

Springhill Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 June 2025

Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2016352761

About the service

Springhill Care Home is a care home for older people situated in a residential area near the centre of Kilmarnock and close to local transport links, shops, and community services. The service provides care for up to 61 older people. The provider is Clyde Care Limited.

The service provides accommodation over four floors in single bedrooms, each with an ensuite toilet and shower. There are communal facilities on each floor, including lounges, dining room, shared toilets, and bathing facilities. There is a small secure garden area that can be accessed from the basement level of the building.

About the inspection

This was an unannounced inspection which took place on 9, 10, 11 and 17 June 2025.

The inspection was carried out by three 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 people using the service and visiting family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

We saw friendly and caring relationships between residents and staff teams.

Record keeping was inconsistent and did not provide evidence about how people's needs were being managed and met.

There was a need to improve the management of medication to support people's health needs.

Quality assurance processes were not used to effectively drive service improvement.

There was a need to ensure that the number and skill mix of staff teams was consistently appropriate to support people's health, welfare, and safety needs.

The management team demonstrated a commitment to working collaboratively with partner agencies.

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?	3 - Adequate
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 saw that the staff were friendly and caring. There was meaningful engagement between staff and the people they support. People were being treated with respect.

Staff were familiar of people's care and support needs. They were aware of people's preferences and knew families well. This helped to support people's choices. People we spoke with said the staff were kind. Families commented that they were made to feel welcome when they visited.

The nursing and senior care team were knowledgeable about who to call on for support and advice regarding people's health needs. There were records showing the contact made with healthcare professionals. Family members said that staff kept them up to date with any changes.

Personal plans contained information about people's care and support needs, including assessments regarding management of clinical risks. However, not all the plans of care were up to date or accurately reflected how care and support needs were being managed.

Outcomes of risk assessments were not consistently informing plans of care to minimise risk.

Information about specific clinical needs were poorly recorded and lacked detail.

Information about the management of health needs was difficult to find as there was a lack of consistency about where it was being recorded.

Plans of care were not being meaningfully evaluated. There was a lack of detail to indicate if care plans were effectively managing people's healthcare needs.

Care charts were not always completed. We could not be assured that people receiving support as detailed in care plans because of the lack of accuracy in record keeping.

We had difficulty in determining how people's healthcare needs were being managed because of inaccurate and poor record keeping.

This would not direct staff to deliver agreed and consistent care to effectively support people's health, welfare, and safety needs.

See requirement 1.

There were systems in place to ensure that there was an overview of people's clinical care and that actions were taken to manage any issues. This included daily flash meetings and audits. During the inspection we highlighted clinical issues that needed action to the management team. We were not assured that the clinical overview systems were working effectively to support good healthcare for people. There was a need to further develop communication pathways between teams to ensure effective management of people's healthcare needs.

See area for improvement 1.

We assessed that the management of people's medication and how this supported their health needs. There were issues with the availability of medication at the time of administration. The management team were acting to improve communication with GP's and the pharmacy supplier. We noted a number of medications that had not been administered.

The protocols in place to direct staff regarding administration of medication prescribed to be 'given as needed' lacked detail.

There was a need to ensure that topical medication was being stored and managed in line with current best practice guidance.

The provider needs to take action to ensure that medication was being managed safely and effectively to support people's health needs.

See requirement 2.

People have the right to timely treatment for minor ailments, regardless of their medication management needs. People should have access to non-prescription medicine used to treat minor ailments, such as mild pain, coughs, or indigestion. The service should have a policy that outlines which non-prescriptive medicines can be used, dosage guidelines, and record-keeping procedures.

See area for improvement 2.

Mealtimes were well managed and sociable. Staff supported people to enjoy their meal without any rushing. They were aware of people's food and drink preferences and their specific dietary needs. This helped support people's health needs through maintaining their nutrition and hydration. Some people told us the food was good while others said there was not enough choices on the menu. The provider should look at ways to gather people's views about food preferences to inform menu changes.

To help support people's wellbeing there was a range of group and one to one activities people could take part in. The activities team was aware of people's preferences regarding meaningful activities and had weekly plans in place reflecting the activities that people could participate in throughout the home.

We saw people were supported to stay in contact with friends and the people who are important to them. The service used their Facebook page to keep families up to date with events in the home. Some people have their own mobile phone, and we saw people supported to use them. Families and friends were encouraged to visit and visitors told us that they were made to feel welcome. The activity team supported people to stay in contact with the local community, there were links with the home and local schools and churches.

To improve communication between residents their families and staff and fully support meaningful connections the service should develop a key worker system.

See area for improvement 3.

The service was following current guidance regarding Infection Prevention and Control procedures (IPC). There was sufficient PPE available at point of need. We saw staff using this and disposing of it correctly. There were sufficient handwashing facilities and alcohol-based hand rub dispensers throughout the home. There was regular direct observation of staff hand washing techniques. These measures helped to assure IPC standards were maintained and people were protected from infection.

There were audits of the cleanliness of the environment of the home. However, there were issues noted with the storage of people's personal toiletries and aspects of cleanliness. To ensure that acceptable standards

are maintained and people are protected from infection the provider should review their IPC audit tool to provide effective assessment of IPC measures. This will be detailed further in Key Question 2 of this report.

Housekeeping staff were aware of their role and responsibilities regarding maintaining acceptable standards of cleanliness in the home.

There were cleaning schedules in place to direct housekeeping staff about cleaning specific areas and to record their work. There were significant gaps in records indicating that cleaning had not been completed. We were told that sometimes because of staff shortages only the basic cleaning was completed and not deep cleaning. This would not ensure acceptable standards of cleanliness were being maintained. The provider should review staff available in the housekeeping team to ensure enough staff available to maintain standards of cleanliness and protect people from risk of infection.

This will be detailed further in Key Question 3 of this report.

Requirements

1. By 28 September 2025, the provider must ensure that personal plans clearly set out how individuals health, welfare and safety needs are to be managed and met, as well as their wishes and choices.

In order to do this, the provider must at a minimum ensure the following:

- a) personal plans are developed in consultation with the individual and their representative to reflect a responsive, person centered approach taking account of choices and preferences;
- b) personal plans accurately record the management of health, welfare, and safety needs and how these will be managed;
- c) personal plans fully reflect that advice from healthcare professionals has been followed;
- d) measures identified in personal plans are being implemented in practice to meet the individual's health, welfare, and safety needs;
- e) evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices;
- f) records of care accurately reflect care delivered;
- g) staff should be supported to develop their skills regarding developing personal plans and record keeping.

This is to comply with Regulation 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

To ensure care and support is consistent with the Health and Social Care Standards which state:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

2. **By 10 August 2025**, the provider must ensure that medication is managed safely and in line with best practice guidance.

In order to do this, the provider must at a minimum ensure the following:

- a) that all staff involved in medication management undertake relevant training and competency assessments regarding safe medication management;
- b) formally assess the impact training has on staff practice to determine learning and understanding of their responsibilities to manage medication safely;
- c) directions for the administration of medication prescribed to be given 'as needed' are accurate and regularly reviewed;
- d) topical medication is managed in line with current best practice guidance;
- e) ensure that effective systems are in place to assess and monitor medication management.

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

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

'I 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).

Areas for improvement

1. The provider should improve communication pathways between staff teams to support the health, welfare and safety needs of people. This should include ensuring that staff are aware of their role and responsibilities regarding effective communication within the home in line with their codes of practice.

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

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

'I 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. The provider should develop policies and procedures to support people's right to access timely treatment for minor ailments. This should be in line with the Care Inspectorate practice note 'Homely remedies in care homes' which was published December 2024.

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

'My care and support meet my needs and is right for me' (HSCS 1.19)

3. To improve connections and communication between people, their families and staff, the provider should develop a keyworker system in the home. Staff assigned as keyworkers should have clear guidance regarding their role and responsibilities.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.61).

'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)

How good is our leadership?

3 - Adequate

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

The people we spoke with were positive about the support they received from the manager of the home. One person said that she listened and was responsive to concerns. A visiting healthcare professional said, "The manager is proactive in her approach."

The management team were using the providers quality assurance system to evaluate the quality-of-service provision. However, not all the audits were being fully completed. The information in action plans did not always detail timescales for the completion of actions or who was responsible for completion of the action. There was a lack of detail about the verification of completion of actions. We saw that the outcome of some audits had the same issues identified from month to month. We could not be assured that issues identified had been effectively actioned to improve outcomes for people.

During the inspection there were a number of issues that we identified and discussed with the management team. The management team were responsive and proactive during discussions about issues we identified.

We concluded that the quality assessment process was not effectively improving service provision or assuring consistently good outcomes for people.

An important part of assessing the quality-of-service provision is by using the views of people who live, visit and work in the service to inform service improvement. There were minutes of what was discussed at meetings. However, we could not determine that people's comments and suggestions had been actioned. To ensure that people were meaningfully involved in service development their views should be used to inform the Service Improvement Plan.

See requirement 1.

We saw some evidence that the service worked collaboratively with external agencies to obtain specific support for people when it was needed. This included making referrals for health and welfare issues and resourcing training for staff.

The management team understands the roles of other partners and their responsibilities about working in

partnership with external agencies. However, there was a need to support all leaders in the service with their knowledge and understanding regarding their responsibilities to report serious health, welfare, and safety issues. To protect people from harm processes need to be improved to ensure that incidents are reported promptly.

See requirement 2.

The duty of candour process was not always being commenced after significant incidents. This process needs to be followed consistently to promote transparency and support learning from adverse events to achieve better outcomes for people.

See area for improvement 1.

Requirements

1. By 28 September 2025, the provider must demonstrate that service users are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

In order to do this, the provider must at a minimum ensure the following:

- a) quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service;
- b) that action plans to address issues identified are fully developed following audit;
- c) ensure that actions taken are reviewed to ensure that they effectively improve outcomes for service users;
- d) use the feedback from people living in the home and their families to inform service development;
- e) ensure that outcomes of audits, feedback from stakeholders and the outcome of adverse events inform a service improvement plan that is specific, measurable, achievable, relevant and time bound.

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

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

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

2. By 10 August 2025, the provider must demonstrate that service users are safeguarded by reporting significant incidents to partner agencies.

In order to do this, the provider must at a minimum ensure the following:

- a) staff receive appropriate training regarding reporting process for adult protection issues in line with local area guidance;

b) notification to the Care Inspectorate about adult protection issues are made without delay in line with current guidance.

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

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities. (HSCS 3.20)

'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).

Areas for improvement

1. To promote transparency and support learning from adverse events the provider should ensure a consistent approach to application of the duty of candour process.

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

I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions. (HSCS 4.4)

'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.

There was a training plan in place to ensure that staff received core and needs led training. Training was delivered through the provider's online training platform and sourced from external agencies. Records showed high compliance with staff completing training. This helps ensure that people are supported by staff teams who have received appropriate training.

There was some evidence that observations had taken place to assess staff practice. However, it was not clear how this determined that training staff had received positively impacted on their practice. To support staff development the provider should enhance the systems in place to assess staff understanding and how this improves outcomes for people.

The supervision process could be improved by developing the format of one-to-one staff meetings to include more meaningful discussions about learning and development. The provider should ensure that supervisors are trained and competent to achieve this.

There were some staff who were identified as 'champions' to support staff learning and provide role models

for staff teams. It was difficult to determine the influence the 'champions' had on improving staff practice.

See area for improvement 1

People told us -

"Staff work hard but they are busy and do not always have time for a chat. They try their best, but I am lonely because I have no-one to talk to."

"I would like to get out more, but staff are busy and don't have the time."

"Staff are kind, caring, there's just not enough of them. My relative often has to wait for help for a long time to go to the toilet."

"I don't always manage to get help to get to the toilet on time and that is very embarrassing."

"Staff are busy, there is not enough of them. They do not always have time to do the exercises with my relative which are supposed to be done every day."

During the inspection we observed that at times staff were working between the units to provide cover. This resulted in delays for people getting assistance because they were waiting for staff from other units to come and help. At times staff look stressed. We could not be assured that people were getting the care they needed when they needed it.

During the inspection we discussed staffing with the management team. On the last day of the inspection staffing levels had been increased to provide additional senior care workers. This allowed for people's needs to be supported without delays and for senior staff to concentrate on clinical care and medication administration. While steps had been taken to provide improved staffing on this day, we could not be assured that the improved staffing would be consistent to meet people's needs.

See requirement 1.

The provider had a tool in place to assess dependency of people being supported. This helped provide the manager with a benchmark for staffing needed based on dependency scores for individual residents.

Comments from people we spoke with, and our observations led us to conclude that the dependency tool was not effectively informing the staffing levels and skill mix needed to fully support people's health, welfare, and safety needs. The provider should develop and implement a staffing assessment tool that takes account of the staffing method framework for adult care homes guidance & current statutory staffing guidance.

The assessment tool should also include providing adequate levels of ancillary staff such as housekeeping.

See area for improvement 2.

Requirements

1. **By 10 August 2025**, the provider must ensure that there are suitably qualified and competent staff working in the service in such numbers and skill mix to effectively meet the health, welfare, and safety needs of residents.

This is to comply with section 7 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:

'My needs are met by the right number of people.' (HSCS 3.15).

'People have time to support and care for me and to speak with me.' (HSCS 3.16).

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

Areas for improvement

1. The provider should improve the measures in place to support staff learning and development.

This should include the following as a minimum;

a) develop the supervision programme with the aim of ensuring that staff are supported, motivated and helped to develop their skills and knowledge through reflective practice;

b) providing opportunities for advancement and encourage effective role models within staff teams;

c) develop effective systems to assess the impact training has on staff practice and how this improves outcomes for people.

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).

2. To ensure that the right staff are in the right place, with the right skills, at the right time to fully support people's needs the provider should develop an assessment tool which will consistently and effectively inform staffing within the service.

They should take account of the staffing method framework for adult care homes guidance & current statutory staffing guidance.

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).

'People have time to support and care for me and to speak with me.' (HSCS 3.16).

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

How good is our setting?

3 - Adequate

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

People told us that they were comfortable living in the home. There was a choice of sitting rooms for people to use.

There had been some refurbishment in the home with replacement of flooring in some areas and redecoration. There was a service improvement plan in place detailing further refurbishment. During the inspection we noted that there were further improvements that were needed that were not included in the plan. We spoke with the management team about the need to continue to improve the sitting rooms by making them more homely and not having staff computer stations in the sitting rooms. During the inspection the management team took some steps to rearranging the sitting rooms and screening the computer stations which helped to improve the areas, but more work is needed to achieve acceptable standards.

Some bedrooms were personalised and reflected peoples taste with familiar items from their home being brought in. But not all bedrooms were of a similar standard. There is a need to support people to personalise their personal space and ensure that their belongings were stored in a way that promoted the principles of dignity and respect. This could be achieved through meaningful consultation and support by key worker.

The use of the King's Fund 'Is your care home dementia friendly?' assessment tool would inform meaningful improvement of the environment of the home and promote better outcomes for people.

As detailed in Key Question 2 of this report, there was a need to implement effective self-assessment processes which included consultation with people living in the home. This would have identified improvements needed before them being highlighted during an inspection.

See area for improvement 1.

The passenger lift which services part of the home has been out of order for a period of time. Measures were in place to support people who live in this part of the home with access to their bedrooms. The provider was working with the lift repair company and was keeping the Care Inspectorate informed of progress with repairs.

Areas for improvement

1. To ensure that people benefit from an environment that has been designed or adapted for high quality care and support the provider should continue to assess and plan improvements and refurbishment of the home. The care home would benefit from a comprehensive self-assessment that refers to the good practice guidance such as the King's Fund 'Is your care home dementia friendly?' assessment tool.

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).

'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.' (HSCS 5.6).

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21).

How well is our care and support planned?

3 - Adequate

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

People should have a personal plan which detail their current care and support needs. This ensures that staff are effectively directed to support the individual taking a consistent and agreed approach. We sampled several support plans and found that the information to guide staff on how to support people's health needs was brief and lacked detail.

There was work needed to ensure that personal plans were up to date, that risk assessments were being completed and outcomes reflected into plans to direct staff about how best to minimise risks for people. This is further detailed in Key Question 1 of this report.

There was a need to ensure that people and their representatives were meaningfully involved in the development of personal plans.

Personal plans were being regularly evaluated. However, the evaluations and reviews did not focus on the way that planned care has resulted in effective support and positive outcomes for the person.

Staff working in the home were aware of people's health and support needs. They had a good level of knowledge about people's choices and preferences. However, this information was not being fully reflected into personal plans.

The records of day-to-day care were generic and not reflective of the person's experience. A more person-centered approach to care planning would direct staff to consider how best to consistently support people's preferences and respect their decisions about their care.

See requirement 1 under Key Question 1 of this report.

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

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing, the provider should continue to ensure that the quality of people's mealtime experiences is consistent across the different dining areas of the home and is well maintained. This should include, but is not limited to, regular observations of practice with evidence of action plans.

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

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

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

This area for improvement was made on 28 May 2024.

Action taken since then

We saw that mealtimes were well managed. People were being supported to have breakfast as they are up from bed. We saw that early morning people, before the kitchen was sending hot breakfast, were being offered hot drinks and cereal.

At lunch and evening meal some people who needed full support to eat and drink were having an early meal so that they could enjoy their meal at their own pace.

There were regular mealtime audits being carried out to ensure that mealtime were consistently managed well.

This area for improvement has been implemented.

Previous area for improvement 2

As the care home refurbishment programme is completed and the top floor has been re-opened with increased admissions there is a need to increase the activity staff to ensure that people have access to opportunities for activities, outings and events.

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

"I can choose to have an active life and participate in a range of recreational, social, creative, and learning activities every day both indoors and outdoors." (HSCS 1.25).

This area for improvement was made on 28 May 2024.

Action taken since then

We saw that people had access to a range of group and one to one activity. The activities team were aware of people's preferences regarding meaningful activities and had weekly plans in place reflecting activities that people wanted to participate in throughout the home.

This area for improvement has been implemented.

Previous area for improvement 3

The provider should ensure that the Care Inspectorate receives the right information at the right time. This should include, but is not limited to, ensuring that appropriate notifications are submitted through the eforms system in accordance with the notification guidance, publication date February 2012 as amended 30 April 2020.

This is in order to comply with: Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 28 May 2024.

Action taken since then

There were issues with communication between staff teams which resulted in delays in notifications being submitted.

This is the subject of a requirement detailed under Key Question 2 of this report.

Previous area for improvement 4

The provider must continue to ensure that quality assurance and improvement work is well led and supports good outcomes for people. The new manager, quality manager, nurses and senior staff need to continue to implement and develop the quality assurance systems so that they are effective in evaluating the quality of service provided and help to create appropriate action plans to address any issues identified by the auditing activities.

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 area for improvement was made on 28 May 2024.

Action taken since then

There was a continued need to implement an effective quality assurance system which would provide accurate assessments of service provision to inform action plans that would improve outcomes for people.

This is the subject of a requirement detailed under Key Question 2 of this report.

Previous area for improvement 5

People living in the care home and their relatives and friends should have regular and meaningful opportunities to provide their views on the service they receive so that any improvements can be identified and acted upon. If relatives or representatives cannot attend meetings, the manager should ensure opportunities are made available either when visiting or by other means of communication to ensure people feel able to contribute their views and opinions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7)

This area for improvement was made on 28 May 2024.

Action taken since then

There was a continued need to meaningfully involve people in service development. This is the subject of a requirement detailed under Key Question 2 of this report.

Previous area for improvement 6

To improve connections and communication between people, their families and staff, the provider should develop a keyworker system in the home. Staff assigned as keyworkers should have clear guidance regarding their role and responsibilities.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.61).

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

This area for improvement was made on 28 May 2024.

Action taken since then

There was a continued need to develop a key worker system to support better connections between people.

This area for improvement will continue.

Previous area for improvement 7

The new management should continue to implement and develop the supervision programme with the aim of ensuring that staff are supported, motivated and helped to develop their skills and knowledge through reflective practice. This should include reflecting on practice and professional registration requirements including recognising learning and development opportunities.

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

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

This area for improvement was made on 28 May 2024.

Action taken since then

There was a continued need to support staff learning and development through an effective supervision process.

This subject informs a new area for improvement detailed under Key Question 3 of this report.

Previous area for improvement 8

To further help and support effective development of the staff team by providing opportunities for advancement and encourage good role models within staff teams, the provider should consider the development of a 'champions' roles covering a range of care and support issues.

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

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

This area for improvement was made on 28 May 2024.

Action taken since then

There was a continued need to support staff learning through development of role models to lead staff.

This subject informs a new area for improvement detailed under Key Question 3 of this report.

Previous area for improvement 9

To ensure that people benefit from an environment that has been designed or adapted for high quality care and support. The provider should implement a programme of improvements and refurbishment to the areas we discussed at feedback meeting. This should include but not limited to; the top floor Rosewood unit, the garden areas including safety barrier on access steps, replace stained and worn carpeting and general upgrading of the decor and replacing worn and tattered furnishings. As previously stated, the care home would benefit from a comprehensive self-assessment that refers to the good practice guidance such as the King's Fund 'Is your care home dementia friendly?' assessment tool.

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).

This area for improvement was made on 28 May 2024.

Action taken since then

There had been some refurbishment in the home. However, there was a continued need to improve the environment of the home.

This subject informs a new area for improvement detailed under Key Question 4 of this report.

Previous area for improvement 10

The provider should ensure that all people experiencing care have up-to-date care plans, which are accurate and responsive to changes in a person's presentation. This should include, but is not limited to, identifying their person-centered wellbeing and behavioural needs and how these will be managed.

This is in order to comply with:

Health and Social Care Standard 1.15: 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.'

This area for improvement was made on 28 May 2024.

Action taken since then

There was a continued need to develop effective personal plans that would direct agreed and consistent care and support.

This is the subject of a requirement detailed under Key Question 1 of this report.

Previous area for improvement 11

The service should continue to develop the consistency of the content of the electronic care plan system and ensure that all staff know the information regarding the individual support needs of the people they provide care and support to.

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 28 May 2024.

Action taken since then

There was a continued need to develop effective personal plans that would direct agreed and consistent care and support.

This is the subject of a requirement detailed under Key Question 1 of this report.

Previous area for improvement 12

To ensure people experience high quality care and support following a fall, the provider should have a robust falls pathway and policy in place that reflects recognised good practice resources. This should include, but is not limited to, recording detailed post fall clinical observations and accurate and consistent staff record keeping.

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 17 December 2024.

Action taken since then

There were systems in place to record falls post fall checks and to analyse falls to identify any patterns and trends. This helped to minimise risk for people.

This area for improvement has been implemented.

Previous area for improvement 13

To ensure people live in an environment where safety is prioritised the service should keep accurate records of maintenance, and document robust risk assessments and additional care arrangements in place when safety is compromised with faulty technology.

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).

This area for improvement was made on 17 December 2024.

Action taken since then

There were up to date records of maintenance and safety checks carried out in the home. There was evidence of action taken to resolve any faults identified in equipment.

This area for improvement has been implemented.

Previous area for improvement 14

To support positive outcomes for people experiencing care, the manager should ensure that staff are aware of their responsibility to communicate between shifts and with the management team to provide continuity of care. This should include, but is not limited to, completing accurate and detailed daily notes and staff handover records.

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

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

This area for improvement was made on 17 December 2024.

Action taken since then

Systems have been put in place to improve communication between shifts. Staff used a written handover report which detailed any changes in people's care needs. This helped ensure that information important to people's care and support was being communicated between staff teams.

This area for improvement has been implemented.

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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.3 Leaders collaborate to support people	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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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