

Tyneholm Stables Care Home Service

Tyneholm Stables Home
Tyneholm Estate
Pencaitland
Tranent
EH34 5DJ

Telephone: 01875 340 823

Type of inspection:

Unannounced

Completed on:

2 September 2019

Service provided by:

Sanctuary Care (Kler) Limited

Service provider number:

SP2007008796

Service no:

CS2006135749

About the service

Tyneholm Stables is a care home registered for a maximum of 45 older people, of whom two named individuals can be under the age of 65 years.

The service is registered with the Care Inspectorate since the Care Inspectorate was formed in 2011. The provider is Sanctuary Care (Kler) Limited.

The home is situated in the grounds of a country estate on the edge of Pencaitland village which has a few local shops and a bus service. Outside, there are two enclosed courtyards and a small garden area. Car parking is available to the front and side of the building.

Accommodation is provided in single rooms over the lower ground, ground and upper floor, the upper floor is accessed by stairs or lift.

Eleven of the bedrooms have an en-suite toilet and wash hand basin, and there are shared bathing and toilet facilities on each floor. Communal sitting rooms and dining areas are available on each floor.

The provider's website states:

"We believe that every individual irrespective of their physical, social or psychological condition has the right to be treated with dignity and respect and to be supported to maintain choice and control over their own lives. We work in a person-centred way to identify individual goals and ambitions, focusing on enablement and the promotion of personal dignity."

What people told us

We met most of the residents living in the home at the time of our inspection and respected the privacy of those who did not want to speak with us.

All of the residents we met told us that they were comfortable and liked living in the home, having their own room, but could also have the company of others as they preferred.

Residents felt that staff were kindly and did their best to make sure people were well looked after. Residents also said that they enjoyed the friendly "banter" fun and laughter with staff. People felt comfortable in the home and told us that they enjoyed the meals, the activities and no one had any concerns about the quality of the service they received.

Comments made in pre inspection questionnaires or during our inspection were shared at feedback on the outcomes of inspection. We also provided the questionnaire summary sheets in order that the manager could follow-up where residents and relatives/carers indicated they were not aware of some aspects of the service provision.

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

During this inspection we assessed how well the service was performing to support people's wellbeing. We have assessed that the service was reaching an adequate level overall in that we identified strengths which just outweighed weaknesses and further improvements were needed. However, as there had been more consultation and engagement with residents to gain their views in provision of activities and how their care was to be provided this meant some outcomes for residents had improved.

Residents told us that staff were kind and considerate and staff knew their preferences well and assisted them at a pace which suited the individual. There were caring, considerate interactions where humour and laughter was also evident.

However, it was of concern that in two of five pre inspection questionnaires returned these indicated that residents were not always treated with respect. This related to staff not interacting with residents preferring to interact with each other and incidents where staff were rude or indifferent to residents needs. It was reassuring that the manager was aware of these incidents and appropriate action had been taken to address this with staff involved. Therefore we have not made this an area for improvement.

Whilst most residents were well presented in their personal appearance and hygiene there were times when more attention to detail was needed to ensure the dignity of the individual was protected. For example, assisting residents to change their clothing when stained by foodstuffs, discreet storage of continence aids and ensuring personal grooming items are clean.

It is important that residents are treated with dignity and respect at all times as this may assist them to feel valued and promote their feelings of general comfort and wellbeing.

An area for improvement in ensuring the promotion of residents' dignity was made at the last inspection and not all elements of this had been fully implemented.

See area for improvement 1.

An activity plan was on display and in addition to activity staff, care staff also engaged and or supported residents to participate in activities, such as indoor bowling, quizzes, outings and flower arranging. Staff also recognised that residents who stayed in their rooms may be isolated and tried to spend quality time with them. There were also a variety of table games, arts and crafts materials available and regular musical entertainment events were planned. Overall, there was a significant increase in the range of activities provided in the home which was a result of consulting with residents. This included the introduction of a tuck shop trolley which was very popular. Supporting residents to get the most out of life through provision of activities, events and acting upon residents' suggestions may also assist them to maintain and develop interests and to have an active life as each person prefers.

However, the evaluation of individuals engagement with activities could also be used to help inform care planning and reviews. This may also assist develop activities taking account of residents needs and preferences as they may change over time.

Individual care plans were used to assess and plan care according to residents' needs and to take account of any specific advice from health care professionals involved in resident care. (Also see "How well is our care and support planned")

There were safe practices in place for the management of medicines. Appropriate protocols were used for the recording of "as required medicines" and administration of any covert medicines. However, improvement should be made to the management of topical creams and lotions including the use of body maps, precise instructions for their use and signatures to confirm administration.

See area for improvement 2.

The chef was aware of residents' food preferences and dietary needs. However, we could not always see that a written record of individual dietary needs, likes and dislikes was included in the care plan and provided to catering staff for reference. This information and regular review may assist catering staff to devise future menus to reflect residents dietary needs and preferences. The daily menu was available in some places in the home but not in all the dining areas. Consideration should be given to having daily menus clearly available in all dining areas to assist residents in making choices about what they would like to eat.

There were a choice of meals available but mealtimes were not always well organised. The dining experience was not always positive for residents as there was a lack of leadership to see that this was organised. This meant that residents who needed assistance were not given this. Although staff tried to make mealtimes a social occasion, some care staff were still assisting residents with personal care when the meal was served. This meant that not all staff were available to residents when needed and residents had to wait to be assisted. Whilst we saw that assistance to eat was provided in a kind and considerate manner the need for staff to leave a resident to attend to tasks detracted from the person centred approach to care.

Plans were in place to undertake a series of mealtime audits to gauge how meal times were managed, obtain residents views and to act on the outcome of these to improve residents' dining experience. Therefore we have not made an area for improvement in this aspect of care provision.

Wound care plans were in place but these did not always follow best practice guidance and the record keeping needed to be improved. This was to ensure that staff attending to wound care can record fully the care regime including pain management to promote the healing process and the comfort and wellbeing of the individual. As

tissue viability advice had been sought and wound care needs were being addressed we have not made this an area for improvement but will follow-up the management of wound care at future inspections.

Individual health care needs included advice from health care professionals such as the GP was recorded in care plans to inform how health care needs were to be managed. This assisted staff to monitor changes in residents' health and seek advice accordingly. Residents were also assisted where needed to attend healthcare screening and healthcare appointments. This support may help residents to make informed lifestyle choices to enhance their health and general wellbeing.

There are areas for improvement needed to ensure that residents' benefit from their care and support however management and staff were receptive to suggestions and advice to assist them to provide care to residents which promoted their overall health and wellbeing. Improvement plans were in place before the end of the inspection to address the areas identified as in need of improvement, therefore we have not made this an area for development but will follow up residents' wellbeing at future inspections.

Areas for improvement

1. The promotion of residents dignity needs to be improved to ensure :

- a high standard of personal care, cleanliness and grooming is maintained at all times including assistance to change clothing when stained with food
- grooming items and toothbrushes are clean and stored appropriately
- clothing is marked with the owner's name and not used by anyone else, inventory of belongings in care plan files are descriptive, accurate and kept up to date

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

I experience high quality care and support that is right for me.

HSCS - 1.13 - 'I am assessed by a qualified person, who involves other people and professionals as required.'

HSCS - 1.14 - 'My future care and support needs are anticipated as part of my assessment.'

HSCS - 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.'

2. The management of topical lotions and creams needs to improve to ensure that these are used as prescribed. This should include the use of body maps, precise instruction on when and where these are to be applied and the records signed to confirm administration.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user

I experience high quality care and support that is right for me.

HSCS - 1.13 - 'I am assessed by a qualified person, who involves other people and professionals as required.'

HSCS - 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.'

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

How good is our leadership?

4 - Good

During this inspection we assessed how well the service was performing to ensure quality assurance and improvement was well led. We have assessed that the service was reaching a good level overall in that we identified important strengths with some areas for improvement.

Residents' should expect that their experiences are continually evaluated so that, as far as possible, they are provided with the right care and support. Therefore, it was positive that the manager had undertaken audits and evaluations of aspects of the service provision which helped to identify and support improvement including consultation and engagement with residents. Outcomes of resident consultation about how they wished to spend their day meant that the range and amount of activities had been increased which may contribute to people getting the most out of life.

An analysis of falls and other events/incidents in the home were taken into account in a review of staffing. This helped to assess the staffing requirements and how they should be deployed across the home.

Review of the staffing and how staff worked included analysis of falls and other events in the home informed staffing requirements and deployment of staff. This was a valuable piece of work by the manager which was to continue and would also inform the service development plan to drive change and improvement where indicated.

The manager had an overview of many aspects of the service including outcomes of resident risk assessments. The manager's visible presence in the home meant that the manager was also able to monitor and audit staff practice in care delivery.

Care staff reported that the manager was supportive and addressed issues raised and they felt any suggestions to enhance resident care would be listened to and considered.

Whilst the manager had a clear understanding of improvements needed in the home there has not been a deputy manager in the service for some months. This may have had an impact on the management and leadership in the home and the consistency in auditing which did not always identify the deficits seen at inspection. An area for improvement to ensure quality assurance systems were robust and effective was made at the last inspection and whilst we saw improvements in the audit scores the audits did not fully identify the deficits we noted.

Areas for improvement

1. The quality assurance systems need to be robust and effective to identify and address any areas where improvement is needed including areas for improvement we noted during this inspection.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

I experience a high quality environment.

HSCS - 5.16 - 'The premises have been adapted, equipped and furnished to meet my needs and wishes.'

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

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

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

We have assessed that the service is reaching a good level in response to the question "How good is our staff team? Important strengths were identified with some areas for improvement.

Staff that we spoke with were knowledgeable about residents needs, what they liked and disliked in their day to day life in the home and their preferences in how their care was provided.

Staff recruitment was well managed and appropriate checks undertaken prior to the person commencing in post. This helps to ensure the right staff are employed in the home which helps to keep residents safe.

Records of staff training were maintained to show what training staff had undertaken and when this was due to be refreshed. The audit of staff training showed compliance of 95% an increase in compliance of 68% at the last inspection. Staff also considered that they had enough training to assist them in their day to day duties in the home.

However, the service provider had recently employed a clinical nurse trainer to support nursing staff and to provide training in leadership, accountability, responsibility, mentoring and supervision and care planning.

An area for development to provide staff training in adult protection and residents' legal status made at the last inspection had not been fully implemented.
See amended area for improvement 1.

The majority of residents, relatives/carers and staff felt that staffing in the home was adequate to meet residents care needs and this was evident during the inspection. However, in one pre inspection questionnaire (of 5 returned) from a relative/carers they did not feel there were enough trained and skilled staff on duty at any one time to care for their relative/friend. This was shared with the manager to follow up through relative meetings and consideration in on-going dependency assessments.

Resident dependency assessments were regularly undertaken to inform the staffing provision in the home and there was no evidence to indicate the service was short of staff. However, these included all of the nursing staff hours as providing direct care and did not take account of nursing duties. The manager confirmed that provision of nursing staff hours would be considered in reviewing dependency assessments. Therefore, we have not made this an area for improvement but will look at staffing arrangements at the future inspections.

There was good communication between care staff to support the care needs of residents. However, there needed to be more collaborative working between the different staff teams in the home. Each member of staff regardless of their role and duties contributes to residents' views, experiences and their day to day life in Tyneholm Stables and they should work in a positive way together to enhance resident care.

Areas for improvement

1. Training in Adult Protection should be provided for all staff in order that they are aware of their responsibilities in this area of care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

I experience a high quality care and support which is right for me.

HSCS - 1.2 - 'My human rights are protected and promoted and I experience no discrimination.'

HSCS - 1.3 - 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.'

How good is our setting?

4 - Good

We have assessed that the service is reaching a good level overall in response to the question 'How good is our setting?' We saw performance that demonstrated important strengths with some areas for improvement.

The home was spacious and in addition to private bedrooms there were quiet areas where residents could sit or meet with visitors if they did not want to use the shared sitting/dining areas. Residents were able to walk freely on the lower ground and ground floor while assistance was needed to use the lift and for residents to access the outdoors.

However, more attention was needed to the signage in the home to direct residents and visitors around the home. Outcomes of the regular use of the King's Fund Tool guidance informed improvements needed to the environment. A five year action plan was in place to make improvement identified, some of this work had been completed and some was still to be commenced, such as signage and replacement of equipment and the lift.

The split of resident areas over the floors meant that there were three smaller sitting areas for residents which gave a more homely feel and some said they liked having their own room and were able to spend time there if they preferred. Residents were able to furnish their room as they wished with their own belongings including bedding, photographs, books, personal mementos and soft furnishings. Having familiar and personal items at hand may also be a source of comfort and reassurance.

However, some residents needed assistance to look after their belongings and we shared examples of these at the time of inspection in order that this could be looked at further.

Housekeeping staff told us that they had enough equipment and cleaning materials to keep the home hygienically clean. Cleaning schedules were in place but samples of these showed gaps in recording to confirm the cleaning schedules had been adhered to. The manager was aware of this situation and was following up with housekeeping staff as necessary.

While in general the home was clean there were some bedrooms which were not fresh smelling and food debris still evident in dining rooms long after the meal had finished. This was shared at the time and remedial actions were taken and new flooring and carpets were being installed before the conclusion of the inspection.

There were systems in place for reporting and following up of any repair and maintenance work identified. The handyman undertook daily safety checks in and around the building, minor remedial works and redecoration as rooms became vacant. These safety checks and records were up to date and the handyman was aware of his responsibility to keep the home safe for residents.

Systems were also in place to record the safety checks of appliances and installations including specialist equipment under Lifting Operations and Lifting Equipment Regulations 1998. (LOLER). These checks were up to date.

However, it was difficult to evidence that all equipment checks which needed to take place had been undertaken as these could be not cross referenced with an inventory. We suggested that an inventory of equipment, appliances and installations which need to have safety checks undertaken within a given timescale would assist to evidence necessary checks had been undertaken. This will also contribute to keeping residents and others in the home safe. This was attended to and an inventory was in place on the second day of the inspection.

Residents liked the home environment and told us that they found the home to be a comfortable, clean and well maintained. However, we identified that a more comprehensive audit of the environment may identify areas of remedial work noted at inspection. For example, chipped paintwork, damage to handrails, dirty equipment and burst radiator covers all of which detract from the homely and comfortable environment and may compromise residents safety in the home.

This was fully acknowledged by the manager who by the by last day of our inspection had consulted with relevant staff to make the improvements to the environment which we identified. Therefore, we have not made an area for improvement in regard to this but will follow up the quality of the setting at future inspections.

How well is our care and support planned?

3 - Adequate

We have assessed that the service is reaching an adequate level in response to the question "How well is our care and support planned?" as we identified areas of strengths which just outweighed weaknesses.

Residents should expect that their care plans are right for them because it sets out how their needs will be met, as well as their wishes and choices. However, care plans from the previous care provider who managed the service over a year ago, were still available in the home. This meant that initial information provided to us was out of date. Having two different variations of care plans is not helpful and could mean that staff were not providing care and support in accordance to the most up to date information. This was brought to the attention of the manager who instructed staff to immediately remove care plans from the previous provider.

The clinical health needs of residents were assessed by trained nursing and care staff who were aware of residents' needs, abilities and preferences in their daily life in the home however the quality of information in care plans varied. Some included good information about assessment of needs, how care was to be provided, the expected outcomes of the plan and some preferences. Whilst in others the content of care plans needed to be improved to show the rationale for some decisions about residents care needs and to fully show that each residents' preferences and choices in their care provision were clearly recorded.

It was positive that there were individual risk assessments in place to assess perceived risk in some aspects of care provision including pressure area care, moving and handling and weight management which were reviewed regularly. However there were gaps in the daily recording of personal care including oral care and some records had not been signed and dated. Therefore we could not always determine if individual plans of care had been fully evaluated as we could not always see what information was considered to evidence the rationale for continuing or changing plans of care. This made it difficult show if the plan was effectively meeting the individual's needs.

At the last inspection an area for improvement was made about management of stress and distress this had not been fully implemented as one care plan described how a resident became distressed and anxious. However, there was no information in the care plan to recognise and fully address anxiety and distress. See area for improvement 1.

Information in care plans indicated appropriate consultation with healthcare professionals. However, an area for improvement made at the last inspection about information in care plans reflecting the assessed needs, wishes and preferences of the individual in how their care is to be provided was not fully implemented. See are for improvement 2.

The manager confirmed that care planning was "a work in progress" and that nursing staff needed support in care planning which was soon to be implemented. As there was a commitment to audit care plans through reviews and to provide additional training for staff in this area of care and record keeping we have not made this an area for improvement but will look at care planning and reviews at future inspections.

Areas for improvement

1. Management of stress/distress needs to be clearly reflected in care plans including how this affects the individual, trigger points and management strategies.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

I experience high quality care and support that is right for me.

HSCS - 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.'

2. Information in care plans needs to fully reflect the assessed needs, wishes and preferences of the individual in how their care is to be provided.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

I experience high quality care and support that is right for me.

HSCS - 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.'

I have confidence in the people who support and care for me.

(HSCS 3.21 - 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that I may be unhappy or may be at risk of harm.'

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 management of medicines needs to improve to ensure that:

- medicines are safely stored including those to be returned to the pharmacy
- "as required protocols" are fully completed
- medication audits are effective in identifying areas for improvement including prescription details.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

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

This area for improvement was made on 4 October 2018.

Action taken since then

This area for improvement had been implemented.

- medicines were safely stored including those to be returned to the pharmacy
- "as required protocols" were fully completed
- medication audits were effective in identifying areas for improvement including prescription details

Previous area for improvement 2

The promotion of residents dignity needs to be improved to ensure :

- a high standard of personal care, cleanliness and grooming is maintained at all times including assistance to change clothing when stained with food
- residents wear appropriate footwear and where they prefer otherwise this is included in the care plan
- grooming items and toothbrushes are clean and stored appropriately
- clothing is marked with the owner's name and not used by anyone else inventory of belongings in care plan files are descriptive, accurate and kept up to date
- use of items which could be viewed as restraint should be fully recorded including consent and or rationale for using these.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.13, 1.14, 1.15)

This area for improvement was made on 4 October 2018.

Action taken since then

Some improvements had been made in the promotion of residents dignity. However, this could be further improved.

The promotion of residents dignity needs to be improved to ensure :

- a high standard of personal care, cleanliness and grooming is maintained at all times including assistance to change clothing when stained with food. This element of the area for improvement has been carried forward. See "How well do we support people's wellbeing"
- residents were wearing appropriate footwear - this element of the area for improvement had been implemented.
- grooming items and toothbrushes are clean and stored appropriately. - this element of the area for improvement has been repeated. See "How well do we support people's wellbeing"
- clothing was marked with the owner's name but there were bags of unmarked clothing in the laundry and the inventory of belongings in care plan files were not descriptive, accurate and kept up to date. This element of the area for improvement has been carried forward.. See "How well do we support people's wellbeing"
- use of items which could be viewed as restraint should be fully recorded including consent and or rationale for using these. This element of the area for improvement had been implemented.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience a high quality environment. (HSCS 5.16, 5.16, 5.21, 5.22)

Previous area for improvement 3

The range of activities and use of equipment could be improved to ensure that residents were consulted about the activity programme and individual choices and preferences of activities reflected on the plan of activity. This should include group and one to one activities where preferred.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.25)

This area for improvement was made on 4 October 2018.

Action taken since then

This area for improvement had been implemented. A more extensive activity programme was in place including group and one to one activities.

Previous area for improvement 4

The quality assurance systems need to be robust and effective to identify and address any areas where improvement is needed including areas for improvement we noted during this inspection.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience a high quality environment. (HSCS 5.16, 5.16, 5.21, 5.22)

This area for improvement was made on 4 October 2018.

Action taken since then

Improvements had been made to developing robust and effective quality assurance systems. However further improvement was needed including areas for improvement we noted during this inspection.

This area for improvement has been carried forward. See "How good is our setting"

Previous area for improvement 5

Training in Adult Protection including residents' legal status should be provided for all staff in order that they are aware of their responsibilities in this area of care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience a high quality care and support which is right for me.
(HSCS) 1.2 1.3

This area for improvement was made on 4 October 2018.

Action taken since then

This area for improvement had not been fully implemented.

A register was kept of residents' legal status and some staff had undertaken this training and further dates for this training had been planned. This area for improvement has been carried forward. See "How good is our staff team"

Previous area for improvement 6

Management of stress/distress needs to be clearly reflected in care plans including how this affects the individual, trigger points and management strategies.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.15)

This area for improvement was made on 4 October 2018.

Action taken since then

This area for improvement has not been fully implemented and has been carried forward. See "How good is our care and support planned"

Previous area for improvement 7

Information in care plans needs to fully reflect the assessed needs, wishes and preferences of the individual in how their care is to be provided.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.15)
- I have confidence in the people who support and care for me. (HSCS 3.21)

This area for improvement was made on 4 October 2018.

Action taken since then

This area for improvement has not been fully implemented and has been carried forward. See "How good is our care and support planned"

Previous area for improvement 8

Where fluid charts are in place to monitor fluid intake each chart must include the expected intake over 24 hours and the corresponding care plan should guide staff in any actions they should take to support the resident to achieve this target.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.15)
- I have confidence in the people who support and care for me. (HSCS 3.21)

This area for improvement was made on 4 October 2018.

Action taken since then

This area for improvement had been implemented.

Where charts were in use these gave an expected intake over 24 hours.

Previous area for improvement 9

Care plans must be reviewed with each resident and, or their representative as preferred at least once in a six month period to ensure the information remains accurate and up to date.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.12, 1.15, 1.19, 1.23)

This area for improvement was made on 4 October 2018.

Action taken since then

This area for improvement had been implemented.

Records show the care plan review dates and those planned.

Previous area for improvement 10

In order that residents' human and legal rights are protected and legal status known. The manager should update the capacity register and thereafter ensure the information is accurate and up to date.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.2, 1.3, 1.23, 1.

This area for improvement was made on 4 October 2018.

Action taken since then

This area for improvement had been implemented.

A register was kept to show residents' legal status including where in place Power of Attorney details.

Previous area for improvement 11

The use of equipment which could be viewed as restraint should be fully recorded including any consent and advice where necessary from other health care professionals, for example a physiotherapist.

This area for improvement was made on 4 October 2018.

Action taken since then

This area for improvement had been implemented.

Care plans included for example the use of lap-belts, bedrails and sensor mats.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

There have been complaints made which have been withdrawn for various reasons and some areas of concern which were known to the manager and information from concerns that we used as intelligence to inform this inspection.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	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?	4 - Good
3.1 Staff have been recruited well	5 - Very Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

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

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