steel funnel was removed. However, further improvement was needed to install hand wash sinks.

There are elements of this area for improvement which are on-going and have been re-worded to reflect the findings of this inspection. See Key Question 4 - Area for improvement 3.

#### Previous area for improvement 8

So people can go outside independently and enjoy gardens which are accessible, the service provider should review:

- access to the courtyard in Woodlea and consider if patio doors can allow easier access from the lounge,
- access to the outdoors from the main house and consider better signposting,
- facilities outdoors so they are more welcoming and
- how people can connect better with the outdoors to allow gardening and walks around the building more easily.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "If I live in a care home, I can use a private garden". (HSCS 5.23)

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

#### Action taken since then

No changes had yet been carried out.

This area for improvement is therefore not met and repeated in this report. See Key question 4 - Area for improvement 4.

#### Previous area for improvement 9

So care plans reflect people's needs and wishes effectively the service provider should ensure:

- staff competency in completion of personal plans with clear leadership,
- people have meaningful involvement in their personal plans,
- people have representation to ensure their preferences and wishes are known,
- six-monthly reviews take place which meaningfully check accuracy as people's needs change,
- staff can see "at a glance" how to support people, for example using one -page profiles.

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

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

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

#### Action taken since then

No changes had yet been carried out.

This area for improvement is therefore not met. This area for improvement is no longer in place and has been incorporated into a new requirement under Key question 5 - See Requirement 1.

#### Previous area for improvement 10

The service provider should use best practice in anticipatory care planning and ensure this links to E-KIS.

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

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

#### Action taken since then

No changes had yet been carried out.

This area for improvement is therefore not met and is repeated in this report. See Key question 5 - Area for improvement 1.

#### Previous area for improvement 11

The service provider should further develop support for meaningful activity. With particular regard to:

- People at the later stages of dementia to ensure they have opportunities for tailored sensory interaction suitable to their needs and wishes.
- People who need support to spend their money to ensure this benefits their day to day life and is agreed reviewed at six monthly meetings.
- Consider how to use volunteers within the service more proactively to enhance day to day living.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 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 area for improvement was made on 3 July 2019.

**This area for improvement was made on 3 July 2019.**

#### Action taken since then

No changes had yet been carried out.

This area for improvement is therefore not met and is repeated in this report. See Key question 1 - Area for improvement 2.

## Previous area for improvement 12

The service provider should continue to improve practice in relation to dementia care, palliative care, infection control, mealtime experience and other key areas to ensure assessments are carried out by competent staff.

This should include the following:

- Review roles and function of nurses and senior carers to ensure there is best use of how roles and how shifts are led.
- Clear responsibility for key areas of clinical improvement within the service.
- Leadership training to support staff development.

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

This area for improvement was made on 3 July 2019.

**This area for improvement was made on 3 July 2019.**

### Action taken since then

No changes had yet been carried out.

This area for improvement is therefore not met and is repeated in this report. See Key question 1 - Area for improvement 3.

## 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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	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?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.