

Four Hills Care Home Care Home Service

8 Hazlitt Street
Ruchill
Glasgow
G20 9NU

Telephone: 01413 368 050

Type of inspection:
Unannounced

Completed on:
19 June 2025

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142905

About the service

Four Hills Care Home is registered to provide a care service to a maximum of 120 older people. Within the maximum of 120 places above, one place may be provided for a named individual under the age of 65. The provider is Barchester Healthcare Ltd.

The home is purpose-built and is located within Ruchill, in the north area of Glasgow. Accommodation is located within four separate units over two floors, which can be accessed by a lift. All bedrooms are single, with ensuite toilets, and each unit has their own lounge and dining areas.

Communal areas, out with the units, provide space for residents and their families and friends to enjoy visits. These include a coffee station and an enclosed rear garden on the ground floor, and a café area on the first floor.

The home has a car park to the front, and nearby public transport links and public amenities.

There were 91 people living in the home at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 June 2025, between the hours of 7:15 and 18:00. The inspection was carried out by three inspectors and an inspection volunteer 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 11 people living in the home and received feedback from 18 people living in the home through questionnaires issued prior to the inspection
- spoke with 10 of their family members
- spoke with 31 staff and management
- observed practice and daily life
- reviewed relevant documentation
- spoke with one visiting health professional and the local authority commissioning team.

Key messages

- The previous requirement and a number of the areas for improvement had been met.
- People commented positively about the improvements that had been made in the home.
- We observed positive interactions between staff, residents and relatives.
- Management needed to demonstrate how people's outcomes have been improved and that these improvements can be sustained.
- The monitoring and reviewing of systems and practice in relation to housekeeping staff knowledge and records, and people's personal belongings needed to continue.
- Staffing levels were assessed through feedback from people and staff as well as assessing if people's care needs were being met.
- Management needed to continue to monitor and review personal plans and care records.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

We observed positive interactions between staff, residents and relatives. The atmosphere throughout the home was relaxed and calm, with staff who were seen to be respectful, warm and caring in their approaches with residents. There was a core staff team in each unit who were knowledgeable about people's needs and demonstrated positive values. Staff also showed awareness of maintaining people's privacy and dignity when dealing with personal care.

Feedback, that we received, from people living in the home and their family members reflected that people were overall positive about the staff who supported them, 'staff good to us', 'some go above and beyond', 'love the banter'. Relatives were also confident that staff would contact them if needed, 'communication good', 'will phone and let me know if any issues'.

How people spend their day is important in maintaining people's physical and mental wellbeing. A weekly activity plan, including a variety of planned internal activities, one to one and outings, was available for people within units. We saw people participating in activities throughout our visit, lead by activity and care staff. There was an outing to Largs during our visit and it was evident that people had enjoyed their trip. Activity records gave an overview of one to one time spent with people in bedrooms and those involved in group activities. Individual outcomes of participation were seen reflected in people's personal plans. People told us, 'the pink ladies do something every day', 'my relative enjoys music based events', 'I enjoy the baking club and gardening', 'I like the outings and exercise classes', 'I enjoy the activities and getting to know other residents'.

People have the right to appropriate healthcare. We found staff handovers to be detailed and informative, and saw that there were systems in place to assess and monitor people's health and wellbeing needs. We saw evidence of good management of people's wounds and weights. All clinical issues were discussed at the daily staff 'stand up' and clinical governance meetings, and improvement was evident. Referrals to and input from relevant healthcare professionals such as, care home liaison nurse, GP, optician, dentist and chiropodist was evident. This helped to ensure that people were getting the care that was right for them.

Medication practice was found to be safe, with appropriate records and checks in place. Medication systems had been reviewed and additional support provided by their pharmacy to ensure good staff practice, and that their systems were working well for them. A medication champion had been identified and provided ongoing support to staff. Medication auditing and monitoring continued to be carried out by management. This helped to sustain improved practice.

We observed people's mealtime experiences and found these to be a positive and calm experience. Dining rooms were well presented, with nicely set tables and menus, and people were provided with relevant support to eat and drink, including people who took meals in their bedroom. A record of people's food and drink preferences were seen in personal plans and the chef had a copy of these. Meals looked appetising, including textured diets, and menus were discussed at monthly resident meetings. 'Food and beverage comment' books had been introduced and we saw these being completed with people, following mealtimes. We also saw that people had access to snacks and drinks out with mealtimes, including twice a day tea

trolleys with fruit platters, milkshakes and home baking, and jugs of juice available in every bedroom. People told us, 'menu not to my taste but always make me something else that I like', 'food always looks lovely', 'food has improved recently'.

We also saw that external health professionals had carried out a mealtime experience audit which had resulted in overall positive findings. They had suggested that coloured plates could be used for people who were visually impaired and people should be encouraged to transfer from wheelchairs to dining chairs where possible. This would enhance the experience further for some people.

How good is our leadership?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

People should have confidence that the service and organisation that they use are well led and managed. We acknowledged the significant resources from senior management that had been put into home to effect change and make improvements. Since the last inspection, there had been a full change in the management team with a new manager, clinical lead, unit managers, operations manager, head chef and maintenance recruited, some of whom had recently started and others who were due to start soon. People told us, 'it's better than it was', 'less agency and more regular staff big improvement', 'feels like not enough staff but know they have been recruiting'.

During the inspection, there was evidence of a positive change in staff culture, with staff commenting on the changes and their willingness to improve practice and the service. We were aware of proactive management of any staff practice concerns, which meant that some staff had left and some agency nurses were being used, till their newly recruited staff had completed their induction. Staff from other homes had been brought in to work along with staff teams to monitor and lead practice. This helped to improve the consistency of care being provided to people living in the home.

The management team were seen to be approachable and available to support staff where required. The new manager, told us, that his door was always open and encouraged everyone to speak with him. People told us that they felt able to raise any issues or concerns with staff or management. This helped to make people feel heard and valued.

We saw that any concerns raised, since the last inspection, had been logged as complaints and the process followed in order to resolve people's concerns. The majority of complaints logged had been resolved through meetings with the complainant and staff, resulting in the issues recorded as resolved. We noted that there were a couple of recurring complaints, however we had confidence that the issues raised would be investigated and addressed, by the new management team.

The quality assurance system in place included a variety of processes and management overview which helped to assess any areas for improvement.

We saw minutes of daily staff 'stand up' meetings and monthly clinical governance meetings. We sampled audits carried out in relation to medication, nutrition, hydration, housekeeping, personal plans and Resident of the Day. These helped to share and improve staff practice.

We did highlight some areas, that needed to be improved, in relation to housekeeping cleaning schedules

and staff knowledge about expected practice. This is reported in more detail under 'How good is our setting?'

Staff and relative questionnaires had recently been issued and the responses so far had been overall positive. We were told if any areas of concern were highlighted, this would result in a meeting being arranged to discuss these.

Monthly meetings were held with residents and relatives, with any areas for improvement being highlighted through 'You said We did' and added to the central action plan to be addressed. We saw that people were continuing to highlight issues with missing clothing or getting clothing that did not belong to them. We noted that completion or updating of clothing inventories was part of Resident of the Day documentation, however this was rarely indicated as carried out. We were aware that there was a clear system in place for labelling people's clothing and, as a result of people's feedback, management had reviewed their laundry processes and made changes to try to minimise the issues being raised. However, management needed to continue to monitor and review systems and practice, to minimise people's missing or unlabelled clothing.

Although we acknowledged the progress made in a number of areas, previously identified, and people told us that things were improving, we have made an area for improvement for the service to demonstrate how people's outcomes have been improved and that these improvements can be sustained (See Area for Improvement 1).

Areas for improvement

1. To ensure that people experience a service which is well led and managed, and which results in better outcomes for them, the provider and manager should ensure that:

- a) the service's quality assurance system supports and demonstrates a culture of continuous improvement
- b) the monitoring and reviewing of systems and practice in relation to housekeeping staff knowledge and records, and people's personal belongings continues
- c) feedback from people who use and work within the service informs the identified improvements
- d) the achieved outcomes and benefits, for people living in the home, are evidenced
- e) the development of a self-evaluation, demonstrates what the service does well and what they could do better.

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); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?**4 - Good**

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

We saw that the service used the provider's own dependency tool which was based on the assessment of people's needs. This information was used to calculate staffing levels, however management acknowledged that no assessment tool could take into account every activity within the home. They had therefore, committed to additional hours to cover for any unplanned or other non-direct care duties.

We acknowledged that the home had continued with a full complement of staff, despite a reduced occupancy. Staff were generally based in the same units however management were re-evaluating staff skills, and there been some movement of staff and additional staff training. Management continued to assess staffing levels through feedback from people and staff as well as assessing if people's care needs were being met.

Staff spoken with confirmed that they felt that staffing levels were sufficient to meet people's needs.

People we spoke with, were overall positive about staff and staffing levels, however some people indicated that, at times, they had to wait for their call bell to be answered. Management agreed to monitor this.

We saw that staff mandatory training records reflected a high level of completion. There was also positive engagement with additional training from the Health and Social Care Partnership (HSCP). This included stress and distress, pressure ulcer preventative, falls, continence and nutrition. We were told that further training in continence, essential and palliative care was planned. This would help to further staff learning and knowledge in providing people's care and support.

We saw that the provider supported staff recognition programmes such as Employee of the month and Care awards, as well as providing access to help and advice through their 'We Care Programme' and wellbeing resources. This was important in supporting staff wellbeing.

How good is our setting?**4 - Good**

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

People who live in the home should experience a high quality environment. We could see that the majority of the home had been refurbished to a high standard. We were aware of the level of resources put into the home since the beginning of the year to bring it up to the standard it was at now. People commented positively about the improvements, the existing coffee station on the ground floor and addition of the café area on the first floor, 'my unit is decorated lovely', 'happy staying here has a nice homely feel', 'enjoy using the coffee station and café'. These areas were seen to be busy and well used during our visit, stocked with hot drink supplies and home baking each day. We noted that relatives visited on a regular basis so the home was busy during the day.

There was a variety of seating areas throughout the home, including in communal areas out with the units. People were seen sitting at reception reading their newspapers, also in corridor areas within the units, where people enjoyed sitting watching all the coming and goings. Areas were well-lit and at comfortable temperatures.

The large enclosed garden to the rear of the home, with a sensory area, provided a safe outdoor space for people to use. There was a variety of seating areas available and we saw these being used by a few residents and relatives during our visit.

We were aware that some bedroom and ensuite areas had not yet been refurbished, and looked a bit dated especially the ensuites, 'my bedroom is a bit old fashioned would like it more modern'. These areas were part of the refurbishment plan but needed to be maintained in the interim. We became aware of malodours from a bedroom carpet that were being addressed and missing tiles from an ensuite wall, that were repaired when highlighted. Management needed to ensure that staff were reporting these areas to maintain an appropriate level of infection prevention and control, and provide a reasonable environment for people living in the home.

With exception of the bedroom carpet and ensuite tiles, we highlighted a bed table and crash mat that needed further cleaning, although the majority of areas we found were clean, fresh and tidy.

We spoke with domestic staff who described the use of cleaning solutions and related equipment such as mops, buckets and disposable cloths. Staff were clear about the use of detergent and disposable cloths however were not able to fully describe the routine use of the chlorine solution or how often the bucket water should be changed.

We viewed the cleaning schedules completed by day domestic staff and we could see that each area was signed off when cleaning had been completed. We were told that there were no cleaning schedules for evening domestic staff to complete and we were not able to see any records for the cleaning of touch points.

We saw that monthly housekeeping audits were carried out and reflected all areas were checked and were clean and tidy. However, there was no indication of review of completed cleaning schedules or of staff knowledge about expected practice.

Due to the areas found, we have made an area for improvement for management to continue to monitor and review housekeeping systems and staff practice (See Area for Improvement 1, 'How good is our leadership?')

We viewed maintenance and fire safety check records, and found these completed and up to date. New call cords were seen throughout the home, in bedrooms and communal areas, within reach of people using them. We saw there was a system for checking that these were in working order, this included any equipment with alarms attached. The Resident of Day documentation also recorded checks were carried out.

Some people had a key to their own bedroom which allowed them to maintain their own space, however this also limited the access for staff. Management agreed to source additional master keys so that staff could gain access if required.

We were told that the needs of people in each unit were being reviewed, to ensure that people had similar

needs. This meant that some people would be offered a move to the unit that would best suit their needs. Each unit was also being assessed, by the provider's own dementia care specialists, as to whether additional resources were needed to make the environment dementia-friendly, which would support people cognitive needs.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences. We sampled a number of personal plans, across all units, and found relevant, up to date care plans and risk assessments in place.

Overall, we saw a good level of detail about people's preferences and the way people wished to be supported. The 'Getting to know me' booklet contained lots of personal details to support discussions and gave insight into who people were beyond their care needs. There were systems to record and monitor people's participation in activities, whether group or one to one.

People's 'hopes and concerns for the future' and anticipatory care plans reflected people's wishes and who was to be involved in any decision making.

We sampled continence care plans, assessments and continence assessment folders in units. Although we found relevant documents had been completed, the level of detail could have been better. Care plans and assessments did not always identify the continence aids prescribed, how many or how often aids should be changed. We also noted that the storage of continence supplies, in people's bedrooms could be better. We found multiple open packets in wardrobes and ensuites, which was not appropriate in relation to infection prevention and control.

We sampled mental health and cognition care plans. Again, although we found that the care plan had been completed, the level of detail could have been better. We were aware that some people refused personal care on a regular basis. However, care plans did not always reflect the issues that staff were aware of or detail strategies of how staff supported people to meet their needs. It would also be useful to have detailed information about possible triggers, how staff would recognise that people were becoming stressed, and interventions at different levels, for instance when first presenting with stress through to managing distress. This could help to reduce episodes of stress and distress.

We viewed a sample of associated care documents, including Resident of the Day, bedroom care folders, food and fluid intake charts.

As previously reported, some parts of the Resident of the Day, were not always indicated as carried out. These included the clothing inventory, resident's favourite meal and if areas within the bedroom had been cleaned and tidied, such as the wardrobe and drawers.

The bedroom care folder contained an equipment cleaning schedule, wellbeing check record, oral and nail

care records. We found that these were not always completed and therefore it was unclear if the task or support had been carried out.

We saw that food and fluid intake charts were in place, to ensure that people were supported to achieve a sufficient level of nutrition and hydration. We noted that the fluid target levels did not reflect best practice, for example, women should aim for 1600mls and men should aim for 2000mls per day. We also noted that intakes were not always completed at the time. People's intake should be recorded timeously to ensure accurate recording of intakes.

Due to the areas highlighted, we have made an area for improvement in relation to care record details and management overview (See Areas for Improvement 1).

We were aware that the service were moving to electronic personal plans and it was hoped that this would help to address the areas highlighted for improvement.

We saw that the majority of six monthly care reviews had taken place and dates were being arranged for the remainder.

Areas for improvement

1. To ensure that personal plans and care records support good outcomes for people, including but not limited to continence support and people who experience stress and distress, the provider and manager should ensure that:

- a) all care plans and risk assessments contain relevant detail which reflects how people's needs will be met
- b) all associated care records are fully completed timeously and quality assured.

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;

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14); and

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

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

Requirements

Requirement 1

By 14 February 2025, people experiencing care must experience high quality care and support with prescribed medication. To achieve this, the service provider must:

Ensure there is an adequate supply of all prescribed medication available at all times to meet the prescribed need of people using the service.

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:

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

This requirement was made on 5 December 2024.

Action taken on previous requirement

We saw that medication systems had been reviewed and additional support provided for nursing staff. A medication champion had been identified and the pharmacy technician worked in the service, for a number of weeks, reviewing and assisting with medication systems including ordering.

We were told that the GP had carried out medication reviews which had resulted in reduced medications and staff competencies had been revisited. Further training and development was provided to staff where required.

Medication deliveries were now staggered for each unit, allowing management to maintain an overview while unit staff remained responsible for checking and signing medications in.

We saw that staff recorded running totals, which helped to identify when stock was running low and medication orders were discussed at staff handover and daily stand up meetings. Medication checks were also carried out as part of Resident of the Day and reviewed by management.

Ongoing auditing and monitoring continued to be carried out by management.

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 ensure people are protected from the risk of cross infection and cross contamination, the provider should:

- a) Ensure staff have the appropriate training to inform their skills, knowledge and understanding of the correct use of cleaning solutions, and the safe dilution and handling of chemical products.
- b) Ensure staff have the appropriate training to inform their knowledge and understanding of the correct use and disposal of cloths used for cleaning, as outlined in the NIPC Manual for Care Homes Scotland guidance.
- c) Have in place cleaning schedules for each area of the home as per guidance contained in the NIPC Manual for Care Home Scotland guidance.
- d) Have in place standard operating procedures in relation to the safe management of the care environment.

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

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

This area for improvement was made on 5 December 2024.

Action taken since then

We spoke with domestic staff who described the use of cleaning solutions and related equipment such as mops, buckets and disposable cloths. Staff were clear about the use of detergent and disposable cloths however were not able to fully describe the routine use of the chlorine solution or how often the bucket water should be changed.

We viewed the cleaning schedules completed by day domestic staff and we could see that each area was signed off when cleaning had been completed. We were told that there were no cleaning schedules for evening domestics to complete and we were not able to see any records for the cleaning of touch points.

We saw that monthly housekeeping audits were carried out and reflected all areas were checked and were clean and tidy. However, there was no indication of review of completed cleaning schedules and of staff knowledge about expected practice.

Due to this we found that this area for improvement has been partially met. We have created an area for improvement for management to continue to monitor and reinforce best practice. **See Area for Improvement 1 'How good is our leadership?'**

Previous area for improvement 2

To ensure that people receive the right information at the right time, the provider should ensure that staff are open, honest, and transparent in their timely communication with people receiving care or their representative. This should include, but is not limited to, updating the family and friends communication records to reflect discussions and concerns when someone refuses care or support.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'.

This area for improvement was made on 22 July 2024.

Action taken since then

We saw communication records, within people's personal plans, which reflected regular contact with relatives about changes in care needs or incidents.

People spoken with reflected positive communication with unit staff and confidence in them to make contact if there were any issues.

We saw that there were monthly resident meetings and relative meetings were also currently being held monthly instead of every three months. The new manager, told us, that his door was always open and encouraged everyone to speak with him.

Staff and relative questionnaires had recently been issued and the response so far had been overall positive. If any areas of concern were highlighted, this would result in a meeting being arranged to discuss these.

This Area for Improvement has been met.

Previous area for improvement 3

To assure that people receive the right information at the right time, the provider should ensure that staff are open, honest, and transparent in their timely communication with people receiving care or their representatives on admission to the home. This should also include, but is not limited to, updating the provider admission correspondence to reflect the planned change of medical practice for the person being cared for.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

This area for improvement was made on 12 July 2023.

Action taken since then

We saw communication records, within people's personal plans, which reflected regular contact with relatives about changes in care needs or incidents.

We spoke with people and their relatives, who had recently moved into the home and they confirmed that they were very happy with communication from staff, confident that they would make contact if there were any issues and the process of moving in had went very smoothly.

We saw that there were monthly resident meetings and relative meetings were also currently being held monthly instead of every three months. The new manager, told us, that his door was always open and encouraged everyone to speak with him.

Staff and relative questionnaires had recently been issued and the response so far had been overall positive. If any areas of concern were highlighted, this would result in a meeting being arranged to discuss these.

This Area for Improvement has been met.

Previous area for improvement 4

To provide reassurance that people's personal belongings are respected and valued, the provider should ensure that staff follow their, "Looking after your Residents and Patients Laundry" guidance. This should include, but is not limited to, raising residents' and their representatives' awareness of the importance of notifying staff of any new belongings being brought into the home. This is to enable staff to update people's personal belongings inventory.

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).

This area for improvement was made on 12 July 2023.

Action taken since then

There was a clear system in place for labelling people's clothing however it was evident that people were continuing to highlight issues around items that were missing or unlabelled. The 'You said We did' information from May 2025 highlighted people still had concerns about having clothing in their room that did not belong to them, although the labelling of clothing was indicated as improved.

As a result of people's feedback, management had reviewed their laundry processes and made changes to try to minimise the issues being highlighted.

Staff we spoke with, were aware that any new clothing handed in should be taken to the laundry to be labelled, however it was unclear if new clothing was always handed in for labelling.

We were told that net bags were used for each person's underwear/socks, to minimise loss, and washing was being sent to the laundry from a specific unit each time, which narrowed down where any unlabelled clothing had come from. We also noted that laundry staff were now responsible for returning people's clothing back into bedrooms.

Management should continue to monitor and reinforce with staff about informing families to highlight when new clothing was brought in. We were also aware that completion or updating of clothing inventories was part of Resident of the Day documentation, however this was rarely indicated as carried out.

Due to the areas highlighted, we found that this area for improvement has been partially met. We have made an area for improvement for management to continue to monitor and review systems and practice, to minimise people's missing or unlabelled clothing. **See Area for Improvement 1 'How good is our leadership?'**

Previous area for improvement 5

The service provider should ensure meal times experiences are unhurried and where possible, in a relaxed atmosphere. If people require assistance, this should be carried out in a dignified way with personal preferences respected.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

This area for improvement was made on 13 March 2025.

Action taken since then

Mealtimes were seen to be a positive experience for people in well presented dining rooms with nicely set tables, menus and a pleasant atmosphere.

People were provided with relevant support to eat and drink, including people who took meals in their bedroom.

A record of people's food and drink preferences were seen in personal plans and the chef had a copy in the kitchen. Menus were discussed at monthly resident meetings and 'food and beverage comment' books had been introduced, which we saw being completed with people, following mealtimes.

This Area for Improvement has been met.

Previous area for improvement 6

To ensure people experiencing care are able to summon assistance when required, the service provider should ensure there is an adequate supply of nurse call bells available. In addition, checks should be implemented and recorded to ensure nurse call bells are in place and in working order.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: 'I experience high quality care and support because people have the necessary information and resources'.

This area for improvement was made on 13 March 2025.

Action taken since then

New call cords were seen throughout the home, in bedrooms and communal areas, within reach of people using them.

We saw there was a system for checking ten call bells each week, including any equipment with alarms attached. The Resident of Day documentation also recorded checks were carried out.

This Area for Improvement has been met.

Previous area for improvement 7

To ensure people's care needs are well supported, the service provider should ensure continence support is provided in accordance with the individual's care plan and where necessary, assessments are reviewed to ensure garments continue to meet the needs of the individual.

This is to ensure care and support is consistent with Health and Social Care Standard 1.24: 'Any treatment or intervention that I experience is safe and effective'.

This area for improvement was made on 18 April 2025.

Action taken since then

We sampled people's personal plans, which contained continence care plans and assessments, as well as the continence assessment folders in units. We found that although relevant documents had been completed, the level of detail could have been better. Care plans and assessments did not always identify the continence aids prescribed, how many or how often aids should be changed.

We also noted that the storage of continence supplies, in people's bedrooms could be better. We found multiple open packets in wardrobes and ensuites, which was not appropriate in relation to infection prevention and control.

Due to the areas highlighted, we found that this area for improvement has not been met. We have made areas for improvement in relation to personal plan details and management overview. **See Area for Improvement 1 'How well is our care and support planned?'**

Previous area for improvement 8

To ensure people are experiencing the outcomes they want and need, the provider should have systems in place to evaluate how improvement is meeting 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 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 5 December 2024.

Action taken since then

The quality assurance system in place included a variety of processes and management overview which helped to assess any areas for improvement.

We saw minutes of daily staff 'stand up' meetings and monthly clinical governance meetings. We sampled audits carried out in relation to medication, nutrition, hydration, housekeeping, personal plans and Resident of the Day.

Recent surveys had been issued to staff and relatives, and monthly meetings were held with residents and relatives. Any areas for improvement were highlighted through 'You said We did' and added to the service's central action plan to be addressed.

Although we acknowledged the progress made in a number of areas, previously identified, and people told us that things were improving, the service needed to demonstrate how people's outcomes have been improved and that these improvements can be sustained. We therefore felt that the service needed longer to implement this area for improvement.

We have made an area for improvement in relation to quality assurance, management monitoring and overview. **See Area for Improvement 1 'How good is our leadership?'**

Previous area for improvement 9

To support positive outcomes for people experiencing care, the provider should ensure that any concerns related to care and support are recorded, and responded to appropriately. This should include, but is not limited to, ensuring the service's Customer Feedback Policy is implemented when required.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'.

This area for improvement was made on 22 July 2024.

Action taken since then

We saw that any concerns raised, since the last inspection, had been logged as complaints and the process followed in order to resolve people's concerns.

The majority of complaints logged had been resolved through meetings with the complainant, resident and staff, resulting in the issues recorded as resolved.

We noted that there were a couple of recurring complaints, however we had confidence that the issues raised would be investigated and addressed, by the new management team.

This Area for Improvement has been met.

Previous area for improvement 10

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 and
- b) 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)

This area for improvement was made on 5 December 2024.

Action taken since then

We saw that the service used the provider's own dependency tool which was based on the assessment of people's needs. This information was used to calculate staffing levels, however management acknowledged that no assessment tool could take into account every activity within the home. They had therefore, committed to additional hours to cover for any unplanned or other non-direct care duties.

Management continued to assess staffing levels through feedback from people and staff as well as assessing if people's care needs were being met.

Staff spoken with, confirmed that they felt that staffing levels were sufficient to meet people's needs.

People we spoke with, were overall positive about staff and staffing levels, however some people indicated that, at times, they had to wait for their call bell to be answered. Management agreed to monitor this.

This Area for Improvement has been met.

Previous area for improvement 11

The provider should review the care plans of people who experience stress and distress to ensure that they are robust and provide sufficient detail to effectively meet the needs of people who experience stress and distress. This should include but is not limited to identifying triggers to stress and distress and effective support strategies.

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 5 December 2024.

Action taken since then

We sampled people's personal plans, which contained mental health and cognition care plans. We found that although the care plan had been completed, the level of detail could have been better. We were aware that some people refused personal care on a regular basis, but care plans did not always reflect the issues that staff were aware of or detail strategies of how staff supported people to meet their needs.

It would also be useful to have detailed information about possible triggers, how staff would recognise that people were becoming stressed, and interventions at different levels, for instance when first presenting with stress through to managing distress.

Due to the areas highlighted, we found that this area for improvement has not been met. We have made areas for improvement in relation to personal plan details and management overview. **See Areas for Improvement 1 'How well is our care and support planned?'**

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.1 Vision and values positively inform practice	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
2.3 Leaders collaborate to support people	4 - Good
2.4 Staff are led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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 cànan eile ma nithear iartras.

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.