Ashgill Care Home
Care Home Service

33 Liddesdale Square
Milton
Glasgow
G22 7BU

Telephone: 01417 623 200

Type of inspection:
Unannounced

Completed on:
3 June 2025

Service provided by:
Ashgill Care Home Limited

Service provider number:
SP2012011783

Service no:
CS2012306467

About the service

Ashgill Care Home is registered to provide a care service to a maximum of 60 older people. The provider is Ashgill Care Home Limited. The care home is located in Milton, a residential area in Glasgow. There are local amenities and public transport links nearby. At the time of this inspection there were 41 people living in the home. At the time of this inspection the provider had decided to put a hold on admitting any new residents to allow for improvements to be made in a number of areas impacting on outcomes for people.

The service is provided over two floors within a purpose-built building. There is a reception room, with a lounge area and dining room on each floor. Bedrooms do not have ensuite toilet facilities. The home benefits from a secure garden at the rear of the building. Visitor parking is located within the grounds of the home.

About the inspection

This was an unannounced inspection which took place on 27, 28, 29, 30 May and 3 June 2025 between the hours of 09.00 and 19.15. 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 nine people using the service and seven of their relatives
- spoke with two students and 15 staff and management - three staff also completed questionnaires that the manager circulated on our behalf
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- Wound management, nutrition and hydration support and stress and distress management had improved.
- The provider must ensure that people are offered activities that meet their needs and promote their wellbeing.
- The provider must demonstrate that staffing levels are appropriate to meet people's needs.
- Substantial environmental improvements are urgently required to enhance people's experience of their home and promote their health and wellbeing.
- Improvements already made should be sustained by the provider.

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?	2 - Weak
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 warm and positive interactions between staff and residents and staff presented as kind and caring. Some staff had worked longer term in the service, including ancillary staff, and knew residents well. Residents spoke positively about staff. 'Feel the staff are caring' and 'He's getting that well looked after' were comments made by relatives.

It was evident that the ongoing support provided to the home from Glasgow Health and Social Care Partnership (HSCP) had led to improvements and was having a positive impact on the care people received. Whilst we had no concerns about people's presentation during the days we were in the home it is important that these improved standards of care are sustained as this had been an ongoing area of concern. Direct observations of staff practice and daily management walk rounds should continue as this will help to monitor and address any shortfall in staff practice and help identify staff competency and development needs. The deputy manager was also spending more time on the floor, supporting staff and modelling good practice.

Since the previous inspection there had been improvements in relation to wound management. It was encouraging that there were very few people with wounds. From personal wound plans sampled we could see that wounds were either improving or not deteriorating. This could be attributed to staff having received moving and assisting training meaning that appropriate techniques were being used when supporting people. This may also have been as a consequence of regular positional change for people including those supported in bed and people receiving appropriate nutrition and hydration. A requirement we made at the previous inspection in relation to nutritional support had been met at this inspection.

At the previous inspection we were concerned at the number of staff requiring moving and assisting training. We were pleased to see that some staff had since been trained to deliver this training in house and that most staff had now been trained. This ensured that people who needed assistance to transfer safely were being supported by staff who had been trained to do this. This helped improve people's confidence in the capability of staff supporting them.

We saw that for people who were at risk of malnutrition, food and fluid intake was being monitored. Recording on both paper and electronic records has an impact on staff resources and increases the risks of omissions, resulting in gaps in recording. This means that records were not always accurate. This was a short term measure to try and drive improvements and we envisage that the quality of recording will improve when records are completed on one system.

Food and fluid monitoring provided valuable information for the management team and care staff to quickly identify if targets were being met and provide additional interventions where required to support food and fluid intake. The home had received support from the dietetic service who had helped identify improvement areas and staff had received training in relation to managing the risk of malnutrition.

Staff we spoke with demonstrated an understanding of different levels of textured diets and were able to correctly identify residents who received their meals in a textured format. The presentation of textured meals should be improved to promote a better mealtime experience for people and we were advised that this would be a focus once the catering team was at full capacity.

We observed the mealtime experience in both units. It was good to see that care staff had been deployed to lead this. This meant that mealtimes were better organised and people's experience at mealtimes was improving. Some staff still needed to be guided to ensure that people received the correct level of textured meal.

To support people to make a choice at mealtimes plated meals were being shown helping people make a visual choice. This is especially important both for people with cognitive impairment and those at risk of malnutrition. It was disappointing that this was not being carried out consistently. **See area for improvement 1**

Staff should pay attention to factors that could contribute to stress and distress at mealtimes including noise levels, seating arrangements and the length of time people have to wait for the their meals to be served. Whilst it was positive that catering staff were involved in serving meals, this had an impact on the length of time between courses for people living in the upstairs unit. This was currently being reviewed by the management team.

We observed less instances of stress and distressed reactions than we had at the previous inspection and staff told us that the stress and distress training they had recently received from HSCP staff had helped to better equip them to support people more confidently. Managers should continue to support staff to apply their learning to practice and identify any further learning and development needs in relation to supporting people living with dementia.

People should be able to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. It was unclear if people's individual needs were being met as personal plans did not describe how people wished to spend their day. The activity team had recently been depleted and whilst staff were trying to provide activities, the success of this was variable due to staff skills and the competing demands on staff time. One resident told us 'there are no activities in here' and a relative commented 'there is no stimulation'. The requirement we made at the previous inspection in relation to activities had not been met and the timescale for this will be extended. **See requirement 1 in the section 'outstanding requirements'**

Overall, medication was well managed with covert pathways and PRN protocols in place. We highlighted that improvements were needed to ensure that staff record the outcome where 'as required' medication is given as this helps in assessing if this intervention is effective.

We suggested that the manager create a register of psychotropic medication to help monitor both prescribed and 'as required' medication as their use for people with dementia also carries significant risks.

Areas for improvement

1. To support people to make a choice at mealtimes, the manager should ensure that people are offered visual meal options from which they can choose what they would like to eat.

This is to ensure that 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)

How good is our leadership? 3 - Adequate

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

We acknowledged that there had been further changes in the management team since the previous inspection. An operations manager role had been created and they had assumed the interim position of registered manager following the departure of the manager. A new manager had been appointed but was yet to start.

The recruitment of a deputy manager had taken place with the successful candidate to this role still to be confirmed. An acting deputy manager was in post at the time of this inspection helping to drive the improvements we observed. With the aim of strengthening the management team a unit manager had also just been appointed.

We appreciate that it will take time for the natural process of team development to take its course. However it is crucial that the provider and senior management ensure that improvements made are sustained and that there is no slippage in the targets set in the service improvements plan to drive and deliver the further improvements needed.

Audits had been reinstated and we saw that these identified areas for improvement with an associated action plan created by the operations manager. Whilst it was too early to assess the effectiveness of this quality assurance system we could see that it had the potential to effect positive change.

The service improvement plan indicated where improvements had been identified through the providers own quality assurance systems and from external audit. These had associated actions and target dates and we could see that some actions had already been completed.

The service improvement plan itself was large and could be simplified to make it a more user friendly document. Nonetheless we could see that this was a working document and had been aligned to the quality framework for care homes for adults and older people. This framework was developed by the Care Inspectorate to help providers to evidence the difference care is making to people and the quality and effectiveness of the things that contribute to those differences. To ensure that improvements are linked to positive outcomes for people, the provider should evidence the desired and actual impact on people from actions identified in the service improvement plan and those already completed. **See area for improvement 1**

Other quality assurance systems being used included daily flash meetings with all departments, daily management walk rounds and clinical governance meetings. Whilst relatively new, we could see that these systems were providing management oversight and supporting positive outcomes for people.

It is incumbent on the provider to ensure that they are compliant with their responsibilities in respect of health and safety at the home. At the previous inspection we were concerned about the lack of management oversight of health and safety checks. Again at this inspection we found gaps in recording that weekly fire checks had been carried out and water temperature checks were incomplete. This had been prior to the creation of the operations manager post and we noted that since their appointment, safety checks were up to date.

We sampled staff recruitment processes and found that whilst appropriate pre employment checks had been sought prior to care staff taking up post, a member of the ancillary staff team had been started prior to these checks having been completed.

We discussed this with the manager who advised that measures had been put in place to manage risk during this time. We advised that going forward, to minimise risk, it is essential that safer staffing principles are applied to the recruitment of all staff roles within the home, irrespective of whether these are regulated carer or unregulated ancillary roles. **See area for improvement 2**

Areas for improvement

1. The manager should evidence the desired and actual impact on outcomes for people from both planned and completed improvements identified in the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

2. The manager should ensure that all staff recruitment is aligned to safer staffing principles.

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

This is to ensure staff skills and knowledge is consistent with the joint SSSC and Care Inspectorate guidance document, Safer Recruitment Through Better Recruitment (September 2023).

How good is our staff team? 3 - Adequate

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

Safe and high-quality care and improved outcomes for people experiencing care requires the right people, in the right place, with the right skills, at the right time.

We looked at the providers methods in place for ensuring that staffing levels were sufficient to meet people's needs.

The management team had recently carried out an assessment of people's needs based on an assessment of their dependencies using a dependency tool. This was used to demonstrate that the current staffing levels were meeting people's needs in relation to the hours of support generated from the dependency score. However whilst this could suggest that staffing levels were sufficient, this approach alone is not enough to evidence that staffing levels are right. This is because it does not take account of people needing the same support at the same time, for instance during personal care and at mealtimes. The requirement we made at the previous inspection in relation to safe staffing levels has not been met and we have extend the timeframe for this to be completed. **See requirement 7 in the section 'Outstanding requirements'**

The dependency tool being used also did not reflect the time spend by staff engaged in non direct care tasks, for instance time spend speaking with visiting professionals, carrying out care reviews and record keeping. Whilst the manager provided evidence that at times additional staff had been used, for instance to focus on updating care plans, this was in relation to improvement needed to meet a requirement we made in relation to care plans and was not a day to day consideration.

It is important that other factors are considered when assessing staffing levels and staff deployment, including feedback from residents, relatives, staff and other stakeholders. **See area for improvement 1.** The provider advised that the home would soon be moving to a different dependency tool.

We concluded that deploying staff to carry out activities without increasing the staffing levels could be impacting on the time needed for direct care tasks. Staff spoke about wanting to spend time engaging with people out with care tasks but the demands on their time meant that this was not always possible.

We looked at staff rota's and could see that there was a mix of skill and experience on each shift. It was positive that nursing staff were deployed in each unit helping to monitor people's health needs and guiding staff. Senior carers helped ensure that the shift was being led effectively and staff deployed appropriately to respond to people's needs.

We sampled staff training records. The home had received significant support with training delivered by HSCP staff on a range of topics. This training had been provided due to the ongoing concerns about the care of people living in this service. Training had included activities of daily living, stress and distress, palliative care and nutrition. This had been provided to support staff development and promote positive outcomes for people living in the service. And this helped ensure that people could be reassured that staff supporting them were more confident and competent in the role.

It is essential that the provider continues to ensure that there are appropriate learning and development opportunities for staff to maintain standards of care once the support from the HSCP is scaled back. It is also equally important that staff are supported to continue to apply their learning to their practice.

Areas for improvement

1.
To ensure staffing levels are sufficient to meet the needs of people living in the service, the provider should:

a) Demonstrate they have taken into account further considerations in addition to their chosen assessment tool in relation to all non-direct care duties of staff when calculating staffing levels.
b) Demonstrate that they have sought the views of people living in the service, their relatives and staff in relation to staffing levels.
c) Demonstrate that this information is used to ensure there are enough staff on duty at all times to meet the needs of people living in the service.

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 meets my needs and is right for me". (HSCS 1.19)

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. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised. Weak performance requires action in the form of structured and planned improvement by the provider.

The physical environment of a care home significantly impacts residents' well-being, influencing mood, sleep, and quality of life. We noted very few environmental improvements since our last inspection that would have a direct positive effect on people living at the service. One relative said of the environment 'it could be brightened up, a stimulating environment would help', another commented 'fabric of the building has never been good'.

We noted that the environment was generally tired looking. Some attempts had been made previously to improve some of the toilets with varying success. We saw poorly fitting floor covering in the toilets making it difficult to keep these clean and presenting an infection control risk. Some flooring in the toilets had significant water damage due to water penetration from beneath, potentially as a result of the base of sanitary ware being poorly sealed. Some toilet seats were ill fitting and not well secured posing a risk to people using them. **See requirement 1**

Whilst housekeeping staff were working hard to maintain the cleanliness of the home there were some odours that did not dissipate. This may have been due to odours that are retained in carpets, despite these being regularly shampooed, and water damage to the floor beneath the floor coverings in the toilets. **See requirement 1**

Two shower rooms had been upgraded since the previous inspection, these were bright and clean. There were plans to purchase suitable furnishings to make these areas more homely.

The decoration overall was of a poor standard. White walls made the home feel clinical. Most woodwork was noted to be chipped. Pictures on the walls lacked a theme and did not promote a dementia friendly environment.

Some bedrooms were nicely personalised with belongings that reflected people's personalities and interests, whilst others were of a poor standard with mis-matched furniture, damaged window coverings and bare walls. The window coverings in some bedrooms did not sufficiently reduce light exposure to be able to promote a better sleep quality environment.

The floor covering in some bedrooms was damaged, potentially posing a trip hazard to both residents and staff, similarly the flooring in the upstairs dining room was ripped and in need of replacing. **See requirement 1**

We advised the manager that wardrobes needed to be secured to the wall as a priority to reduce the risk of injury to residents, visitors and staff. They agreed to delegate this action to maintenance staff as a priority.

As most bedroom doors were not fitted with a closing mechanism linked to the fire system, people did not have the option to keep their bedroom doors open when they were in their bedrooms as this would have presented a fire hazard. During this inspection three bedroom doors were fitted with self closing magnets linked to the fire system. The provider had a plan in place to install these on all doors. It was however disappointing that this work hadn't been started sooner as having to keep the door shut could make people feel isolated and have a negative impact on some people's wellbeing.

The environmental improvement plan indicated where improvements were needed with timescales for completion identified, this included redecorating bedrooms. The manager had planned to visit Stirling University's Dementia Services Development Centre to help inform decisions about décor going forward.

Whilst it is essential that the needs of people living with dementia are considered in any environmental improvement plan, this was further delaying the very basic, necessary improvement work that needed to be carried out as a priority to bring the home up to an acceptable standard. It was suggested at feedback the the manager could visit other care homes within the best practice group that had successfully improved their environment to meet the needs of people living with dementia. The commissioner from the HSCP offered to help facilitate this. **See area for improvement 1**

It was disappointing that people were unable to make full use of the garden as this had been neglected, with garden furniture in a state of disrepair and underfoot surfaces unsafe. This meant that it was not safe for people to use the garden in its current state. After assessing the risk, an area had been cordoned off to allow people to use the outdoor space to smoke. There was also a designated area for residents and visitors however this space was very limited. **See requirement 1**

We concluded that the quality of the environment was detrimental to the wellbeing of people living in the service.

Requirements

1. By 5th September 2025, to promote the safety and wellbeing of residents, the provider must demonstrate a commitment to ensuring that environmental improvements are carried out in a timely manner.

To do this the provider must at a minimum:

a) Identify improvements that pose a risk to people's health and prioritise these.
b) Reduce the odours from floor coverings.
c) Ensure that cosmetic improvements are being carried out to a high standard.
d) Bring the garden back into use for residents to have access to outdoor space.
e) Submit a revised detailed environmental improvement plan to the Care Inspectorate with dates for completing improvement priorities taking account of the above actions.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22) and 'My environment is secure and safe'. (HSCS 5.17)

Areas for improvement

1. To support improvements within the home the manager should arrange to visit other care homes within the best practice group to look at how they have created a dementia informed environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes'. (HSCS 5.16)

How well is our care and support planned? 3 - Adequate

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

In order to support good outcomes for people, personal plans should provide clear direction to staff about the way people wish to be supported.

Some personal plans had been updated since the previous inspection and we noted that the quality of information in those we sampled had improved. These were more person centred and contained more details about people's routines and preferences, helping ensure that staff knew how best to support people. We heard that this would be an ongoing process with all personal plans being brought up to the same standard. **See area for improvement 1**

Personal plans were informed by ongoing assessment, clinical review and feedback from family members and from health professionals. For instance, where people had been identified as at risk of malnutrition, nutrition plans had been updated and provided information about how this would be managed. Some were more detailed than others, however we appreciate that improving the quality of information in personal plans was an ongoing process.

The plans for people who experience stress and distress had improved with information about potential triggers for stress and distress and reduction strategies. We envisage that as staff apply their learning to practice and understand the way in which biological, mental, emotional and social factors have an effect on people who experience stress and distress, these personal plans will further evolve.

Activity plans needed to be developed and these should indicate how people would like to achieve their individual outcomes. This information should be used to inform both individual and group activity plans and should be evaluative and regularly reviewed to ensure that they are meeting people's needs.

To promote people's rights, all legal paperwork was in place for people who lacked capacity to make certain decisions and required that someone made those decisions on their behalf. To promote people's independence, personal plans could indicate the decisions that people are able to make.

Future care plans should continue to be improved to ensure that people's wishes in respect to changes in their health and end of life care are known and recorded.

Not all care reviews were up to date, however work was underway to address this. Information in review minutes could be more focused on outcomes to evidence that these were being achieved and have more detail on activities and meaningful engagement. This will help identify any unmet need and allow for consideration of how these will be met.

Areas for improvement

1. To ensure that personal plans support good outcomes for people, the management team should continue the process of reviewing and improving the quality of information in both the remaining personal plans and in all plans on an ongoing basis.

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

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

Requirements

Requirement 1

By 9 May the provider must ensure that people have regular opportunities for stimulation and meaningful engagement to reduce boredom and isolation and help increase communication and social interaction.

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

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

This requirement was made on 13 February 2025.

Action taken on previous requirement

We observed that there were periods of time where people were unstimulated. This could contribute to people feeling isolated and bored. The demands on staff time meant that they were not able to spend as much time with people as they would like to out with care tasks.

The quality of activities was variable. It was not always evident that people were happy to be involved in the activities on offer and for some this could potentially be contributing to stressed and distressed reactions, for instance where the noise level was too loud for the individual, or where the room was too crowded. Where people are unable to express their wishes verbally, staff facilitating the activity should look for visual cues that could suggest that people do not wish to take part.

At the time of the inspection the activity team had recently been depleted. Care staff tried to facilitate activities each day but the demands on their time made this difficult and the tool used to calculate staffing levels did not take account of peoples social and recreational needs. This meant that there were no additional staff hours for activities.

Relatives and residents told us that there was little on offer to engage people and activities we saw were not always person centred.

Some people enjoyed activities out of the service however, overall, opportunities for meaningful engagement and stimulation for people needed to improve.

This requirement has not been met and we have extended the timescale for this to be completed to 5th September 2025.

Not met

Requirement 2

By 9 May 2025 the provider must ensure people receive appropriate nutritional support to maintain their health and wellbeing.

To do this the provider must at a minimum:
a) Ensure that food fortification is taking place for those identified as at risk of malnutrition.
b) Ensure that plans to support people who are identified as at risk of malnutrition are in place and regularly reviewed.
c) Ensure that the mealtime experience is being led effectively.
d) Ensure that staff have the appropriate training to correctly prepare different levels of textured diet.
e) Ensure that there is effective management oversight of nutritional support.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34) and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This requirement was made on 13 February 2025.

Action taken on previous requirement

We observed the mealtime experience over several days. Staff were able to demonstrate that they understood the importance of food fortification. For people on a normal diet who needed food fortified, this was being carried out by care staff. People who required a textured diet had their meals fortified by the chef.

Residents who were at risk of malnutrition had a nutrition care plan in place. Some were more detailed than others. This was because the home was in the process of updating care plans and some people who were at risk of malnutrition had not yet had their care plan updated.

Since the last inspection a staff member was identified to lead the meal experience at each mealtime. They were easily identified by a tabard being worn. We saw that they directed staff ensuring the smooth delivery of meals to people and that people received the correct level of textured meal.

The chef prepared all of the textured meals and presented with an up to date understanding of the 'International Dysphagia Diet Standardisation Initiative (IDDSI) Framework' a global standard that provides clear, consistent terminology and definitions for texture-modified foods and thickened drinks used in the management of people with swallowing difficulties.

There were quality assurance systems in place to ensure that managers had oversight of people's nutritional support including reviewing food and fluid records and discussing nutritional needs at the flash meeting. It was encouraging that people's weights had improved sufficiently for them to no longer require daily monitoring.

This requirement has been met.

Met - within timescales

Requirement 3

By 9 May 2025 the provider must ensure that wound management is effective to support people's health and wellbeing.

To do this the provider must at a minimum:
a) Ensure that appropriate follow up referrals are made to health professionals in a timely manner.
b) Ensure that nursing staff follow advice given by health professionals and adhere to wound treatment plans.
c) Ensure that there is effective management oversight of wound management.

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

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

This requirement was made on 13 February 2025.

Action taken on previous requirement

We reviewed people's personal plans in relation to wound management and spoke with a visiting health professional. We were satisfied that positive progress had been made in relation to wound management.

There was management oversight of wounds with quality assurance systems in place including discussion at daily flash meetings and use of the pressure sore safety cross to indicate any new pressure damage identified.

The close working relationship with the care home liaison nurse was evident and where necessary referrals would be made to the podiatrist for assessment of wounds on people's feet.

This requirement has been met.

Met - within timescales

Requirement 4

By 9 May 2025 the provider must ensure that staff respond appropriately to people who experience stress and distress to ensure that their needs are being met.

To do this they must at a minimum:
a) Ensure that people have plans that identify their potential triggers for stress and distress and outline risk reduction and coping strategies.
b) Ensure that episodes of stress and distress are being recorded to help identify potential triggers and support early responses to decrease the occurrence of distress.
c) Develop a plan to ensure that staff supporting people who experience stress and distress have the appropriate skills and knowledge to do so effectively.
d) Ensure that there is effective oversight of the management of stress and distress.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 13 February 2025.

Action taken on previous requirement

We reviewed the personal plans for people who experience stress and distress. We noted that the quality of information had improved providing guidance to staff on reduction techniques to help reduce stressed reactions before these escalate to distress.

Since the last inspection the HSCP had provided stress and distress training to staff and there was less stress and distress reactions during the days of our visit compared to our previous visit where it had been evident that some staff lacked the skill and knowledge to support people during periods of stress and distress.

Whilst we could not be confident that ABC charts were being completed after each episode of stress and distress, we were satisfied that significant progress had been made for this requirement to be met and will repeat the area for improvement we made in relation to the completion of ABC charts. **See area for improvement 3 in the section 'Outstanding areas for improvement'.**

Met - within timescales

Requirement 5

By 9 May 2025 the provider must ensure that there are effective systems in place to maintain people's safety and support service improvements.

To do this the provider must at a minimum:
a) Reinstate all quality audits.
b) Include actions identified from internal and external audits in the service improvement plan.
c) Continue to develop and review the service improvement plan to ensure that the interventions identified are effective.
d) Ensure that there is management oversight of health and safety checks within the home.
e) Ensure that where medication is being administered covertly that the covert pathway is reviewed annually.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 13 February 2025.

Action taken on previous requirement

We reviewed quality assurance systems and could see that those in place had the potential to effect positive change and ensure that expected standards were being met.

Quality audits had been reinstated with associated actions to address improvements identified.

The service improvement plan was a working document and some improvement actions had already been completed. An environmental improvement plan was provided with anticipated dates for completion of environmental improvements. Whilst this requirement has been met we have made another requirement to progress much needed environmental improvements and how this will be achieved should be reflected in the environmental improvment plan going forward.

This requirement has been met.

Met - within timescales

Requirement 6

By 9 May 2025 the provider must ensure that the Care Inspectorate are notified of all reportable accidents, incidents and protection concerns in a timely manner and ensure that protection concerns are immediately reported to social work.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 13 February 2025.

Action taken on previous requirement
We were satisfied that the service had submitted all reportable accidents and incidents to the Care Inspectorate and to social work services. The service had been selected to take part in a pilot project which focused on adult protection concerns. This meant that there was scope to apply discretion when considering if an accident or incident warranted an adult protection referral.

This requirement has been met.

Met - within timescales

Requirement 7

By 9 May 2025 to ensure that people's care and support needs are met, the provider must ensure staffing arrangements are safe and effective.

To do this, the provider must, at a minimum:
a) Regularly assess and review peoples care and support needs.
b) Demonstrate how the outcome of people's assessments is used to inform staffing number and arrangements.
c) Implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.
d) Regularly review staff deployment.

This is in order to comply with 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 that:' My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 13 February 2025.

Action taken on previous requirement

The service was in the process of moving to a new dependency tool and envisaged that this would help better inform the staff resources needed to meet people's assessed needs. The current approach to determining correct staffing levels was not robust enough to provide reassurance that staffing levels were right to meet people's needs.

We concluded that there had been insufficient progress to meet this requirement and we have extended the timescale for this to be completed to 5th September 2025.

Not met

Requirement 8

By 9 May 2025 to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities to enable them to be competent in their roles.

To do this the provider must at a minimum:
a) Undertake a training needs analysis to identify what training and development is required for each role.
b) Maintain an accurate record of all staff training, including refresher training.
c) Implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(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 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 requirement was made on 13 February 2025.

Action taken on previous requirement

There had been significant opportunities for staff learning and development since the last inspection. This had been largely provided by staff from the HSCP to support service improvement.

Some senior staff had also been trained to provide moving and assisting training to staff in house ensuring that staff were up to date with safe practices.

The manager continued to assess staff development needs through quality assurance systems including observation of staff practice. This information will help inform an analysis of training needs and support workforce development plans.

This requirement has been met.

Met - within timescales

Requirement 9

By 9 May 2025 the provider must ensure that people's personal plans are accurate and up to date and reflect their needs and wishes.

To do this, the provider must, at a minimum:
a) Develop a SMART action plan to review and improve the quality of information within personal plans.
b) Identify personal plans that need to be reviewed and updated as a priority.
c) Ensure that when being updated, personal plans reflect in detail people's preferences and wishes.
d) Ensure that personal plans are automatically updated where people's needs change or where advice is provided by health professionals.
e) Ensure that care reviews fully reflect people's health and wellbeing needs and how these are being met.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 13 February 2025.

Action taken on previous requirement

Since the last inspection there had been a focus on updating personal plans to improve the quality of information about the support people needed to help achieve positive outcomes. The management team had identified that the personal plans of people with more complex needs should be reviewed initially. We sampled updated personal plans and were satisfied that these had been much improved, containing more detail to guide staff and ensure people received the care they needed.

This work was ongoing with plans to improve the remaining personal plans to the same standard. To ensure that there is no slippage in this improvement work we have made an area for improvement in relation to personal plans. See area for improvement 1 in the section 'How well is our care and support planned'.

This requirement had been met.

Met - within timescales

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

Areas for improvement

Previous area for improvement 1

To maintain people's dignity, the manager should ensure that staff pay attention to detail when providing personal care to residents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

This area for improvement was made on 13 February 2025.

Action taken since then

Since the last inspection staff had been supported by the HSCP to raise standards in relation to personal care. This had included a staff member from the HSCP working directly alongside care staff in the home to provide hands on support with personal care, guidance and exemplifying the expected standards of care.

We saw that people's appearance had improved with attention being paid by staff to ensure that people were well presented, promoting their dignity.

A twice daily walk round by the management team had been introduced to help monitor standards, ensure that staff were embedding their learning into practice and identify any further staff development needs. The deputy manager was also spending more time within the units

This area for improvement has been met.

Previous area for improvement 2

The manager should carry out a risk assessment of the garden to identify and reduce any hazards that compromises the safety of people who wish to use it.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 13 February 2025.

Action taken since then

Since the last inspection an area of the garden had been designated by the manager as safe for people who wish to smoke. It was unfortunate that residents couldn't make full use of the garden during the summer months, however a small area had also been cordoned off for use by residents and relatives. The provider planned to make the necessary improvements to bring the garden back into use.

This area for improvement has been met.

Previous area for improvement 3

Where ABC charts are being used to identify possible causes that trigger behaviour changes, the manager should ensure that these are being fully completed by staff after each episode of distressed behaviour.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 13 February 2025.

Action taken since then

Whilst we saw that the quality of information in ABC charts sampled had improved, we were not confident that these were being completed on each occasion that people presented with stressed or distressed reactions.

This area for improvement has not been met and will continue.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 cànain eile ma nithear iarrtas.

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.