

Hamewith Lodge Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
HC-One Limited

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SP2011011682

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CS2011300711

About the service

Hamewith Lodge is a care home service for older people and younger adults, registered to provide care for up to 60 people, including up to 18 younger adults. It is owned and managed by HC-One Limited.

The home is located in a residential area on the northern edge of Aberdeen, close to local amenities and transport links. It is a purpose-built building arranged over two floors and divided into several smaller units. The accommodation includes a variety of communal sitting rooms and dining areas. People have access to well-maintained, landscaped grounds.

At the time of the inspection, 59 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 10 May 2025. 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 15 people using the service and 15 of their family and representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

Many people spent periods without engagement, which led to loneliness, reduced stimulation and missed opportunities to support their wellbeing.

Medication was not always managed safely, placing people at risk of harm and undermining trust in their care.

Quality assurance systems did not always identify and manage risks, meaning people were not always protected from avoidable harm or poor outcomes.

Poor communication meant important information was not always shared, which affected the consistency of care and left people and families feeling uncertain and unsupported.

The environment was not always clean or safe, exposing people to infection risks and reducing their comfort, dignity and confidence in the service.

Personal plans and daily records were sometimes inaccurate or out of date, which could compromise people's safety and wellbeing.

When concerns were raised directly, the management team responded with compassion and urgency, but concerns were not always escalated to the management team. As a result, people were not always protected from avoidable harm or poor experiences.

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?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
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

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. As these weaknesses concerned the welfare and safety of people, we made several requirements for improvement.

Staff sometimes delivered compassionate care that supported people's wellbeing. For example, a staff member was observed gently encouraging someone to walk with them, using light-hearted conversation that promoted dignity and engagement. Another used music to connect with someone, offering emotional comfort. Some people enjoyed time in the garden or interacting with visiting pets, which provided moments of stimulation and connection. These examples demonstrated that, when time and focus allowed, staff could deliver warm and person-centred support. However, not everyone in the home experienced this level of engagement and support.

People's emotional wellbeing and quality of life varied. Many people spent long periods without meaningful interaction. We saw people often sitting passively, with little conversation or engagement. One person said, "I am a bit lonely; they don't always have time to talk to me." Staff appeared focused on essential tasks, and emotional connection was often missing from daily routines. As a result, people's emotional wellbeing and sense of purpose were not always supported, and opportunities to enhance day-to-day life were missed **(see Requirement 1)**.

People's mealtime experiences were not always positive. Some people had breakfast very late, which led to rushed or overlapping meals. Some people sat in silence without support, including those assessed as being at risk of choking. This impacted people's dignity, comfort and safety during what should be a positive and social part of their day **(see Requirement 2)**.

Nutritional risks were not always identified or addressed in a timely way. In one case, a person experienced significant weight loss that went unrecognised until a GP raised concerns. Food and fluid charts were only introduced after this point, rather than through routine monitoring. This delay placed the person's health at risk and highlighted a lack of oversight in managing nutritional care **(see Requirement 2)**.

Falls risks were not always managed effectively. One person fell shortly after arriving, but staff did not complete a falls risk assessment until after the incident. They experienced further falls, yet there was no evidence of timely care planning or shared learning to prevent recurrence. Another person's mobility declined significantly, but their care plan was not updated, and staff did not explore a medical cause. This lack of timely intervention meant people did not receive the support they needed to stay safe and mobile, increasing the risk of harm and loss of independence **(see Requirement 2)**.

People's skin care needs were not always managed effectively. In one case, a visible bruise following a fall was not recorded correctly. Another person's repositioning chart, which indicated two-hourly turns, had no entries recorded for a six-hour period. This raised concerns about whether care was delivered as planned. Such omissions increase the risk of pressure damage, pain and infection, which can lead to serious health complications and a reduced quality of life **(see Requirement 2)**.

Medication was not always managed safely. Significant weaknesses in ordering, administration and storage compromised people's wellbeing. For example, one person did not receive prescribed pain relief for three days because staff did not order it on time.

There were also missed doses and instances of double dosing, which increased the risk of harm. Staff could not demonstrate how they monitored the effectiveness of 'as required' medication using the electronic system. Records were also missing to show when people should be given medication without their knowledge. In addition, some people's insulin pens were stored in the fridge without labels, which did not meet safe storage procedures. These issues showed that safe medication practices were not always followed and that existing checks were sometimes ineffective. As a result, people were at risk of not receiving their medication as prescribed, which could lead to them becoming unwell, experiencing side effects, or losing trust in the care provided (**See Requirement 3**).

People were not always supported to maintain their personal hygiene. Some relatives reported that their loved ones were occasionally left unwashed, dressed in stained or incorrect clothing, or wearing clothes belonging to others. One relative said, "They always took pride in their appearance and it's upsetting to see them like this." Furthermore, in one case, a toothbrush was dry despite records indicating that oral care had been provided. These examples raised concerns about the standard of basic care for some people. When personal hygiene is neglected, people may feel uncomfortable, embarrassed and devalued, and their health can be put at risk (**see Requirement 4**).

Requirements

1. By 15 August 2025, the provider must ensure that people experience meaningful interaction, emotional connection and stimulation as part of their daily care and support. This is to promote wellbeing, dignity, and a sense of purpose.

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

- a) ensure that all staff understand their role in supporting people's emotional wellbeing, and that creating a culture of connection and compassion is everyone's responsibility
- b) embed opportunities for meaningful engagement and connection into daily routines, including through conversation, shared activities and use of individual interests such as music, nature, or sensory experiences
- c) ensure that people's preferences, communication needs and emotional support requirements are clearly recorded in personal plans and used to guide care
- d) monitor the quality and consistency of emotional support and engagement through observation, feedback and regular review of people's experiences.

This is 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 state:

"I experience warmth, kindness and compassion in how I am supported and cared for." (HSCS 3.9)

"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)

"I am supported to manage my relationships with people who are important to me." (HSCS 2.18)

2.

By 25 July 2025, the provider must ensure that people's health and wellbeing needs are identified, monitored and met in a timely and effective way to protect their health, wellbeing and safety.

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

- a) ensure mealtimes are well-managed, calm and unhurried, with meals served on time and appropriate support provided for those at risk of choking
- b) promptly identify and respond to any signs of weight loss, including the use of food and fluid charts where appropriate
- c) provide consistent and effective wound care and repositioning support, with accurate and up-to-date records maintained
- d) implement timely falls risk assessments and ensure appropriate care planning and review following any fall
- e) make timely referrals to relevant health and social care professionals when concerns about a person's health or wellbeing arise.

This is to comply with Regulation 4(1)(a) and Regulation 5(1) 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:

"I experience high quality care and support that is right for me." (HSCS 1.19)

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23)

"I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible." (HSCS 1.35)

3.

By 25 July 2025, the provider must ensure that medication is administered and managed safely and reliably to protect people's health, wellbeing and safety.

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

- a) ensure accurate recording and administration of all medication, including PRN (as required) and covert medication
- b) store all medication safely, with clear labelling, appropriate temperature control and in accordance with relevant protocols and procedures
- c) ensure the electronic Medication Administration Record (eMAR) system is used effectively to support safe practice, including ensuring that no-one misses their medication or receives additional doses in error
- d) provide staff with appropriate training and carry out regular competency assessments in medication procedures.

This is to comply with Regulation 4(1)(a) and Regulation 15(b)(i) 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:

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

"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)

4. By 25 July 2025, the provider must ensure that people receive appropriate support with personal hygiene and presentation to promote their dignity, comfort and wellbeing.

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

a) ensure people receive regular support with washing, dressing and oral care, in line with their personal plan and individual preferences

b) maintain accurate and up-to-date records of personal care provided, including oral hygiene, bathing and dressing

c) monitor the quality and consistency of personal care through regular audits and feedback from people and their families.

This is 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 state:

"If I need help with personal care, this is carried out in a dignified way, with my privacy and preferences respected." (HSCS 1.4)

"I am supported to feel clean, fresh and comfortable." (HSCS 1.19)

"I am treated as an individual by people who respect my needs, choices and wishes." (HSCS 3.1)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. While we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made a requirement to support improvement.

The service's improvement planning was not having the intended impact on people's care. A Service Improvement Plan (SIP) was in place, which identified key areas for development, including wound care, medication management and care planning. However, concerns in these areas were still found during the inspection.

For example, gaps in wound care documentation persisted and unsafe medication administration practices were identified (**see 'How well do we support people's wellbeing?'**). This suggested that the SIP was not driving improvement effectively. As a result, people may not always receive care that was timely, coordinated or aligned with their assessed needs, which could impact their comfort, safety and wellbeing (**see Requirement 1**).

Internal audits were not consistently effective in identifying risks or improving care. For example, medication audits failed to detect missing alerts for people receiving medication without their knowledge, and unlabelled insulin pens were found stored in the fridge (**see 'How well do we support people's wellbeing?'**). These gaps in monitoring increased the risk of errors and compromised people's safety. Due to this, people were at risk of receiving unsafe care (**see Requirement 1**).

Quality assurance activities had limited impact on improving people's care. Some new assurance practices had been introduced, such as daily walkarounds and a revised handover process. However, these had not yet led to measurable improvements in care. For example, there was no evidence that this had improved the accuracy of information shared between staff and issues remained in people's care provisions (**see 'How well do we support people's wellbeing?'**). This suggested a lack of follow-through in embedding improvements into practice (**see Requirement 1**).

The service's approach to regulatory reporting and record-keeping required improvement. A recent complaints inspection identified that the service was not reliably submitting required notifications to the Care Inspectorate. This limited external oversight and reduced accountability. The same complaint also raised concerns about the accuracy and reliability of accident and incident reporting. This reduced transparency and made it more difficult for the service to monitor and respond to potential risks. Further details of this complaint can be found on the service's page on our website. As a result, people may not be protected from avoidable harm and their care may not be based on accurate or up-to-date information (**see Requirement 1**).

Management was not having the necessary impact to ensure concerns were addressed promptly. Although the management team responded quickly and compassionately to concerns raised directly by family members, staff did not always escalate issues to senior colleagues. This limited the leadership team's ability to take early action and reduced the overall responsiveness to concerns. These weaknesses affected the service's capacity to manage risk proactively, which contributed to our evaluation of weak for this key question (**see Requirement 1**).

Requirements

1. By 5 September 2025, the provider must ensure that robust and effective quality assurance systems are in place to support safe, coordinated and person-centred care. These systems must drive continuous improvement and reduce the risk of harm.

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

- a) ensure that the Service Improvement Plan (SIP) is regularly reviewed, updated and used as a live tool to drive measurable improvements in care, including in areas such as wound care, medication management and care planning
- b) implement effective audits across key areas, including medication, care planning, infection prevention and control, and accident and incident reporting

- c) ensure that all required notifications are submitted to the Care Inspectorate in a timely and accurate manner, in line with regulatory expectations
- d) strengthen oversight of staff practice through daily monitoring and walkarounds, with a clear focus on people's experiences, outcomes and the accuracy of information shared between staff
- e) ensure that lessons learned from complaints, incidents and audits are clearly documented, shared with staff and used to improve practice and reduce the risk of recurrence.

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)
Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019

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

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

"I use a service and organisation that are well led and managed." (HSCS 4.23)

"I have confidence in the people who support and care for me." (HSCS 3.1)

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. While we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made a requirement to support improvement.

People sometimes experienced kind and respectful interactions with staff, which supported their emotional wellbeing. People and their families spoke positively about certain staff members and described them as caring. One family member told us, "Some of the staff are lovely." These interactions helped promote some people's emotional wellbeing. However, this was not consistent across the service. Many people told us that staff appeared rushed and did not always have time to talk with them. This meant that people did not always experience relaxed or meaningful interactions, which could affect their sense of comfort and connection.

Staffing arrangements did not always support positive outcomes for people. The service did not use agency staff and used a dependency tool to plan how many staff were required on each shift to provide good quality care, but staff were not consistently visible in key areas of the home. For example, someone assessed as requiring one to one support was left unsupervised in the lounge. Additionally, families reported often being unable to locate staff from lunchtime onwards. This raised concerns about the effectiveness of staff deployment and the ability of the service to respond promptly to people's needs.

Supervision arrangements were not yet having a clear impact on improving outcomes for people. Staff told us they felt supported by the management team and had opportunities to reflect on their work. One staff member said, "Yes, I feel well supported and receive regular supervision, which is helpful." While this was positive, there was little evidence that supervision was being used effectively to drive improvement.

For example, although group discussions followed medication errors, there were no records or evidence that learning was shared with the wider team. As a result, opportunities to strengthen staff performance and enhance the quality of care were sometimes missed.

Staff training was not always effective in supporting confident, safe care. Although the management team were monitoring training and encouraging staff to complete it, this was not yet having the desired impact. For example, staff continued to experience difficulties using the electronic medication administration system. This indicated that further support was needed to embed learning and ensure staff were able to apply their training reliably in day-to-day practice. Consequently, there was a risk that people may not always receive care that reflected best practice.

Communication across the service was not always supporting safe or well-informed care. A new handover format had been introduced and was being completed daily, which was a positive step. However, staff continued to report difficulties in accessing and sharing information. People and their families also described communication as poor. In several cases, families were not informed in a timely way about important changes in care, such as weight loss, missing items, or medication changes. This reduced confidence in the service and negatively affected people's experiences of care. Improvements are needed to ensure that communication systems are reliable, responsive and contribute to positive outcomes for people **(see Requirement 1)**.

Requirements

1. By 15 August 2025, the provider must ensure that effective communication systems are in place and used by all staff to support safe, person-centred care and improve outcomes for people.

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

- a) ensure that up-to-date and accurate information is consistently shared and accessed through handovers, care records and communication tools, so that staff are well-informed and able to deliver coordinated care
- b) ensure that staff communicate clearly, respectfully and professionally with each other, with management and with people using the service
- c) ensure that families and representatives are kept informed about significant changes in care, incidents and key decisions in a timely and appropriate manner
- d) establish systems that enable staff to escalate concerns and receive timely responses from management, with clear lines of accountability
- e) embed a culture of openness where concerns, observations and feedback are listened to, recorded and acted upon to improve care and strengthen trust.

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)
Section 7(1)(a) and 7(1)(c) of the Health and Care (Staffing) (Scotland) Act 2019

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

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

"I am confident that people respond promptly, including when I ask for help." (HSCS 3.17)

"I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs." (HSCS 2.8)

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made a requirement to support improvement.

While some areas of the home were welcoming, concerns about cleanliness, maintenance and safety affected the overall quality of the environment. Communal spaces such as lounges and garden areas were used by some people, and several bedrooms were personalised with familiar belongings, which supported comfort and a sense of identity. However, these positive aspects were undermined by environmental issues that impacted people's dignity, wellbeing and confidence in their surroundings.

People were not always actively supported to spend time in the garden, which limited opportunities to enjoy the benefits of fresh air and natural surroundings. While the outdoor area was accessible and used by some, others were not encouraged or helped to go outside. For example, one person asked to go outdoors but was not supported to do so before we left. This meant people could miss out on meaningful experiences that may have improved their physical and emotional wellbeing.

Environmental cleanliness and hygiene were not always maintained to an acceptable standard. In some areas of the home; there were unpleasant odours and several bedrooms were found to be unclean or untidy. There were issues such as unclean mattresses, food debris in drawers and general disorganisation. Several family members also raised concerns about the cleanliness of bedroom spaces and the overall standard of hygiene. These issues compromised people's comfort and dignity and reduced people's confidence in the quality of their living environment **(see Requirement 1)**.

Infection prevention and control practices were not consistently followed by staff. Cleaning records were sometimes incomplete or unreliable. Several pieces of equipment lacked visible cleaning dates and, in some cases, dates were only added during the inspection. This raised concerns that routine cleaning checks were not being carried out as expected. As a result, confidence in the cleanliness of equipment was reduced, and there was an increased risk of people being exposed to unclean or unsafe items **(see Requirement 1)**.

Staff did not always manage environmental safety to an acceptable standard. A utility room storing chemical products was found unlocked. This posed a significant safety risk in an environment where vulnerable adults live. In another instance, cleaning products intended for personal use were found stored in a bedroom drawer, raising further concerns about safe storage and supervision. These issues highlighted gaps in environmental checks and oversight, increasing the risk of avoidable harm and highlighting the need for more robust safety practices to protect people's wellbeing **(see Requirement 1)**.

Requirements

1. By 25 July 2025, the provider must ensure that people experience a clean, safe and well-maintained environment that protects their health, safety, and wellbeing.

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

- a) ensure all areas of the home, including bedrooms, communal spaces and bathrooms are clean, hygienic and free from unpleasant odours
- b) implement and maintain robust cleaning schedules for all equipment, furnishings and high-touch areas, with accurate and up-to-date records that are regularly audited
- c) ensure that all hazardous materials, including cleaning products and personal care items, are stored safely and securely at all times
- d) carry out regular environmental checks to identify and address risks related to cleanliness, maintenance and storage, and take prompt action where issues are identified.
- e) ensure that all staff understand and consistently follow infection prevention and control procedures and environmental safety protocols, with appropriate training and supervision in place.

This is to comply with:

Regulation 4(1)(a) (Welfare of users) and Regulation 10(2)(a)(b)(d) (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:

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

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

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, significant weaknesses compromised these. As these weaknesses concerned the welfare and safety of people, we made a requirement to support improvement.

At the time of inspection, the service had not yet transitioned to its planned digital care planning system. All care planning and documentation remained paper based. While some care plans were person-centred and reflected people's preferences and routines, the overall quality of documentation varied significantly.

People's personal plans were not always updated promptly following changes in health and wellbeing. For example, one person experienced a significant weight loss, yet their nutritional care plan was not reviewed or updated for several weeks.

During this time, there was no evaluation of their nutritional needs, and no interventions were recorded. This delay meant that appropriate support was not implemented when needed, which may have negatively affected the person's health and wellbeing **(see Requirement 1)**.

People's personal plans were sometimes inaccurate. For example, one person who was no longer independently mobile was still described in their care plan as walking with support. There was no updated evaluation or clinical explanation for the change in mobility. This lack of review meant that staff may not have had accurate information to guide care, increasing the risk of inappropriate or unsafe support **(see Requirement 1)**.

People could not always be confident their care was delivered safely due to poor recording and monitoring. For example, one person's repositioning chart had no entries for several hours, and oral care was recorded as completed for someone whose toothbrush was dry. Another person received a double dose of medication, despite an electronic recording system being in place. There was no evidence this was discussed with their family or reviewed in their care plan. These gaps raised concerns about the reliability of records and the safety of care **(see Requirement 1)**.

People were sometimes placed at risk because risk assessments were not completed in a timely manner. In one example, a person experienced a fall before a falls risk assessment had been completed. These delays and omissions increased the risk of avoidable harm and highlighted weaknesses in the service's approach to proactive risk management **(see Requirement 1)**.

Planning for people's future care, including end-of-life support, did not always reflect their personal wishes and preferences. While some key documents, such as resuscitation decisions were in place, other aspects of future planning were missing or not kept up to date. A recent complaint investigation found that one person's end-of-life care was not delivered in line with their documented wishes. It also highlighted that people's preferences about future treatment or preferred place of care were not always recorded. Further details of this complaint can be found on the service's page on our website. As a result, people's wishes were not always known or respected during illness or crisis, which affected the quality and person-centred nature of their care **(see Requirement 1)**.

People who engaged in activities that carried potential risks were not always supported by clear planning. For example, one person who smoked had a risk assessment and consent form, but no care plan explaining how this would be supported safely. Although legal arrangements were in place for others to help make decisions, there was no assessment of the person's capacity to decide about smoking. This created risks to their safety, rights, and wellbeing **(see Area for improvement 1)**.

Requirements

1. By 15 August 2025, the provider must ensure that all care and support documentation is accurate, up to date and reflects people's current needs, preferences and legal rights. This is to ensure that care is safe, person-centred, and responsive to change.

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

a) regularly review and evaluate personal plans, particularly following any changes in people's health or wellbeing, to ensure they remain accurate and relevant

- b) improve the quality and consistency of daily recordings, including repositioning charts, oral care, nutrition and medication administration, ensuring they are complete, accurate and reflective of the care provided
- c) ensure that future care planning, including end-of-life support, is developed in partnership with individuals, families and professionals and clearly records people's wishes about treatment and preferred place of care
- d) ensure that all documentation relating to legal authority and capacity is complete, accessible and used to inform care planning and decision-making
- e) ensure that risk assessments are completed promptly when people begin using the service or when their needs change, and that these are regularly reviewed and used to inform safe and appropriate care planning.

This is to comply with:

Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (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 needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23)

"I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

"I am supported to understand and uphold my rights." (HSCS 2.3)

Areas for improvement

1.

To support people's health, wellbeing and autonomy, the provider should ensure that where people engage in activities that carry potential risk, that there is a clear, person-centred care plan in place.

This should include, but is not limited to, a documented assessment of the person's capacity to make decisions about the activity, consultation with legal representatives where appropriate, and a detailed support plan that outlines how the activity will be supported safely and respectfully.

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

"I am supported to understand and uphold my rights." (HSCS 2.3)

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

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 support staff, the provider should ensure development and regular one-to-one meetings take place, to ensure staff remain competent, skilled and are supported to undertake their role.

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

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

This area for improvement was made on 13 September 2024.

Action taken since then

Effective staff supervision is essential to ensure people experience high-quality care from a confident and competent workforce. While a supervision matrix was in place and some group and one-to-one sessions had taken place, there was limited evidence that these were being used meaningfully to support staff development or improve outcomes for people. There was no clear link between supervision and reflective practice or learning. Furthermore, although some staff had received supervision, this had not led to consistent improvements in the quality of care. Issues remained in key areas, including medication management and care planning, indicating that supervision was not being used effectively to address practice concerns or support staff to improve. As a result, staff may not be consistently supported to develop the skills and confidence needed to deliver safe, person-centred care.

This area for improvement has not been met.

Previous area for improvement 2

To support positive outcomes for people who use this service, the provider should further develop robust systems to improve lines of communication.

To achieve this:

- a) staff must be able to demonstrate through their practice that they have a clear understanding of the role of the Power of Attorney
- b) staff must be able to put into practice their role and responsibilities where Power of Attorney are in place.

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

'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'(HSCS 2.12)

This area for improvement was made on 13 September 2024.

Action taken since then

Effective communication and understanding of legal roles such as Power of Attorney (PoA) are essential to uphold people's rights and ensure decisions reflect their best interests. Several families with legal authority reported not being informed about significant changes in care, including medication changes, weight loss and missing belongings. Staff were often unaware of who held PoA or did not act on this appropriately. This reflected a lack of embedded understanding and practice around legal responsibilities and communication protocols. As a result, people were at risk of receiving care that did not reflect their rights or preferences, and PoAs were sometimes unable to fulfil their role in safeguarding individuals' wellbeing.

This area for improvement has not been met. However, the issues identified will now be reflected in the improvement areas identified during this inspection (**see 'How good is our staff team' and Requirement 1, and 'How well is our care and support planned and Area for Improvement 1).**

Previous area for improvement 3

The service should ensure that staff have the appropriate knowledge and skills to carry out medication-related duties safely. The service should consider the impact of new policies and procedures in respect of staff availability and ensure that a person-centred approach is taken at all times when administering medication.

This is in order to comply with:

Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This area for improvement was made on 7 October 2024.

Action taken since then

Safe and effective medication management is essential to protect people's health and wellbeing. We identified several medication errors, including missed and double doses, as well as poor stock control. Staff were unclear about how to monitor the effects of medication or follow correct procedures for administering medicines in disguised form. We also found unlabelled insulin pens stored inappropriately. These issues demonstrated that training had not been embedded into practice and that staff lacked the knowledge and confidence to carry out medication-related tasks safely. As a result, people were at risk of harm due to inconsistent and unsafe medication practices, and staff were not adequately supported to deliver safe, person-centred care.

This area for improvement has not been met. However, the issues identified will now be reflected in the improvement areas identified during this inspection (**see 'How well do we support people's wellbeing' and Requirement 1).**

Previous area for improvement 4

The service should ensure that concerns and feedback from staff are listened to, understood and acted upon in a timely manner, in line with the organisation's ethos of kindness.

This is in order to comply 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 area for improvement was made on 7 October 2024.

Action taken since then

Creating a culture where staff feel heard and supported is essential to delivering safe, compassionate care. Staff told us they felt supported, and some expressed optimism about some improvements. The manager was observed responding promptly to concerns raised during the inspection. However, staff also reported ongoing challenges in escalating concerns and receiving timely feedback. This suggests that while progress has been made, systems for listening and responding to staff are not yet fully embedded. As a result, staff did not always feel confident that their concerns would lead to meaningful change, which could impact morale and the quality of care provided.

This area for improvement has been partly met. However, further work is needed to ensure open communication is consistently promoted and sustained. This will be reflected in the improvement areas identified during this inspection (see 'How good is our leadership' and Requirement 1, and 'How good is our staff team' and Requirement 1).

Previous area for improvement 5

The service should ensure that continuity of care and the wellbeing of residents and staff are prioritised when managing allegations of unprofessional behaviour.

This is in order to comply with:

Health and Social Care Standard 3.7: I experience a warm atmosphere because people have good working relationships.

This area for improvement was made on 13 December 2024.

Action taken since then

Responding appropriately to concerns about staff conduct is essential to protect people's wellbeing and ensure continuity of care. This area for improvement was linked to a previous complaint and has since been addressed through appropriate follow-up and staff changes. During this inspection, there was no evidence of ongoing issues related to unprofessional behaviour. The service had taken clear action to ensure that any concerns were managed in a way that prioritised the safety and experience of both people using the service and staff.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
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?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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