

## Links View

### Care Home Service

Cromwell Road  
Burntisland  
KY3 9EH

Telephone: 01592 873 736

**Type of inspection:**  
Unannounced

**Completed on:**  
4 June 2025

**Service provided by:**  
Fairfield Care Scotland Ltd

**Service provider number:**  
SP2007009107

**Service no:**  
CS2008183932

## About the service

Links View is situated in the coastal town of Burntisland. The home is owned by Fairfield Care Scotland, part of the Carrick Care Family. The home benefits from an elevated position with views across the local 'links' and the river Forth. Accommodation is provided within an original Victorian manse building which retains many of its original features. The service is registered to provide care to a maximum of 26 people, accommodated over two floors. A large living/dining space on the ground floor provides ample seating and access to a small outdoor seating area.

## About the inspection

This was an unannounced inspection which took place on 13 May 2025. The inspection was carried out by two inspectors from the Care Inspectorate; one of whom was a complaints inspector investigating a complaint received by 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 eight people using the service, a further four shared their views with us via Care Inspectorate questionnaires as did eight of their family members
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- Gained the views of four visiting professionals via Care Inspectorate questionnaires.

## Key messages

- The environment required improvements to keep people safe.
- Staffing arrangements required to be improved to ensure people's needs are being met.
- Further improvements were required to meet the outstanding areas areas for improvement.
- People told us the staff are kind and look after them well.
- People told us they enjoyed all the home-cooked meals.
- People told us they enjoyed the organised activities.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	3 - Adequate

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

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

## 3 - Adequate

We made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses.

People's health should benefit from their care and support. People living in the service told us, "It's lovely; everyone is very nice, helpful, and they do their best" and "I like my room; it's a bit hidden but it's always clean". We observed people being cared for by a staff team that were dedicated, respectful and kind. We found evidence of the service seeking regular professional health care support and guidance to meet people's acute health care needs. Visiting health professionals commented "During my visits I can observe the strong interactions between the team and the service users. There appears to be a homely setting encouraged where service users are part of the wider family", and "The staff are good at keeping me informed of any changes or requirements".

Medication practice had improved since the last inspection. We reviewed medication administration records (MARs) and found them to be in good order. However, we found a lack of recording in relation to the use of 'as required' medications. There was lack of clarity around why medications had been administered or if they had the desired effect, specifically those used for stress and distress and pain management. This meant their use could not be effectively evaluated to inform future care planning. At the last inspection we made an area for improvement relating to 'carry forward' medication balances and as required (PRN) medication protocols. Further details can be found in the 'Outstanding areas for improvement' section of this report. One part of this area for improvement has been met and a new area for improvement has been made to address the outstanding issue. See area for improvement (1).

People should benefit from knowing their nutritional needs are being met and they can have positive mealtime experiences. The cook knew people's likes, dislikes, and dietary needs; the meals were mainly home-made. People were supported well during lunchtime, but we had concerns about the temperature of the food being served to those in their bedrooms as some were a distance from the kitchen. One person told us that their meals and coffee are sometimes served cold. We discussed this with the manager who said it would be addressed.

At our last inspection, we found limited opportunities for people to be active and engaged and an area for improvement was made. It is important that people are supported to get the most out of life. At this inspection we learned one of the ancillary staff had split her full time hours and taken on the role of part-time coordinator (afternoons). Record keeping had begun to improve and people were involved in choosing their activities. The staff had recognised the need for people to get out into the community more and were trying to source appropriate transport. Community links were being established by regular visits from children at local playgroup, nursery and primary school. The local highland dance group regularly entertained in the home and a church service was held every month. People told us they enjoyed the activities and entertainment but often got bored out with the activity coordinator's part-time hours. Care staff we spoke with told us they didn't have much time to interact socially with people and we saw some people who preferred to spend time in their bedrooms were alone for long periods. We recognised the improvements since our last visit but further improvements were necessary to meet this outstanding area for improvement which remains in place.

## Areas for improvement

1. To protect people's health and wellbeing the provider must ensure that people experience safe and effective support with medication. In order to achieve this the provider should ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'.

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

### How good is our leadership?

### 3 - Adequate

We made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses.

People spoke highly of the manager. One visiting professional said "The manager is a fantastic support to the team. The manager ensures that staff are kept up to date with developments in the sector. The staff team speak of the manager very positively and often comment on her dedication within the home. The manager appears to be focussed on strengthening her team and giving them opportunities to grow and develop". The manager had good oversight of some areas such as staff training, supervision, and regular medication administration. However, other areas such as the environment, falls management, accidents and incidents, and skin integrity lacked focus on detail and evaluation. This meant there were missed opportunities to make improvements and minimise the risk of harm to people. Further details can be found in the 'Outstanding areas for improvement' section of this report; many of which have not been met and remain in place.

Care services should have improvement plans in place to ensure high-quality, person-centred care, enhance safety and promote continuous improvement. These plans help address identified weaknesses, meet standards and build trust with people. Effective improvement plans enable services to maintain records of improvement driven by feedback from people using the service, their families, staff and visitors. The service did not have an effective, continuous improvement plan. There was little opportunity for people to give feedback about the service they receive or suggest areas for improvement. Planned meetings with people were irregular, and there was little evidence of improvements being made as a result of feedback received.

It is important that people have confidence in services' complaints procedures, with any concerns taken seriously and efforts made to reach a resolution. The service had a complaints policy but we saw this was not always adhered to. For example, in one instance meetings had taken place with a complainant but there was no record of this, or any action taken to resolve the complaint. We could not be confident complaints were being dealt with effectively.

We gave feedback on our inspection findings to the provider and the newly appointed manager who gave their assurance that the necessary improvements would be made. They also said people's views and suggestions will be sought during development of the improvement plan. This should ensure the service is being delivered in a way that matters to people.

### How good is our staff team?

### 3 - Adequate

We made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses.

We saw a lot of kind interactions between staff and the people they were supporting. People spoke highly of the staff and relatives told us "The staff are a true delight. They always demonstrate excellent care, warmth, and friendliness to my relative and all the residents. They know each resident personally (their likes and dislikes). Additionally Links View has gone above and beyond their duties to support my relative's elderly husband who struggles with his wife's transition into care", and "All the staff are approachable and are willing to help you with any concerns".

It was evident throughout the inspection that there were either not enough staff on duty to meet people's needs, or their deployment required to be addressed. We heard call buzzers sounding for lengthy periods before being answered; one person said "Sometimes I have to wait longer after I have buzzed as two members of staff are needed," another said "Sometimes when I want to go out there is no-one free to take me." And staff told us they did not have time to interact with people as much as they would like. The care home comprises of two floors and is well spread-out. We saw some areas of the home unstaffed for long periods of time and we could not be confident that staff were aware of people's wellbeing at all times.

Dependency tools are used to determine appropriate staffing levels based on the individual needs of the people being supported. We looked at staff rotas which showed the manager was staffing higher than the dependency tool dictated. However, on examination of the dependency tools it was evident they were not accurately reflecting people's actual needs. For example, they were not taking account of the layout of the building, people's social needs, or those at risk of falling. This meant the dependency tools were calculating lower numbers of staff than actually required to meet people's needs. We discussed this with the manager who agreed improvements were required.

At the last inspection we made an area for improvement in relation to staffing. The outstanding area for improvement is no longer in place and has been incorporated into a new requirement (1).

## Requirements

1. By 15 August 2025, the provider must ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users. To achieve this, the provider must at a minimum:

a) ensure effective use of a dependency rating tool to inform ongoing staffing levels within the service to ensure that they respond to the changing care and support needs of the service

b) ensure that there are sufficient staff in place to meet people's daily health and wellbeing needs.

This is to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(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 that: 'My needs are met by the right number of people' (HSCS 3.15).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

At the time of inspection we had concerns in relation to the safety of some areas of the home. At the last inspection we made an area for improvement in relation to the cleanliness of the home and the lack of infection prevention and control (IPC) measures in place. Since then, the manager had sought advice from Fife NHS IPC team and new cleaning schedules were in place. Those seen were complete and up to date and the areas of the home that could be cleaned effectively, were.

However, some furnishings and equipment could not be kept clean enough to minimise the risk of spread of infection due to the state of disrepair. One visiting professionals told us "The environment is very clean but it is lacking in maintenance, both in painted woodwork and walls, and worn out carpets." Other issues that raised our concerns were:

- Some of the skirting boards and furnishings were damaged to the point of splintered wood showing, and some equipment such as shower chairs were rusty. This meant they could not be cleaned enough to prevent the spread of any infection.
- A radiator cover was displaced, bent, and sharp, and a shower tray was severely damaged with exposed sharp areas; these things compromised people's safety.
- The cupboard housing the hot water tank was piled high with duvets; packed tightly around the tank which may have posed a fire risk.
- We managed to open the upstairs fire exit door effortlessly which opened onto a steep concrete staircase. This put people at risk of harm; especially those with cognitive impairment.
- Some parts of the flooring were very uneven which put people at risk of falling. Although the structure of the building can't be changed, measures could have been taken to alert people to this danger and minimise risk of harm.

The outstanding area for improvement is no longer in place and has been incorporated into a new requirement (1).

We felt there was a lack of signage around the home to guide people to their destination and orientate them to their surroundings. This is important to people; especially those with cognitive impairment, and would promote independence. An area for improvement (1) is made.

## Requirements

1. By 15 August 2025, the provider must ensure people are living in an environment which is well looked after with safe, clean, and well maintained premises, furnishings, and equipment.

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

## Areas for improvement

1. In order to promote activity and independence for people living in the service, the provider should have appropriate signage around the home. The use of the King's Fund Environmental Assessment Tool, and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11).

## How well is our care and support planned?

### 3 - Adequate

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

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people.

People had access to external professional supports, such as GPs, opticians and district nurses when this was needed. This ensured that people were receiving regular routine health screening and had access to other peripatetic professional supports. We found that guidance from other professional staff was recorded within plans sampled.

We found some care plans contained enough good information to guide staff on how to best meet people's needs. However, this was inconsistent and others required improvement. People's care and support needs and how they are to be met should be clearly documented, regularly assessed and evaluated. We reviewed a sample of accident records and risk assessments and were not satisfied that the right information had been gathered and recorded to support effective risk reduction. We found in some falls management, and medication care plans, records contained statements such 'remedial action taken' following a fall, or trauma. This meant the information available to staff was insufficient to enable effective evaluation of the action taken and its effect, and plan future care.

Some care plans had good information about people's needs and treatments, for example skin integrity. However, we found they were not always being followed. In one instance, we saw evidence of a wound dressing being changed in an inappropriate setting using a non-sterile technique. This was not in accordance with the care plan and compromised the person's health in relation to infection prevention and control. As a result of previous upheld complaints we made areas for improvement relating to falls management, medication care planning, and skin integrity, which remain in place. Further details can be found in the 'Outstanding areas for improvement' section of this report.

Care plans were computerised and contained a lot of repetitive information. For example risk assessment information was repeated in the actual care plan. We found it cumbersome and time-consuming to find specific information. We discussed this with the new manager who said they had found the same and intended to make improvements.

Appropriate paperwork was in place for people who lack capacity, detailing power of attorney and who the service should be consulting with regarding people's care and support. Consent forms were in place for people who had any restrictions of movement placed on them, such as bedrails or movement alarms in their room. This meant these decisions had been made in agreement with the relevant people. This helps to ensure that care and support is provided in a manner that reflects people's human rights.

People residing in the home and their relatives were supported to be involved in the formal care and support reviews.

## Areas for improvement

1. In order to ensure individual's experience, the safe and effective administration of medication, the provider should; review medication care plans to ensure clear and detailed guidance in relation to medication administration and effective evaluation is available to the care team.

This is to ensure care and support is consistent 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.

## 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

In order to ensure individuals, experience safe and effective fall prevention and fall management procedures, the service should access and implement the best practice guidance: "Managing-falls-and-fractures-in-care-homes-for-olderpeople-good practice resource (2016)" to ensure best practice is in place and individuals are as safe as possible.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

**This area for improvement was made on 11 October 2024.**

#### Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because there were inadequate falls risk assessments, care plans, and post-falls monitoring in place for someone who had suffered injury due to falling.

During this inspection we looked at the records of someone who had suffered a fall. The falls risk assessment identified that they were at high risk of falls. We reviewed this risk assessment and were not confident that all areas of risk had been identified. We reviewed a sample of other accident records and were not satisfied that the right information had been gathered and recorded to support effective risk reduction.

**This area for improvement has not been met.**

#### Previous area for improvement 2

In order to ensure individual's experience, the safe and effective administration of medication, the service should; review medication care plans to ensure clear and detailed guidance regarding specific medication administration is available to the care team. The service should also ensure that all staff are fully aware of the ordering process to prevent medications being out of stock and the "Homely remedies" Policy.

This is to ensure care and support is consistent 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 11 October 2024.**

#### Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because we expect to see that the effectiveness of pain relief medications are assessed to ensure symptoms of pain are being

effectively managed. We could not evidence this. We also saw that some people's medication had been out of stock and despite it being available in the homely remedy cupboard, it wasn't administered.

During this inspection we were pleased to see medication ordering systems had improved, minimising the risk of running out of stock.

However, there was still a lack of clear and concise information available to staff in relation to people's medication. Medication care plans we sampled were written in general terms and did not inform staff of what medication people were taking or how it should be administered. When people had suffered trauma for example, a fall, we often saw the statement 'remedial action taken'. There was no explanation of what this was therefore effective evaluations could not be carried out to inform future care planning.

One part of this area for improvement has been met and a new area for improvement has been made to address the outstanding issue. Details can be found in the 'How well is our care and support planned?' section of this report.

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

### Previous area for improvement 3

In order to support good outcomes for people experiencing care, the service should ensure that all staff delivering direct care understand their role and responsibilities in relation to monitoring people's skin integrity. There should be effective systems of reporting changes or concerns to allow appropriate actions to be taken. Individual plans of care should fully reflect proactive and preventative measures to reduce the risk of pressure damage.

This is to ensure care and support is consistent 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 7 February 2025.**

#### Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because we concluded that someone using the service had not always received adequate care and support to maintain their skin integrity. We saw evidence from their care notes that regular skin checks had either not taken place or had not been documented by carers.

People should expect staff to have the skills and knowledge required to carry out wound care in line with good practice guidance. We are not satisfied that staff had demonstrated an appropriate level of skill or knowledge in relation to skin integrity and wound management. We saw evidence of someone having their wound dressed whilst seated on the toilet, with the new dressing face up on the commode and the dressing tape on the toilet cistern. This was discussed with the manager who agreed this practice is inappropriate and unacceptable.

**This area for improvement has not been met.**

### Previous area for improvement 4

The provider should ensure that quality assurance and audit processes are effective in identifying areas for improvement and contribute to improvement planning. To do this, the provider must at a minimum:

- a) ensure that people's views, suggestions, and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences.
- b) have a continuous improvement plan that evidence that the care and support provided meets the assessed needs of service users and addresses areas for improvement.
- c) promote comprehensive quality assurance by involving other stakeholders in the process.

This is to ensure that care and support is consistent with 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).

**This area for improvement was made on 2 August 2024.**

## Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because although the service was able to demonstrate how some audits had led to improvement; there was limited evidence of any formal evaluation. Furthermore, we found little evidence of the quality assurance systems informing the service improvement plan.

During this inspection it was disappointing to hear from the manager that an improvement plan had still not been developed. There was a lack of evaluation of things such as complaints, accidents and incident, and falls. This meant trends and common themes could not be identified and action plans put in place to make improvements. It was also disappointing to find many of the outstanding areas for improvement remained unmet. We fed back our inspection findings to the provider and the newly appointed manager who gave their assurance that the necessary improvements would be made.

**This area for improvement has not been met.**

## Previous area for improvement 5

In order that people experience good outcomes and quality of life, the provider should ensure that there are sufficient staff to accommodate the physical and social support needs of people using the service. To do this, the provider should review their dependency rating tools to inform ongoing staffing levels within the service to evidence that they:

- a) Consider the layout of the building and the impact this has on people who are cared for in their own rooms,
- b) Respond to the demands made at busy times of the day and changing care and support needs of the service.
- c) Ensure there are sufficient staff to support people to enjoy social interaction and access outside space, activities, and interests when they want to.

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

**This area for improvement was made on 2 August 2024.**

**Action taken since then**

This area for improvement was made as a result of the previous inspection. It was made because there were times where people experienced delays in receiving support, and long periods of inactivity. Management had access to dependency tools, but these needed to be reviewed to ensure staffing was always sufficient to support more than just routine care.

During this inspection we reviewed a sample of people's dependency assessments with the manager. We were not satisfied that people's needs had been accurately assessed and the manager agreed with this assessment. We concluded that some of the assessments had been misinterpreted meaning assessments were incorrect and under estimating the support required. Staff told us they did not always feel they had enough time to speak with and listen to people. They recognised that this impacted upon people's quality of life.

**This area for improvement is no longer in place and has been incorporated into a new requirement under key question 3.**

**Previous area for improvement 6**

To protect people's health and wellbeing and provide assurance, the provider should ensure staff have access to equipment necessary to maintain proper disposal of waste and that cleaning records are complete.

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

**This area for improvement was made on 2 August 2024.**

**Action taken since then**

This area for improvement was made as a result of the previous inspection. It was made because although the home was clean, fresh and tidy, with no evidence of intrusive noise or smells, we found general purpose bins were not easily accessible and that cleaning records were not consistently completed.

During this inspection we saw staff did have access to general purpose bins. The manager had sought advice from Fife NHS IPC (Infection Prevention Control) team and new cleaning schedules were in place. Those seen were complete and up to date and the areas of the home that could be cleaned effectively, were. However, some furnishings and equipment could not be kept clean enough to minimise the risk of spread of infection due to the state of disrepair. More detail can be found in the 'How good is our setting' section of this report.

**This area for improvement is no longer in place and has been incorporated into a new requirement under key question 4.**

**Previous area for improvement 7**

In order that people experience good outcomes and quality of life, the service should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. The service should also develop the assessment and support planning process to clearly detail people's preferred activities and interests, and the support they need to take part in these.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and 'I can maintain and develop my interests, activities, and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 7 August 2023.**

## Action taken since then

This area for improvement was made as the result of a previous inspection. At the last inspection we saw further improvements were required and the area for improvement remained outstanding. Improvements were in their infancy and steps needed to be taken to ensure that people in their rooms were also supported to spend their time, in ways that matter to them. Systems needed to be in place to record people's participation and evaluate the effectiveness of activities.

During this inspection we found that one of the ancillary staff had split her full time hours and taken on the role of part-time coordinator (afternoons). Record keeping had improved (although in the early stages) and people were involved in choosing their activities. The staff had recognised the need for people to get out into the community more and were trying to source appropriate transport. Community links were being established by regular visits from children at local playgroup, nursery and primary school. The local highland dance group regularly entertained in the home and a church service was held every month. People told us they enjoyed the activities and entertainment but often got bored outwith the activity coordinator's part-time hours. Care staff we spoke with told us they didn't have much time to interact socially with people and we saw some people who preferred to spend time in their bedrooms were alone for long periods. We recognised the improvements since our last visit but further improvements were necessary to meet this outstanding area for improvement. The newly appointed manager agreed and gave his assurance this would be addressed.

**This area for improvement has been not met.**

## Previous area for improvement 8

To protect people's health and wellbeing the service must ensure that people experience safe and effective support with medication. In order to achieve this the service should, at a minimum:

- a) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'.
- b) Medication Administration Record Sheet (MARS) accurately record the actual amount held within the service, including any carry forward balance.

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

**This area for improvement was made on 7 August 2023.**

## Action taken since then

This area for improvement was made as the result of a previous inspection. At the last inspection we saw further improvements were required and the area for improvement remained outstanding. Some as required (PRN) medication protocols were still missing, and medication 'carry on' balances were not being recorded consistently.

As required medication should have clear and concise protocols in place to inform staff of any non-pharmaceutical interventions to be applied prior to administration. We could not evidence this during this inspection

We were pleased to see improvements in the MARs and the actual amount of medication held in the service, including any balance carried forward, was being recorded routinely.

One part of this area for improvement has been met and a new area for improvement has been made to address the outstanding issue. Details can be found in the 'How well do we support people's wellbeing?' section of this report.

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

#### Previous area for improvement 9

To promote responsive care and ensure that people have the right care at the right time, the service should ensure that people have person-centred care plans in place, that offer clear and up to date guidance to support staff. Priority should be given, but not limited to, stress and distress, anticipatory care planning and nutrition care planning.

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 7 August 2023.**

#### Action taken since then

This area for improvement was made as the result of a previous inspection. At the last inspection we saw further improvements were required and the area for improvement remained outstanding. Although we saw some good examples of care planning and records of people's individual needs, wishes, and outcomes, this was not consistent. The information recorded at times was contradictory.

Unfortunately, again, we saw some good examples of person centred care planning but this was not consistent and further improvements were required to meet this area for improvement.

**This area for improvement has not been met.**

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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