



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	21 September 2022
Agenda Item	7
Title	Bonnyton House Care Home Inspection Report
<p>Summary</p> <p>This report provides an overview of the report from our recent Care Inspectorate report at Bonnyton House.</p>	
Presented by	Lee McLaughlin
<p>Action Required</p> <p>Members of the Performance and Audit Committee are asked to note the report and the proposed improvement work.</p>	

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE & AUDIT COMMITTEE

21 September 2022

Report by Chief Officer

BONNYTON HOUSE CARE HOME INSPECTION REPORT

PURPOSE OF REPORT

1. To provide the committee with an overview of the most recent Care Inspection and subsequent report for Bonnyton House

RECOMMENDATION

2. Members of the Performance and Audit Committee are asked to note the report and the proposed improvement work.

BACKGROUND

3. The Care Inspectorate is the scrutiny body which supports improvement and ensures the quality of care in Scotland meets high standards. In evaluating quality, they use a six point scale where 1 is unsatisfactory and 6 is excellent.
4. The Care Inspectorate undertook an unannounced inspection of Bonnyton House on 28, 29, 30 June 2022. This is the third inspection under the new Quality Inspection Framework which the Care Inspectorate began to roll out in 2018.
5. In preparation for the inspection the Care Inspectorate reviewed information about the service, including previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.
6. Inspectors spoke with 5 residents, 18 members of staff and received feedback from 7 relatives and 3 visiting professionals.

REPORT

7. The Care Inspectorate's key messages were that:-
 - People were well cared for and their health needs well managed.
 - Staff were knowledgeable about people's needs and had a caring approach.
 - Management were very responsive to making improvements to the service.
 - The care home setting was clean, comfortable and homely.

FEEDBACK FROM FAMILIES

The Inspectorate sought feedback from families over the course of the inspection
.Comments received included:

- My aunt is well taken care of the staff are excellent.
- The home is well managed.
- Staff do keep in contact with us regarding updates as well as any changes.
- I have peace of mind that my relative is being well taken care.

8. Overall the inspection was positive with grades of good and very good awarded and no requirements made. This is an improvement on our previous inspection and the table below details grades from both this inspection and the previous 2.

	July 2022	November 2019	November 2018
How well do we support people's wellbeing?	4 – Good	3 – Adequate	4 – Good
How good is our leadership?	4 - Good	3 – Adequate	3 – Adequate
How good is our staff team?	5 – Very Good	3 – Adequate	4 – Good
How good is our setting?	5 – Very Good	3 – Adequate	3 – Adequate
How well is our care and support planned?	4 – Good	3 – Adequate	3 – Adequate

9. The report noted that the four recommendation from the previous inspection had been met and no further recommendations were made, however they did highlight some areas for improvement.

Inspection Area	Areas for Improvement	Health and Social Care Standard
How well do we support people's wellbeing?	<p>1. To ensure that people fully enjoy their mealtime experience, the manger should minimise the number of extraneous staff in the dining area at mealtimes.</p> <p>2. To ensure that arrangements for visiting or outings are in line with best practice guidance the manager should review the current arrangements to ensure that any barriers or restrictions to visiting or outings are in line with relevant guidance and the reasons for any restrictions are clearly communicated to visitors.</p> <p>3. The management team should ensure that staff use PPE in accordance with</p>	<p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible"(HSC 1.35)</p> <p>This is to ensure that care and support is consistent with the Scottish government document "Open with Care: supporting meaningful contact in adult care homes – principles" guidance and the Health and Social Care Standards (HSC) which state "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing. " (2.18)</p> <p>This is to ensure that care and support is consistent with the Health and Social</p>

	current guidance and best practice. The correct terminology should be used when referring to processes contained in IPC guidance.	Care Standards (HSCS) which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)
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10. ACTIVITY AND ACTION PLAN

Inspection Area	Areas for Improvement	Health and Social Care Standard	Action Plan
How well do we support people's wellbeing	1. To ensure that people fully enjoy their mealtime experience, the manger should minimise the number of extraneous staff in the dining area at mealtimes.	This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible"(HSC 1.35)	1. We have reduced the number of staff in the dining areas who are not directly supporting with meals. We have also looked at new ways to administer medication during meals times either in a resident's bedroom or somewhere of the resident's choice. Timescales – Now in place.
	2. To ensure that arrangements for visiting or outings are in line with best practice guidance the manager should review the current arrangements to ensure that any barriers or restrictions to visiting or outings are in line with relevant guidance and the reasons for any restrictions are clearly communicated to visitors.	This is to ensure that care and support is consistent with the Scottish government document" Open with Care: supporting meaningful contact in adult care homes – principles" guidance and the Health and Social Care Standards (HSC) which state "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing. " (2.18). I experience high quality care and support based on relevant evidence, guidance and best	2. We have now reviewed the transport risk assessment for outings and we have increased the number of residents and staff in each vehicle. We now ensure that all relatives are aware that they can visit freely but visits are still being supported in the resident's bedrooms or for larger groups in a dedicated lounge on request. Timescales – Now in place.

	<p>3. The management team should ensure that staff use PPE in accordance with current guidance and best practice. The correct terminology should be used when referring to processes contained in IPC guidance.</p>	<p>practice." (HSCS 4.11)</p>	<p>3. All staff are aware of their responsibilities and we carryout individual PPE audits of staff.</p> <p>Time scale – In place.</p> <p>Additional training has been identified for some of the team in relation to IPC guidance.</p> <p>Time scale December 2022.</p>
<p>How well is care and support planned</p>	<p>1. When care is reviewed the information should be updated clearly, agreed actions should be recorded and the completion of actions should be recorded in a way that is easy to track.</p> <p>2. When people have been offered support and have declined, this should be recorded.</p>	<p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state (HSCS 1.15) "Assessment and personal planning reflects peoples outcomes and wishes" (HSCS5.1)</p>	<p>1. Following each review a clear timeline of cations will be agreed and a mechanism of recording is now in place to identify when each action is achieved.</p> <p>Timescale – In place.</p> <p>2. Refresher training will be arranged for staff to ensure they fully understand the importance of recording.</p> <p>Timescales- December 2022.</p>
<p>How good is our leadership</p>	<p>1. Develop its quality assurance activity by encouraging feedback and participation from people who use the service and their relatives.</p>	<p>This is to ensure that care and support is consistent with the health and social care standards (HSCS) which state "I am actively encouraged to be involved in improving</p>	<p>1. New feedback questionnaires will be developed for the residents and families to ensure that they actively involved in shaping and improving the future of the service.</p>

	<p>2. Record quality assurance actions in a way that evidences how feedback from relatives and people using the service has informed the actions in the plan. This should include how people who gave their views were responded to.</p> <p>3. Record the actions in the service plan in a way that demonstrates how they have improved outcomes for people who use the service.</p>	<p>the service I use, in a spirit of genuine partnership” (HSCS 4.7) 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)</p>	<p>2. We will develop a system for giving feedback to residents and families which will include how we have responded to their views – ‘You said – we did’.</p> <p>3. We will develop a new service plan which will demonstrate how we have involved people within the service to support the improvement journey.</p> <p>Time scales Feb 2023.</p>
<p>How well is care and support planned</p>	<p>1. When care is reviewed, the information should be update clearly, agreed actions should be recoded, and the completion of the action should be recorded in a way that is easy to track.</p> <p>2. When people have been offered support and have declined, this should be</p>	<p>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: (HSCS 1.15) and assessment and personal planning reflects peoples outcomes and wishes (HSCS5.1)</p>	<p>1. Following each review a clear timeline of actions will be agreed and a mechanism of recording is now in place to identify when each action is achieved</p> <p>Timescale – In place.</p> <p>2. Refresher training will be arranged for staff to ensure they fully understand the</p>

	recorded.		importance of recording. Timescales- December 2022.
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CONCLUSIONS

11. This most recent inspection evidences positive improvements within this service demonstrating the continued focus on the provision of a high standard of care and the professional development of the staff team to support this. The service is currently performing to a good standard and continues to develop ways to improve the service to promote good outcomes for residents.

RECOMMENDATIONS

12. Members are asked to note the report and the improvement activity undertaken to ensure a journey of continuous improvement within the service.

REPORT AUTHOR AND PERSON TO CONTACT

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August 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

Bonnyton House - Busby Care Home Service

Bonnyton House
Oliphant Crescent
Busby
Glasgow
G76 8PU

Telephone: 01415 774 845

Type of inspection:
Unannounced

Completed on:
1 July 2022

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2003045155



About the service

Bonnyton House is situated in a quiet residential area of Busby and provides care and support for up to 34 older people, with physical and cognitive impairment including, six places for respite and short-term rehabilitation. The service is provided by East Renfrewshire Council and is within close proximity to local amenities and transport links. The home has three units and is purpose-built over two levels with a passenger lift providing access to the first floor. There are communal bathrooms, dining room and lounges, with quieter rooms and spaces for residents and visitors to use if they choose.

The ground floor provides unrestricted access into the enclosed patio area, with seated areas for residents and visitors to use. The building had undertaken a comprehensive refurbishment programme since the last inspection. To allow the major works to take place, the service had temporarily decanted to another building but was back in Bonnyton House at the time of the inspection. The stated aims of the service are to provide residential care to older people affording them the opportunity to enhance their quality of life and to provide each with an individual care package, tailored to meet their specific needs. At the time of this inspection, there were 25 people residing in Bonnyton

About the inspection

This was an unannounced inspection which took place on 28, 29, 30 June 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 5 people using the service and received feedback from 7 of their relatives
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from 3 visiting professionals

Key messages

- People were well cared for and their health needs well managed
- Staff were knowledgeable about peoples needs and had a caring approach
- Management were very responsive to making improvements to the service.
- The care home setting was clean, comfortable and homely

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?	5 - Very Good
How good is our setting?	5 - Very 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

While some of the strengths identified had significant positive impact on people's outcomes, some improvements were needed, therefore we made an overall evaluation of good for this key question.

We saw that people looked clean, tidy and well cared for. There was regular and frequent monitoring and review of key clinical information, for example weights, falls, skin integrity issues. We asked that MUST (Malnutrition Universal Screening Tool) scores were always completed, not only BMI (Body Mass Index) scores to ensure the accuracy of the data used for analysis and this was agreed during the inspection. We saw that the home had good relationships with community based services and they were involved in people's care as needed. People had equipment that supported their mobility where necessary and we saw this was clean, well maintained and people were encouraged to use their mobility aids.

People were encouraged to have as much control over their medication as they were able. Day to day medication was stored, managed, reviewed and administered appropriately, although a protocol for as required medication needed to be put in place for each person who required one. We saw that these measures to monitor and review people's healthcare needs were effective and that people's health benefitted from them.

People had plenty of access to food and drink. There were snack fridges available in each living area which people had free access to. Mealtimes were managed sensitively and people could have alternative meals if they no longer wanted their first choice. The food was of a good quality and several people told us that they enjoyed the food on offer. Textured diets, assistance and fortification of meals were provided as necessary.

We could see from records that residents were consulted about what food or meals they would like and that some people had put on weight since living in the home. We discussed how the open plan arrangement of the dining area did lead to a high volume of people passing through during the mealtime, making the experience rather busy. Management of flow through the area would make for a more enjoyable mealtime experience. (Area For Improvement 1) People should be offered hand hygiene before eating.

We saw that there were daily activities in the home that promoted movement and mobility and provided mental stimulation, which we observed was much enjoyed by the residents who participated. We saw that the home was working to the latest visiting guidance and that visiting was unrestricted for people who lived permanently in the home. Visitors for people who were in the home for intermediate care were encouraged to visit during a specified timeframe.

We saw examples of people enjoying organised visits outside the home and also visits with family and friends. The home also used technology to support people to keep in touch with their family according to their preferences. Significant dates such as birthdays were celebrated and families encouraged to participate. We asked the home to look for ways to reduce any unintended barriers to visiting or outings from the home. (Area For Improvement 2)

The standard of cleanliness in the home was very high and was commented on positively by both people living in the service and relatives. Housekeeping staff had cleaning schedules to work to and these were effective. Laundry was being washed and transported in accordance with guidance. We asked that the home uses the correct terms to describe processes to avoid confusion. The home had robust systems in place and safe systems of work in relation to infection prevention and control practices.

The home had notified agencies appropriately when outbreaks did occur. These measures meant that people were protected from the risk of infection.

The home had sufficient personal protective equipment (PPE) stations with appropriate signage and hand sanitising stations and bins for disposal of used PPE. Staff received training on donning and doffing PPE and Infection Prevention and Control (IPC) measures and their practice was observed and recorded. We asked that observation of hand hygiene be added to the recorded observations. During the inspection we saw that some staff wore masks and gloves inappropriately. This practice could put people at risk of cross infection.

We are confident that the manager will continue to address this and to support this we will make an area for improvement.

Areas for improvement

1. To ensure that people fully enjoy their mealtime experience, the manager should minimise the number of extraneous staff in the dining area at mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible"(HSC 1.35)

2. To ensure that arrangements for visiting or outings are in line with best practice guidance the manager should review the current arrangements to ensure that any barriers or restrictions to visiting or outings are in line with relevant guidance and the reasons for any restrictions are clearly communicated to visitors.

This is to ensure that care and support is consistent with the Scottish government document "Open with Care: supporting meaningful contact in adult care homes – principles" guidance and the Health and Social Care Standards (HSC) which state "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing. " (2.18)

3. The management team should ensure that staff use PPE in accordance with current guidance and best practice. The correct terminology should be used when referring to processes contained in IPC guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. There were several important strengths that outweighed the areas for improvement.

The management team were responsive to feedback and worked hard to ensure that standards of good practice were adhered to. The service benefits from a range of quality assurance systems including but not limited to health monitoring, care plan audits and environmental checks, all of which are carried out at an appropriate frequency.

We saw there were plans for the development of the service and the ongoing refurbishment of the building. The service plan would benefit from having identified lead people for each section and would benefit from using the SMART format (Specific, Measurable, Attainable, Relevant, Time bound) as this would better evidence how the actions were improving outcomes for people using the service.

The home managed complaints and suggestions in line with their policy and feedback from professionals and relatives confirmed that the home was responsive when issues were raised and responded appropriately. We could see from records that the home appropriately informed relevant agencies of notifiable events.

The manager kept oversight of staff training, supervisions and registration with professional bodies. We saw that supervision was being carried out in line with the provider's policy and we saw evidence that staff were being encouraged to keep up to date with their training and completion of training was monitored. We were satisfied that the services quality assurance processes were effective in having a positive impact on people's outcomes.

We saw evidence of meetings with staff, residents and relatives and staff and relative stakeholders surveys were carried out. It was harder to see how the feedback was used to inform the service plan or how people who gave their views were responded to.

Further ways of promoting relatives and residents engagement and collecting and responding to their views should continue to be explored to ensure that resident's views are driving the service's improvement plan going forward. (Area For Improvement 1)

Areas for improvement

1. To inform improvements to the service, the service should:

- a) develop its quality assurance activity by encouraging feedback and participation from people who use the service and their relatives.
- b) record quality assurance actions in a way that evidences how feedback from relatives and people using the service has informed the actions in the plan. This should include how people who gave their views were responded to.
- c) record the actions in the service plan in a way that demonstrates how they have improved outcomes for people who use the service.

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

5 - Very Good

We made an evaluation of very good for this key question. There were major strengths that supported positive outcomes for people.

Staff had the necessary skills to support the people living in the home and there were a number of learning and support measures in place that support better outcomes for people.

There is a structure of training for each role within the care home, including a clear pathway for staff to achieve the relevant qualification for their role. Completions of training, qualifications and staff's registration with the relevant professional body are recorded and monitored. Staff spoken to felt that the learning opportunities that they received gave them the skills to perform their roles. We asked that the dates for refresher courses were added to the training matrix to better monitor the completions of this training and this was agreed at the time of the inspection.

There was a positive learning culture in the home. Staff receive supervision in line with the provider's policy and benefit from access to a range of personal and professional wellbeing supports. Observations of staff practice are completed and recorded. We saw that staff were able to access additional supports or learning opportunities outwith formal supervision if required. We saw evidence that additional learning opportunities are developed in response to people's changing needs and changes to good practice guidance. Learning is delivered using a range of approaches to suit different learning styles and staff are given additional support to attend and get the most out of the training opportunities, if needed.

During the inspection we saw several example of good practice from staff when dealing with individuals who were confused. Professionals and relatives positively commented on the staff's knowledge, skills and willingness to learn. This gave us confidence that people are being cared for by staff who understand people's needs and wishes and that learning and development supports improved outcomes for people.

How good is our setting?

5 - Very Good

We made an evaluation of very good for this key question. There were major strengths that supported positive outcomes for people.

A comprehensive refurbishment programme had taken place since the last inspection. To allow the major the works to take place, the service had temporarily decanted to another building but was back in Bonnyton House at the time of the inspection. The manager had worked closely with the Care Inspectorate, relatives and people living in the home to ensure that the proposed adaptations to the building would result in an environment that would support high quality care, taking account of good practice guidance. There are some works which remain to be completed and these will take place according to the works schedule.

The home was bright and clean with no intrusive odours. The setting benefitted from homely touches and looked freshly decorated. The environment was welcoming, warm and comfortable.

Several people commented positively about the high standard of cleanliness.

People could make use of both communal and private spaces including a conservatory space and an outside courtyard. The refurbishment of people's bedrooms included design features that were dementia friendly but unobtrusive, such as contrasting coloured sanitary accessories. The open plan design of the dining area had some limitations, however this did not detract from the homely environment. (See "How well do we support people's wellbeing?")

The layout of the setting supported people to maintain their mobility and independence. Signage throughout the home was helpful in orienting people to bathrooms, communal areas and handwashing facilities. People were able to move round the home easily and had appropriate equipment to do so if needed.

Schedules for the ongoing maintenance of the building and equipment were in place, carried out and monitored regularly. We saw servicing of care equipment checks being carried out during the inspection.

This gave us confidence that the setting is safe and well maintained.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We sampled across 4 care plans during the inspection. Care plans were generally easy to follow with a good range of information. People had comprehensive plans including their health and wellbeing, preferences and choices around food, and how they liked to spend their time. Daily notes were completed and there were some good examples of how these clearly related to people's care plans. We saw that the regular monitoring of this information resulted in actions and interventions that benefitted people's health. The system is well maintained for individuals including a schedule of care plan audits.

Plans included risk assessments (risk enablement plans) that described how the support should be delivered and were reviewed monthly. We asked that the review updates were recorded more clearly.

We could see that reviews happened regularly and people could choose if they wanted to attend. We asked that a note of who attended should be added to the review minute and that the actions agreed at the review and the completion of these actions be recorded more clearly. (Area For Improvement 1)

We were satisfied that people's care plans were used to deliver care and support effectively, that they were reviewed and updated as people's needs changed and that agreed changes to care and support were implemented quickly.

Legal documentation was not consistently available in people's plans. The service should continue to try to obtain these documents for individuals where they should be in place.

Anticipatory Care Plans (ACP) were in place for some people. The service should record if people have been offered an ACP but have declined. (Area For Improvement 1)

Areas for improvement

1. To ensure that care plans are person centred the service should ensure that:

- a) When care is reviewed, the information should be updated clearly, agreed actions should be recorded, and the completion of the actions should be recorded in a way that is easy to track.
- b) When people have been offered support and have declined, this should be recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: (HSCS 1.15) and "Assessment and personal planning reflects people's outcomes and wishes (HSCS 5.1)

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

Requirements

Requirement 1

The service provider must ensure that the service users' personal plans set out how the health, welfare and safety needs of the individuals are to be met. In order to do this the service must ensure that the personal plans:

- A description of each service users' current healthcare needs, how these present and how staff are expected to effectively manage and support these needs.
- Where risk is identified this must include, information on how staff are expected to manage and minimise the risk, and include information about the care and support interventions required to support people who are anxious/distressed. All of which, must be fully reviewed and evaluated to describe any changes in need and how this should be managed.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life which states 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15). And The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210) Regulations 5(1) (2)(b) Personal plans.

This requirement was made on 7 November 2019.

Action taken on previous requirement

This requirement was made on 7 November 2019.

The service had made sufficient improvements to service user's personal plans to meet this requirement. Please refer to key question 5, "How well is our care and support planned?" for further information.

Met - outwith timescales

Requirement 2

The provider must ensure that staff are aware of the importance of accurately completing charts used to monitor healthcare needs including, nutrition and skin integrity through training and discussion at supervision meetings. These charts must be accurately completed at the time the support is provided and should be assessed by a senior staff member at least once in every 24 hours, to ensure they have been completed with evidence of actions taken where gaps are identified to ensure the wellbeing of the individual.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which states 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11). And, The Social Care and Social Work Improvement

Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) Regulations 4(1)(a) Welfare of users.

Timescale for completion; 31 May 2020

This requirement was made on 22 November 2019.

Action taken on previous requirement

This requirement was made on 22 November 2019.

We saw that charts used to monitor healthcare needs were completed accurately and resulted in actions that benefited people's health. We could see that charts were monitored for completion and assessed by senior staff. The improvements were sufficient to meet this requirement. Please refer to Key Question 1, "How well do we support people's wellbeing?" for further information.

Met - outwith timescales

Requirement 3

The provider must ensure that effective quality assurance systems are in place that include, healthcare needs, accident/incidents and the environment and are overseen by senior management in order to clearly identify actions to be taken, where responsibilities lie and timescales in which to achieve the identified actions. All information relevant to the service should be stored and accessible upon request for auditing purposes.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19). And, The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI 2011/210) Regulations 4(1)(a) Welfare of users.

Timescale for completion; 31 May 2020.

This requirement was made on 22 November 2019.

Action taken on previous requirement

This Requirement was made on 17 February 2020.

We saw that the service benefits from a range of quality assurance systems including healthcare needs, accident/incidents and the environment. During the inspection, all information relevant to the service was stored and accessible upon request for auditing purposes. Please refer to Key Question 2 "How good is our leadership?" for further information.

The improvements were sufficient to meet this requirement.

Met - outwith timescales

Requirement 4

The provider must ensure that individual's personal plans are up-to-date and are;

- Reviewed at least six monthly, or when there has been a change in individual need.

- Review how evidence is recorded and stored, to ensure all required information is stored centrally and that staff are aware of how to access this information in order to avoid confusion.
- That the service users' personal plans set out how the health, welfare and safety needs of the individuals are to be met, including a description of each service users' current healthcare needs, how these present and how staff are expected to effectively manage and support these needs.
- Where risk is identified, this must include information on how staff are expected to manage and minimise the risk, and include information about the care and support interventions required, to support people who are anxious/distressed. All of which must be fully reviewed and evaluated to describe any changes in need and how this should be managed.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life which states 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15). And, The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210) Regulations 5(1) (2)(b) Personal plans.

Timescale for completion; 31 May 2020

This requirement was made on 22 November 2019.

Action taken on previous requirement

This requirement was made on 22 November 2019.

During this inspection we saw that there had been considerable improvement in how individual's personal plans were kept updated, reviewed and information stored.

We saw that people's health and welfare needs and risk assessments were recorded in a way that the staff knew how to effectively manage and support these needs. The improvements were sufficient to meet this requirement. Please see Key Question 5 "How well is our care and support planned?" for further information

Met - outwith 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

The manager should ensure that all methods used in the consultation process provide evidence of the areas discussed with an action plan and timescale for completion with evidence of regular updates until positively concluded.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which states '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). And, The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI 2011/210) Regulations 4(1)(a)

This area for improvement was made on 22 November 2019.

Action taken since then

Not assessed at this inspection

Previous area for improvement 2

The manager should review the dependency tools currently in use and provide training for staff on how the dependency tool works and how the service calculates the dependency levels and uses this to inform staffing levels. The current tools should be reviewed and adapted to take into account the social and recreational need of individuals including, those who choose to remain in their rooms. This should include the level of intervention from staff when managing stress and distressed behaviour, additional activity or end of life care.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards which states 'My needs are met by the right number of people' and 'People have time to support and care for me and to speak to me' (HSCS 3.15, 3.16).

This area for improvement was made on 22 November 2019.

Action taken since then

Not assessed at this inspection

Previous area for improvement 3

The manager should develop a way of recording and analysing the training staff have attended. This will provide the manager with an overview of how many staff have received training on all mandatory, as well as healthcare specific topics and will identify if additional training or updates are required.

This is to ensure care and support is consistent with the Health and Social Care Standards which states '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 22 November 2019.

Action taken since then

During the inspection we saw that the manager had developed a way of recording and analysing the training staff have attended. Please refer to Key Question 3 "How good is our staff team?" for further information.

The improvements were sufficient to meet this Area for Improvement

Previous area for improvement 4

The service should ensure that contact with relatives' next of kin or their representative about changes in health care needs and the outcome of referrals to health care professionals are always recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life which states 'I benefit from different organisations working together and sharing information about me promptly where appropriate and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This area for improvement was made on 22 November 2019.

Action taken since then

During the inspection we saw that the outcome of referrals to health care professionals were recorded in people's notes as well as records of contact with relatives / next of kin about changes in healthcare needs. People's relatives confirmed that they were kept informed of and changes in healthcare needs.

The improvements were sufficient to meet this Area for Improvement

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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