

# Kingsley Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 June 2025

**Service provided by:**  
Amicura Limited

**Service provider number:**  
SP2021000220

**Service no:**  
CS2021000349

## About the service

Kingsley Care Home is a purpose-built care home in Paisley, Renfrewshire. The service provides nursing and residential care for a maximum of 55 older people over the age of 65 years.

The modern home is laid out over two floors. The ground floor provides a variety of communal facilities, including a cafe, hairdresser, family dining room and sleepover room for visitors.

The floors are divided into six small areas, although people can move freely between them. This offers people a variety of lounges, balconies and dining rooms and access to an enclosed garden space. Each bedroom has an en-suite toilet and shower.

At the time of the inspection 52 people were living in the home. The newly appointed manager was supported by a depute, clinical lead, team of nurses, advance senior carer, senior carers and care assistants.

## About the inspection

This was an unannounced inspection which took place on 29, 30 May, 02 & 03 June 2025 between the hours of 07:10 and 19:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 12 people using the service and 6 of their families
- reviewed 23 electronic questionnaire responses
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- Management and staff knew people well and were good at building positive relationships with people and their families.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance consistency and quality of support.
- The management team should continue to develop and utilise effective quality assurance processes to support the ongoing improvement of key aspects of the service.
- Service management should ensure all staff training is up-to-date and relevant learning and development opportunities offered.
- The provider should utilise a range of meaningful measurements to ensure appropriate staffing levels to meet peoples needs.
- The environment is spacious, with many communal and private areas available including an effective outdoor area
- Support plans and risk assessments did not always guide staff on people's current support needs

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	5 - Very Good
How well is our care and support planned?	3 - Adequate

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

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

## 3 - Adequate

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

We observed a number of warm and engaging interactions between staff and people, which demonstrated how well staff knew people. Staff shared they liked working in the service and enjoyed supporting people. We noted compassionate and sensitive support being provided, which demonstrated the trusting relationships between people. People told us "they all do there best although I do have my favourites". Relatives shared their appreciation of the support provided to their loved ones. A relative shared "Although x is in bed, they still get good care and support from all of the staff".

Healthcare needs were provided by the nursing and care staff team. Referrals were made to external healthcare professionals, such as Speech and Language Therapist and Community Psychiatric Nurse when required. Information relating to referrals and visits was recorded, although this could be more detailed to ensure that continuity of care. Relatives shared they felt staff knew their loved ones well, having a good understanding of their care and support needs. We heard from a relative "Staff have developed a good relationship with x and pick up on any changes quickly. They keep me involved in the support as well, which is important to me".

People 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. A range of activities were offered both on a one to one basis and for groups. There was an ongoing programme which included intergenerational visits from local nursery, pet therapy and singers to promote positive experiences for people. Whilst there were a range of activities on offer, consideration should be given to ensure everyone has equal opportunity to experience these should they wish.

People should be able to choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. Catering staff had a good understanding of people's nutritional needs, likes and dislikes and met with people regularly to ensure they continued to meet these needs. People were mainly positive in their feedback about food, and we were assured that peoples nutritional needs were met.

Mealtime experiences for people was varied. Lunchtime menu on offer was generally soup and sandwiches, with not a lot of choice promoted of the alternative menu. The management team had recognised this and were introducing a new menu over the next few weeks. The service should improve the overall dining experience for people, including those being served in their bedroom.

### **(Please see area for improvement one)**

Hydration and snack stations were available for people to be able to help themselves, though these were underused. We asked these include fresh drinking water and that staff encourage the use of these more.

There were systems in place for the safe administration of medication, to ensure that people receive the right medication at the right time. Some improvements were necessary to ensure the recording of medication was accurate. Protocols for medication prescribed "as required" and administration of covert

medication should be more detailed to ensure consistency of support. The management team began making changes to ensure medication recording was accurate over the course of the inspection.

**(Please see area for improvement two)**

The service had a range of charts in place to monitor people's health and related activity, such as wounds, food and fluid intake and bowel monitoring. Senior staff were utilising the electronic care planning system well to track wounds with clear dates recorded for follow up actions alongside contact with other professionals. This ensured effective treatment and management oversight of this key area.

In relation to bowel monitoring and food/fluid intake information noted was not always fully completed or accurate. This meant that there could be delays to people receiving the right care and support. Guidance on the level of monitoring required to support people's health and wellbeing should be clear. This should include setting out thresholds for when further action may be required.

**(Please see area for improvement three)**

## Areas for improvement

1.

The provider should improve the mealtime experience for people. This should include but not be limited to ensuring that people, including those who are dining in their bedrooms have a pleasant and relaxed dining experience and are enabled to make informed decisions regarding their meal choices.

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

"I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSC 1.33)

2.

To keep people safe, the provider should ensure that medication is recorded and administered accurately and in line with prescribers instructions and best practice guidance. This should include ensuring staff understand their responsibilities in relation to medication administration and actions required in the event of an error being discovered.

Protocols in place to guide staff in the use of medication prescribed "as required" and the administration of covert medication should be sufficiently detailed to ensure a consistent approach from all staff.

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

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

3.

To keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing is accurate and consistent across the service.

This should include monitoring charts being fully completed and detailing why monitoring is in place, review dates, thresholds of when actions are required and evidence of action taken when needed. There should be effective overview of recordings to ensure appropriate actions are taken without delay.

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

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

## How good is our leadership?

## 3 - Adequate

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

The manager was developing quality assurance systems and processes to improve oversight of key areas across the service. This had resulted in an operational action plan being developed, which had been regularly reviewed. To support the ongoing improvement journey, it would be beneficial to develop a medium and longer term plan including environmental plans.

People should benefit from a culture of continuous improvement. In recent months, the organisation had made efforts to enhance its quality assurance processes, implementing audits covering a broad range of areas, which were completed by the senior team. There were however, several areas for development identified during the inspection, which had not been picked up by the quality assurance processes. Some improvements were noted in identifying and following up on necessary actions. However, this remained in its early stages.

### (Please see area for improvement one)

Information regarding falls and infections, was recorded within each area. However, inconsistencies were noted between records and reports generated on the electronic recording system (PCS) . If information is being recorded it is important that it is accurate as it may cause confusion if there is conflicting information being utilised.

The Organisation is currently reviewing quality assurance processes and audits to ensure they are streamlined and effective. We look forward to seeing the progression of this.

Improvements were observed in the recording of accidents and incidents, with managers signing off reports and offering guidance to staff where necessary. However, after significant incidents, further follow-up with staff would be beneficial to address concerns and reinforce learning points. Immediate debriefing was useful, but additional check-ins later on could enhance staff support and the opportunity for identifying lessons learned.

The online training system provided reports outlining completed training. Some staff profiles had not been accurately set up, leading to gaps in mandatory training completion. These issues had not been flagged by the existing quality assurance systems, emphasising the need for better oversight to ensure staff received appropriate training (see area for improvement one).

The organisation had a robust system in place regarding safe staff recruitment procedures. Whilst we noted for most staff, these processes had been followed there was a few gaps particularly in relation to gaps in employment, variances to right to work info and dates on reference that required to have follow up information noted. It would be helpful for all recruitment decisions to be signed off by the manager.

**(Please see area for improvement one)**

### Areas for improvement

1.

To continue the improvement journey, the provider should ensure that quality assurance is well led to ensure people experience consistently good outcomes.

This should include but not be restricted to:-

- a) development of an effective service development plan, which captures short, medium and long term improvements
- b) the registered manager having complete oversight of the service and ongoing key activities, including recruitment processes, training and
- c) the provider ensuring audits are fit for purpose and effective in improving outcomes for people. Quality audits and action plans should be accurate, up-to-date and lead to the necessary action to achieve improvements without delay.

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

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

### How good is our staff team?

**3 - Adequate**

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

The management team had been actively recruiting permanent staff. This had reduced the use of agency staff, providing a more consistent staff team. Staff were given an appropriate induction period to orient them to their role; however this was managed within no additional staff resource. This meant that staff on shift had to give time to support colleagues with induction tasks. There had been an increase in nursing

compliment, which improved access to nursing oversight of people's health and care needs across the service.

People should have confidence in staff providing their support because they have the necessary training, competence and skills. The organisation had a training matrix in place detailing mandatory training to be undertaken for each role. However there were a number of areas not covered within this. To ensure staff are equipped to carry out their role, this should be reviewed. A range of online training opportunities were available, and although there was a high level of compliance, there were some gaps. The management team recognised the need for improved training and had begun accessing external training, to develop the skills and knowledge of the staff team.

## **(Please see area for improvement 1)**

People should benefit from care and support that is consistent because staff work together as a team. We heard that some people work well and help each other out whilst others spoke about low staff morale, which impacted on teamworking. Staff shared there was some expectations for getting people ready for the day, early in the morning, which did not always fit with people's preferences. People's routines should not be determined by staffing routines or structures and should be an individual choice.

## **(Please see area for improvement two)**

People's needs should be met by the right number of people. From rotas we were able to see consistent staffing levels. It was not clear however that these levels were always adequate and flexible to meet people's changing needs. Dependency assessments were completed retrospectively, meaning that they were not responsive to people's changing needs. There was no recognition of other key measures such as the layout of the building, which was large and spread out. This meant we were not assured that staffing was appropriate to meet people's needs. Staff shared that they were unable to spend extra time with people and were mainly focused on completing care tasks.

## **(Please see area for improvement two)**

The management team had recently introduced allocation sheets, to guide staff on key tasks to be carried out throughout their shift. Managers advised this was to support effective deployment of staff taking account of skills mix, to improve care and support across the service.

People should experience a warm atmosphere because people have good working relationships. From our observations and discussions, there appears to be some underlying tensions between the staff and management team. Staff rotas had recently been altered to allow for more effective deployment of staff. However, some staff shared that this impacted on their work/life balance as they did not have enough prior notice of when they would be next on shift. This impacted staff motivation and had potential to impact people using the service.

## **(Please see area for improvement two)**

## **Areas for improvement**

1.



The provider should ensure that staff access an induction programme and training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported.

Effective and regular opportunities should be created to encourage staff development and reflection including one to one supervision, team meetings and observations.

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

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

2.

To ensure people's safety and choice is respected, the provider should ensure staffing levels and the deployment of staff is appropriate to meet people's preferences and assessed care and support needs.

This should include but not be limited to:

- a) a range of meaningful measurements being taken into account to determine safe staffing levels to enable peoples assessed needs to be met effectively and efficiently and
- b) the whole staff team developing relationships and working together in a positive manner, to promote good outcomes for people.

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

"My needs are met by the right number of people" (HSCS 3.15) and "My care and support is consistent and stable because people work together well." (HSCS 3.19)

## How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People can expect to use an appropriate mix of private and communal areas, including accessible outdoor space. The home was well presented with good quality furniture, nicely decorated and clean throughout. The lounges were homely and small in keeping with small group living meaning people were comfortable and were able to share spaces with their loved ones or peers. Garden areas were accessible to everyone. This meant people could enjoy outside space which promoted choice and access to fresh air.

The building was very large for people to navigate around however there was clear signage including braille throughout to assist with this. This aided people's independence.

Housekeeping staff worked hard to keep the home clean to a high standard, keeping people safe from spread of infection, however their team had been short staffed recently. The management team were endeavouring to fully staff the domestic team to address this and recruitment was ongoing.

People were able to personalise their room ensuring they were surrounded by personal items promoting individuality, giving comfort and ensuring they were respected. People were proud showing their rooms as they were clean and pleasant.

People benefited from a safe and well-maintained service. There was regular planned tasks carried out by maintenance staff which gives assurance to people and relatives. To ensure faults were dealt with efficiently, the maintenance book could be utilised to better effect.

Whilst there was a planned 'painting and decorating action plan' to continue to keep the home presented to a high standard, we did not see where people had been canvassed for their views on upgrades. We suggested the management team add this to an environmental improvement plan.

## How well is our care and support planned?

## 3 - Adequate

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

People should benefit from support plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. We could see from observations and discussions with the staff team that people's needs were identified and staff were able to engage and support people with dignity and respect. Although this was not always documented in care plans.

A wide range of assessments were being carried out with people either prior to or soon after admission. This information was then linked to the support plan, some had clear details of what people were able to do for themselves as well as areas where support was required.

Whilst everybody had a support plan, the information contained was variable. We appreciate the care plans are currently being revamped and updated, however a number of plans were difficult to read and ascertain support to be provided. This could create confusion and delays support being provided, particularly for staff who don't know people well. Support in relation to managing stress and distress, with both sensory and therapeutic interventions, could have been more detailed and personalised. This would ensure effective support being provided more consistently across the staff team.

Over recent months improvements had been made to resident of the day processes. This included clear guidance on how updates of care and support should be carried out taking into account feedback from loved ones. Relatives shared that they appreciated being kept up to date and consulted. We saw follow up actions being carried out that were identified during resident of the day updates.

For support plans to be effective, it is important they are clear and descriptive, guiding staff to provide the right support at the right time and linked to personalised risk assessments. A number of staff told us that they hadn't read the care plans and relied on information from their colleagues. There was therefore a risk that important information recorded may get missed or not passed on appropriately.

(Please see area for improvement one)

The management team had been carrying out reviews, to ensure support remains appropriate to meet peoples needs.

### Areas for improvement

1.

To ensure that people receive the right support at the right time, the provider should ensure all care plans are up to date and detail accurate information.

Care plans should be person centred, guiding staff on how to meet people's current care and support needs. Plans should be clear and descriptive, guiding staff to provide the right support at the right time and linked to personalised risk assessments.

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

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

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

### Areas for improvement

#### Previous area for improvement 1

The provider should ensure that people benefit from relevant parties working together and sharing information to promote health and wellbeing and keep them safe.

Communication in relation to people's health and wellbeing should be effective both internally and externally. Professional visits and communications should be logged detailing outcomes and actions required, interactions with families should be informative and person centred.

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

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18)

**This area for improvement was made on 23 April 2024.**

#### Action taken since then

We saw information recorded in relation to external visits with regards peoples health and wellbeing. There was details of contact with other professionals and outcome of visits noted. For some people there could have been clearer recording to ensure all staff were clear about the communication to/from other professionals. However overall, information recorded gave an outline of contact with others and guidance received, which then informed care and support provided.

**This area for improvement is met.**

#### Previous area for improvement 2

The provider should have robust systems in place to ensure safe and effective management of medication which follows good practice guidance. To do this the service should at a minimum ensure:

- a) Detailed as required protocols are in place for each medication that has been prescribed "as and when required". They should include information on when it has to be given, effectiveness and thresholds for further action;
- b) Ensure that topical medication is administered and recorded in line with current

guidance;

- c) Staff responsible for supporting people with medication clearly understand the process of and importance of recording and administering medication;
- d) Medication checks and audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

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

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

**This area for improvement was made on 23 April 2024.**

#### Action taken since then

As required protocols were in place where medication had been prescribed as and when required. However these were not detailed, giving clear guidance on when medication should be given or the thresholds for contact with other professionals.

Some topical medications were logged on the electronic care planning system, but we were not able to see clear recordings of this for all. This was an area from development, which had been identified by the manager and detailed on the service improvement plan.

The service has began carrying out medication observations, to give assurances of staff practice in relation to medication. This had not yet been carried out for all staff.

Whilst we were assured medication was being administered as per prescriber instructions, there were ongoing issues in relation to the medication counts detailed on the electronic medication recording system. As picked up by the management team many these were inaccurate, therefore daily manual recording of counts had been implemented. Staff were not able to explain the reasons for the discrepancies, or how they would deal with discrepancies identified.

The management team have identified the need for improvement in medication administration and recording practices and have sought assistance from Community Pharmacy.

A range of medication audits were in place, however these were not being used to consistently to identify improvements necessary.

**This area for improvement has not been met and will be incorporated into area for improvement two, "How good do we support people's wellbeing".**

#### Previous area for improvement 3

To ensure that people receive the right support at the right time, the provider should improve the quality of recording within care plans.

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

- a) each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach
- b) they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c) they contain accurate and up to date risk assessments, which direct staff on current/potential risks and risk management strategies to minimise risks identified
- d) they are regularly reviewed and updated, detailing qualitative information
- e) detailed care reviews are undertaken regularly which reflects people's care needs and preferences, with involvement from relatives and advocates.

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

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

**This area for improvement was made on 23 April 2024.**

## Action taken since then

A care plan was in place for all people supported, which contained lots of detail. However, they are not always person centred, giving direction and guidance on how to provide support.

A wide range of assessments were in place, covering a number of areas. These were not always directly linked to identified support needs, giving guidance on how to minimise risks.

Care plans were reviewed regularly; although we were not able to see that the review was evidence based and evaluating if the plan was still appropriate to meet people's needs.

Resident of the day has been introduced which was overseeing areas of the care plan, capturing evidence-based information and seeking feedback from families. We saw actions being taken in relation to actions that required to be taken in relation to care and support, however this wasn't then always reflected in the care plan.

There had been an increase in reviews taking place over recent months, which supported was continuing to be embedded across the service.

**This area for improvement has not been met and will be incorporated into area for improvement one "how well is our care and support planned".**

## Previous area for improvement 4

To keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing is consistent across the service.

This should include but not be restricted to monitoring charts being fully completed detailing information in relation to food and fluid charts, why they are in place, actions required and evidence of action being taken if the target is not achieved.

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

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

**This area for improvement was made on 23 April 2024.**

## Action taken since then

A range of monitoring charts were in place to promote peoples health and wellbeing. However we were not assured that these were being utilised consistently.

There was a number of gaps in some bowel monitoring charts, with little or no information detailed regarding actions that had been taken. With regards to fluid charts, a number of people appeared to regularly not reach their stipulated targets.

Whilst there was discussions regarding areas of concern at the daily flash meetings, with senior staff, this was not always followed up with information recorded on actions taken. We were therefore not able to ascertain if this was an issue in relation to recording or practice.

**This area for improvement has not been met. This will be incorporated into area for improvement three, under "How well do we support people's wellbeing?"**

## Previous area for improvement 5

To ensure people's nutrition and hydration needs are adequately met, drinks and snacks should be available for people to access independently throughout the day.

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

"I can drink fresh water at all times." (HSCS 1.39)

People experiencing care, no matter how long they are in a service for, should have the opportunity to participate in meaningful activities that reflect their personal interests and preferences.

**This area for improvement was made on 23 April 2024.**

## Action taken since then

Hydration stations had been created in communal spaces within each of the areas, for people to access as they wished. These included a choice of diluting juice and snacks. The management team should ensure there is always fresh drinking water available for people.

It would be beneficial to remind staff to promote use of the hydration and snack stations, to increase the use of them.

**This area for improvement has been met.**

## Previous area for improvement 6

To promote quality services and ongoing development, the provider should ensure that quality assurance and improvement is well led to ensure people experience consistently good outcomes.

This should include but not be limited to:-

- a) the registered manager having complete oversight of the service and ongoing key activities
- b) quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service
- c) quality audits and action plans, including finance, care planning and medication, must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay
- d) ensure that the outcomes of audits, people's views and adverse events are used to inform the service improvement plan.

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

"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 23 April 2024.**

## Action taken since then

The manager was developing quality assurance systems and processes to improve oversight of key areas across the service. This had resulted in an operational action plan being developed, which had been regularly reviewed.

A range of audits covering a wider range of areas, were being completed by the senior team. We were not



always able to see areas for development consistently being identified and actions being implemented to improve practice. There were several issues identified that hadn't appeared to be picked up by the quality assurance process. Over recent months there had been some improvements in relation to actions required being identified and followed up, although this was in the early stages.

We appreciate that the organisation is currently exploring all audits to ensure they are fit for purpose and effective and look forward to seeing the progress of these.

Information was being recorded regarding key activities, such as falls and infections, within each of the areas. To support the analysing of information, it maybe helpful to explore the level of information recorded, particularly in relation to falls, as well as where the fall happened, the time would help identify patterns. The information detailed captured in individual areas did not always match the records and reports generated on the electronic reporting system. If information is being recorded it is important that it is accurate as it may cause confusion if there is conflicting information being utilised.

**This area for improvement has not been met and will be incorporated into area for improvement one "How good is our leadership".**

#### Previous area for improvement 7

To ensure that people have equal access to relevant staff, the provider should explore how best to make certain that the nursing needs of all people are given equal priority. People's nursing needs should be assessed and overseen by appropriately trained staff.

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

"I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and

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

**This area for improvement was made on 23 April 2024.**

#### Action taken since then

There has been an increase in nursing provision across the service. This enabled more access to nursing staff for people across the home. As a result there was improved oversight of people nursing and care needs.

**This area for improvement has been met.**

## Previous area for improvement 8

People experiencing care, no matter how long they are in a service for, should have the opportunity to participate in meaningful activities that reflect their personal interests and preferences.

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

"I am recognised as an expert in my own experiences, needs and wishes" (HSCS 1.9).

**This area for improvement was made on 19 August 2024.**

### Action taken since then

A range of activities were offered both one to one and peer. An ongoing programme of external visits was planned, which included intergenerational visits from local nursery, therapeutic pets and singers.

We heard that activities staff met with people when they first came into the home and gather information on their likes and dislikes. These were noted and as much as possible incorporated into the activities planner.

Whilst there was a range of activities on offer, this needs to be ongoing with varied planned activities on offer ensuring everyone has equal opportunities to attend.

**This area for improvement has been met.**

## Previous area for improvement 9

The service should ensure the pre-admission process is robust and the correct information is gathered. Staff should read relevant information regarding a person being admitted for a respite period to ensure their care and support needs are known in advance. To ensure the service is ready to welcome any new admission, the provider should consider if a respite policy and procedure is required.

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

"I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12).

**This area for improvement was made on 19 August 2024.**

### Action taken since then

There was a wide range of assessments being carried out with people being admitted either prior to or soon after admission. This information was then linked to the support plan, some had clear details of what people were able to do for themselves, as well as areas where support was required.

The senior management team had taken the decision not to accept respite referral at the moment and for the foreseeable future. Should this decision change consideration will be given to the development of a procedure to ensure a smooth transition for people.

**This area for improvement is met.**

#### Previous area for improvement 10

The service needs to respond quickly and appropriately when a person in their care expresses concerns or complaints. Staff need to understand their responsibility to listen to people and offer reassurance where possible. Staff should also be aware of their responsibility to escalate concerns when required.

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

"I am in the right place to experience the care and support I need and want" (HSCS 1.20).

**This area for improvement was made on 19 August 2024.**

#### Action taken since then

The service had received a number of complaints, in relation to their loved ones care and support. Senior staff escalated concerns raised. The management team appropriately investigated concerns raised and communicated the outcome to the loved ones.

It would be beneficial to have clear information regarding lessons learned from investigations and consider how this is effectively passed onto staff.

**This area for improvement is met.**

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## To find out more

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

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

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

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

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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