

Three Towns Care Home Care Home Service

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Stevenston
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Telephone: 01294 469711

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Lakewood Limited

Service provider number:

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Service no:

CS2011300271

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service registered with the Care Inspectorate on 31 October 2011. The provider is Lakewood Limited.

Three Towns is a care home (with nursing) registered for up to 60 older people who may have dementia and/or physical disabilities. This includes the provision of respite care to a maximum of three older people on each floor at any one time. There were 57 residents living in the home at the time of our inspection.

The service is located in a residential area of Stevenston, North Ayrshire close to local amenities, shops and transport links. The care home is purpose-built with accommodation over two floors connected by a passenger lift. Ardeer unit, which is located on the first floor has 33 single en-suite bedrooms, a large lounge, dining area and a smaller, quiet lounge. The ground floor Nobel Unit has 27 single en-suite bedrooms, a large lounge, dining room and a small lounge. Assisted bathing and showering facilities are provided on each floor. Residents also have access to an enclosed garden area with some bedrooms having patio doors leading onto this area.

The stated aim of the service is:

"To provide the level of care and support needed to ensure that, as far as possible, residents can maintain their independence and individuality."

What people told us

We spoke to 16 residents and eight relatives during this inspection. We also received seven completed care standards questionnaires in which respondents all agreed or strongly agreed they were happy with the quality of care provided. Comments included:

"Food is nice and there is always a choice."

"Lots going on but I don't get out very often. I would like to go out to things - the shops are near here."

"I can do most things for myself but the girls help if I need help."

"Food is good - plenty of it."

"My laundry is done and returned quickly."

"They can't always come immediately - they may be working with someone else. They come as quickly as they can."

"The girls are all nice and come to help when I need them."

"They keep (relative) very well. Always clean and so are clothes."

"Food varies - sometimes first class and good choices, other times very similar so no real choice."

"Happy with everything."

"I enjoy having my own room. The carers and housekeeping keep it very clean and tidy for me."

"Meals could be more nutritious."

"Consulted more now than when (relative) first came in."

"Aware of key worker up to a point."

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 staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

People in receipt of care services should experience compassionate care and support that promotes dignity and respect for their rights as an individual. Staff knew residents well, using their skills and knowledge to deliver responsive support in a discreet and compassionate manner. Staff responded promptly when help or assistance was needed, comforting individuals who became anxious or distressed. Residents told us they felt safe and had developed trusting relationships with staff. Relatives told us they were kept informed and made to feel very welcome. Comments included:

"Many positives about the care."

"I'm very impressed - it's like a 5 star hotel and the staff are lovely."

"The girls look after me very good in here. I love all the food. I like it when I get taken out."

"I am happy with the care my father gets."

A fundamental right for all people using care services is they can maintain control over their care and support with staff adopting an enabling approach. We saw staff involving residents, offering choice and encouraging decision making. There was less of an emphasis on task orientated practice which was good to see, creating a more relaxed and engaging atmosphere.

A good range of recreational activities had been delivered and there were examples where this related to personal interests and past life. Community links had improved and this had enabled residents to go out more regularly which had been welcomed as had the intergenerational activities that had taken place. These improvements should continue to be developed and initiatives that can benefit people living with dementia such as 'Playlist for life' and the Namaste programme which integrates compassionate care with activities for people with advanced dementia in a group setting should be explored.

Being able to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health is essential to maintain wellbeing. There was a need to establish a culture where staff support residents to be more physically active in purposeful ways throughout the day to reduce the serious impact that inactivity can have on the quality of older people's health. Involvement in the 'Care about Physical Activity' (CAPA) programme which promotes the health and wellbeing benefits of physical activity for older people was a positive step - see area for improvement 1.

The care and support provided by staff should be beneficial to people's health and any treatment and intervention should be informed by evidence based good practice. We found that staff had used their skills and knowledge effectively to assess residents' healthcare needs, reviewing and adapting support responsively as things changed. Staff knew residents well and had planned care in a consistent way that reduced health related risks, acting quickly to involve other professionals when needed. Medication had been well managed overall, although overstocking was an issue and this should be addressed.

The 'Caring for Smiles' oral health programme and associated champions should be re-established.

Areas for improvement

1. Staff should support residents to be more physically active and occupied in purposeful ways throughout the day. Positive risk taking that enhances people's quality of life by helping them to reach their full potential should be promoted. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)
- 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.' (HSCS 2.24)

How good is our leadership?

4 - Good

Organisations that provide care services should inspire confidence in people experiencing care as a result of good leadership and management. There was a clear commitment to the delivery of good quality care and the ongoing development of the service. There was a willingness to participate in new initiatives that would offer opportunities to make a meaningful difference to people's lives. This had included involvement in the 'Care about Physical Activity' project and the development of an in-house dementia strategy aimed at supporting older people with dementia to enjoy the best possible quality of life.

Transparent quality assurance systems that continuously and effectively evaluate and inform improvements should impact positively on the quality of people's experiences. A wide range of checks and audits had been carried out to monitor performance and identify areas for improvement. Although we saw that these processes had been suitable and effective in maintaining standards across many areas such as personal finances, maintenance and the recruitment and professional registration of staff, there were audits that needed to have more of a focus on the experiences of residents and their families. Establishing a stronger focus on personal outcomes and the positive changes that enhance people's day-to-day experiences would strengthen the quality assurance system, as would aligning aims to the Health and Social Care Standards - see area for improvement 1.

The evaluation of residents' experiences and regular, inclusive opportunities for people to express their views is central to a culture of meaningful and impactful involvement, enabling people to feel included in the running and development of their home. There were good examples of meaningful and impactful involvement. The role of keyworkers could be developed to enhance this further on a one-to-one basis, for example, sharing minutes of meetings and newsletters, seeking views and involvement in the preparation and follow through of care review meetings. This would support an inclusive approach that would enable more residents to be involved in meaningful ways where their care and support needs make this more challenging.

The complaint procedure was on display and the people we spoke to said that they felt comfortable raising any issues with staff without having to be concerned about any negative consequences.

We discussed the benefits of empowering others to become involved in quality assurance. We suggested that the inclusion of a development focus during staff meetings and supervision could help the whole team to become more confident in recognising their role in driving forward improvement. This helps to raise awareness of the expected standards as well as promoting responsibility and accountability. Self-evaluation against the Health and Social Care Standards and the Care Inspectorate 'Quality framework for care homes for older people' (2018) should be undertaken in partnership with residents, families and staff. The 'Plan-Do-Study-Act' model or similar approach should be used to inform the future direction of the service. Guidance and improvement resources can be found on the Care Inspectorate good practice 'Hub'.

Some areas for improvement had been repeated on subsequent audits. Action plans should be more specific about the actions to be taken and monitored closely through to completion to prevent this from happening.

Areas for improvement

1. The quality assurance system should include a strong focus on the experiences of residents and their families, taking account of the Health and Social Care Standards and using action plans effectively to improve the service for people experiencing care. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

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

How good is our staff team?

4 - Good

People using care services should benefit from the right staffing levels and staff working well together so that personalised care and support is delivered in a consistent and responsive way. We met with staff who were friendly, knowledgeable and motivated. Staff were clear about their roles and responsibilities and worked well together to deliver stable and consistent support. Good communication, information sharing and reporting of any concerns to senior colleagues enabled the staff team to meet residents' needs effectively. Residents and

their families told us they had developed trusting relationships with staff which was important to them. Comments included:

"Can't speak highly enough of the girls that work here. "(Keyworker) is brilliant - full of energy and mum loves her."

"The girls are all nice and come to help when I ask."

"The people are very good to me. I buzz and they come to help. I am very comfortable."

"Staff have been great and very supportive."

Being able to take time to engage in meaningful interactions and conversations with residents without feeling under pressure is important to avoid a task-orientated culture. Staff were well organised and were able to spend time with residents throughout the day chatting, engaged in activities and offering comfort and reassurance to individuals experiencing anxiety or distress. It was good to see effective team working that included staff across all departments. Residents responded positively to this and were clearly comfortable with staff who created a good atmosphere, supporting each other and working respectfully. Staff told us they felt able to provide personalised care which we saw being delivered with compassion and concern.

Staffing levels and skill mix had been managed responsively. Dependency assessments had been carried out but were not the only measure used to determine the staffing resources needed. It was good to see that people's views and observations had been taken into account. The four weekly dependency assessments carried out were in the process of being formalised and should be recorded each month.

The role of the keyworker and the benefits this relationship can deliver should be developed to have more of a focus on enhancing relationships and delivering experiences and opportunities that would enrich the quality of residents' lives. It should extend to more involvement in care planning, review meetings, communication with families and protected time to promote opportunities for social, physical and occupational activity - see area for improvement 1.

We asked the manager to develop staff meetings so that staff have an active role, becoming more involved in the ongoing development of the service. Continuing to raise awareness of the Health and Social Care Standards would support staff to consider, discuss and reflect on the way they promote the principles and standards in their day-to-day practice.

Areas for improvement

1. The role of the keyworker and the benefits this relationship can deliver should be further developed with more of a focus on enhancing relationships and delivering experiences and opportunities that would enrich the quality of residents' lives. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I am confident that people are encouraged to be innovative in the way they support and care for me.' (HSCS 4.25)

How good is our setting?

4 - Good

People experiencing care should benefit from high quality facilities within an environment that promotes independence and supports people to be connected and involved in the wider community. This helps to maintain people's dignity, giving a sense of control, self-fulfilment and wellbeing.

Bedrooms were single with en-suite facilities which helps to support privacy and the promotion of independence. The facilities allowed people to control the heating, lighting, security and ventilation in their own surroundings. The residents we spoke to told us they appreciated the way their bedrooms had been decorated and set up the way they wanted, feeling comforted by having furniture and other cherished items brought in from home. This can help people to recognise their own space, maintaining a sense of familiarity and belonging. Residents and their relatives also spoke positively about being encouraged and supported to influence the decor and furnishings in other areas of the home; for example, the imminent refurbishment of the lounge and dining room in Ardeer unit.

It is important that people have sufficient space and options as to where to spend their time. This promotes choice and can help to reduce feelings of anxiety and distress. We saw how continued investment in the premises and the provision of smaller lounges in each unit had improved the setting for residents. The intention to add an additional quiet/therapy lounge in Ardeer unit would enhance this further. In addition to this, the way that staff supported residents to experience small group living had improved, having a positive impact on people's experiences and wellbeing. Although it became noisy at times, which staff should strive to minimise, we saw that residents were more comfortable and relaxed, having a high level of interaction with staff which was pleasing to see.

Organisations who provide care services should ensure the setting enhances people's quality of life and support their independence, including individuals living with dementia or those with sensory needs such as sight loss. In order to fully promote orientation and independence for residents, the King's Fund (EHE) environmental assessment tool was going to be revisited alongside other good practice guidance such as the 'Care about Physical Activity' programme and 'Building better care homes for adults' (Care Inspectorate, 2018). When action planning for improvement, consideration should be given to signage that offers visual cues, good lighting, colour contrast that can help to define different objects/areas and the use of technology and other specialist equipment. This all helps towards promoting safety, orientation and independence - see area for improvement 1.

At the last inspection, we encouraged staff to explore the role of equipment, adaptations and technology in promoting independence for individual residents using a strengths-based approach. This, along with participation in the 'Care about Physical Activity' project and the planned improvements to the care home setting, should help to embed an enabling culture that recognises and develops people's abilities so they can be as independent as possible. This work was ongoing and we continued this as an area for improvement - see area for improvement 1.

People experiencing care should be supported to spend time outdoors. The service was well placed for residents to experience care and support free from isolation given the location in the community with good access to local services and facilities. The setting also benefitted from having an enclosed garden which residents had been supported to use more regularly. It was good to see opportunities to grow fruit and vegetables and residents were painting the garden furniture during our visit. The outdoor space should continue to be developed and used to its full potential to offer useful and welcoming outdoor resources that residents and their families can access, whether they wish to go out independently or get involved with gardening or other leisure pursuits.

Areas for improvement

1. The setting should fully support people's independence. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11)
- 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)
- 'I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.' (HSCS 1.22)

How well is our care and support planned?

4 - Good

People who use care services should be involved in discussing and agreeing their care and support needs at an early stage, regularly and when their needs change. This helps to ensure that personal plans are right for each individual, setting out how their needs will be met, as well as their wishes and choices so that staff can deliver effective care and support in accordance with the personal outcomes that matter to people. Overall, the personal plans we looked at contained a good level of information about residents' needs and how these were to be met. Staff had sought information from family members where individuals were not able to express their wishes and our discussions with staff showed that they knew residents well. Assessments and care plans had been reviewed regularly and updated in most instances to reflect any changes.

Despite residents and their families being consulted when developing personal plans, most of the people we spoke to could not recall seeing the plan or revisiting it with staff, commenting:

"I don't really know about a key worker or a care plan."

"I'm not sure about a care plan."

By not having an approach focussed on working in partnership, personal plans can become solely a working tool for staff with the risk of losing focus on what matters to the individual concerned. With this in mind, the way people are involved in directing and leading their own care and support should be revisited to embed more of a shared ownership of personal planning. This should take account of the need for different formats depending on individual communication needs. Staff should be supported to manage the challenges that can arise in relation to this such as time constraints, lack of representation or reduced capacity, as being creative and adopting an enabling approach helps to empower people to exercise as much choice and control over their lives as possible - see area for improvement 1.

Although some of the evaluations and care reviews we saw lacked detail, it was good to see some elements of personal outcomes being included such as feeling safe, involvement in activities and enjoying positive relationships with staff. We were shown a revised personal planning format that had been developed to prompt and support an improved focus on what matters most to each individual and the personal outcomes that they want to achieve. This was a positive development as, despite staff knowing residents well and being able to tell us about many examples of positive experiences, we concluded that recording needed to improve to inform consistent, outcome focussed care and support - see area for improvement 2.

People experiencing care should feel safe and protected whilst being able to take informed risks. At the last inspection, we discussed the importance of using a strengths-based approach and having an enabling culture that maximises opportunities for people to be more physically active in order to promote wellbeing. Since then, involvement in the 'Care about Physical Activity' programme referred to earlier had helped staff to reflect on this.

Care planning should evolve to acknowledge each individual's abilities rather than making deficits the initial focus of planned care. This promotes independence and positive risk taking which can help people to maximise their potential - see area for improvement 3.

Anticipatory care plans help people to make informed choices about how and where they want to be treated and supported in the future. The plans we look at lacked detail and should be revisited to ensure that residents and their families are supported to discuss and establish future care needs and wishes.

The management team were reviewing the records in place for residents with reduced capacity and this should be progressed with GP's to ensure the correct legal documents are in place.

Areas for improvement

1. The way people are involved in directing and leading their own care and support should be revisited to embed more of a shared ownership of personal planning, meeting challenges in creative and supportive ways that empower people to maintain their identity and exercise as much choice and control over their lives as possible. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I am fully involved in assessing my emotional, psychological and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12)
- '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)

2. Staff should ensure that people experiencing care are supported to play an active role in defining the outcomes that are important to them, adopting an inclusive approach that reflects people experiencing care having a sense of worth and engagement with life regardless of their needs or abilities. Sufficiently detailed recording should demonstrate a strong focus on the way that planned care has achieved personal outcomes and delivered positive experiences. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- '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)
- 'I am empowered and enabled to be as independent and as in control of my life as I want and can be.' (HSCS 2.2)
- 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

3. A strengths-based focus that fully recognises people's abilities should be established in conjunction with an enabling approach towards risk promotion when care planning in order to support people to maximise their potential. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)
- 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24)

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

Requirements

Requirement 1

The provider must ensure that all staff required to be registered with a professional body such as the Scottish Social Services Council or the Nursing and Midwifery Council, remain registered and eligible to practice in order to protect people experiencing care. By 31 March 2019, a robust procedure must be devised and implemented to monitor registration, re-registration and revalidation. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)
- 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This is also in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(a) - Welfare of users; Regulation 9(b) - Fitness of employees; Regulation 15(a) - Staffing.

This requirement was made on 15 April 2019.

Action taken on previous requirement

The tracking system for monitoring staff registration had been reviewed and improved.

Met - within timescales

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

Areas for improvement

Previous area for improvement 1

Staff should ensure that people experiencing care are supported to play an active role in defining the outcomes that are important to them through shared decision making and a genuine approach to working in partnership that will embed a person centred approach to the planning and delivery of care. Staff should strive to adopt an inclusive approach regardless of residents' needs or abilities. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS1.12)

- 'I am empowered and enabled to be as independent and as in control of my life as I want and can be.' (HSCS 2.2)
- 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

This area for improvement was made on 15 April 2019.

Action taken since then

The provider had developed a revised personal planning format to prompt and support an improved focus on what matters most to each individual and the personal outcomes that they want to achieve. We continued this as an area for improvement.

Previous area for improvement 2

The ability to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health should be promoted to maintain the wellbeing of people experiencing care. Positive risk taking that enhances people's quality of life by helping them to reach their full potential should be promoted. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)
- '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)
- 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.' (HSCS 2.24)

This area for improvement was made on 15 April 2019.

Action taken since then

This area for improvement was continued.

Previous area for improvement 3

The dementia strategy should continue to be progressed to provide the best possible support to residents living with dementia after diagnosis and on an ongoing basis thereafter, in order to help each individual to achieve their potential and promote their right to personhood, full citizenship and optimum participation in daily and community life. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This area for improvement was made on 15 April 2019.

Action taken since then

The dementia strategy had become established with positive benefits for residents and their families. This area for improvement had been met.

Previous area for improvement 4

Regular, inclusive opportunities for people to express their views, and the evaluation of residents' experiences should be established to support meaningful and impactful involvement. Responsive actions that take people's

views into account need to be demonstrated, using learning from feedback to make improvements. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I am actively encouraged to be involved in improving the service that I use, in a spirit of genuine partnership.' (HSCS 4.7)
- '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 15 April 2019.

Action taken since then

There had been a range of opportunities for residents and their families to be involved in meaningful ways with their feedback having been welcomed and acted on. This area for improvement had been met.

Previous area for improvement 5

The approach to quality assurance should be improved by establishing robust monitoring processes informed by evidence based good practice and a strong focus on personal outcomes, are used effectively to improve the service for people experiencing care. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

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

This area for improvement was made on 15 April 2019.

Action taken since then

This area for improvement was continued.

Previous area for improvement 6

A holistic dependency assessment that informs staffing levels, skill mix and the deployment of staff should be used regularly to consistently demonstrate an evidence based approach to staffing. This should take account of the complexity of residents' needs, the layout of the setting and other measures linked to quality assurances including people's views, outcomes and experiences. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'My needs are met by the right number of people.' (HSCS 3.15)
- 'People have time to support and care for me and to speak with me.' (HSCS 3.16)

This area for improvement was made on 15 April 2019.

Action taken since then

Staffing had been well managed in response to residents' needs. The four weekly dependency assessments carried out were in the process of being formalised to reflect this and should be recorded each month. This area for improvement had been met.

Previous area for improvement 7

The role of the keyworker and the benefits this relationship can deliver should be further developed to have a meaningful impact on the quality of residents' daily lives. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I am confident that people are encouraged to be innovative in the way they support and care for me.' (HSCS 4.25)

This area for improvement was made on 15 April 2019.

Action taken since then

This area for improvement was continued.

Previous area for improvement 8

The setting should be developed and used to its full potential to support independence as well as offering sufficient space and different areas where people can choose to spend their time. The approved plans to add an additional quiet/therapy lounge should be progressed as a priority to enhance small group living. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.' (HSCS 5.1)
- 'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11)

This area for improvement was made on 15 April 2019.

Action taken since then

Changes to the environment had benefitted residents with ongoing refurbishment plans in place. This area for improvement had been met.

Previous area for improvement 9

Opportunities for people experiencing care to spend time outdoors should be explored and improved. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I am supported to participate fully as a citizen in my local community in the way that I want.' (HSCS 1.10)
- '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 15 April 2019.

Action taken since then

Opportunities for residents to spend time outdoors had increased. This area for improvement had been met.

Previous area for improvement 10

Staff should explore the role of equipment, adaptations and technology in promoting independence for individual residents using a strengths-based approach in order to fully embed an enabling approach that recognises and develops people's abilities. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.' (HSCS 1.22)
- 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)

This area for improvement was made on 15 April 2019.

Action taken since then

This area for improvement was continued.

Previous area for improvement 11

Staff should develop dynamic personal plans that fully reflect people's wishes, choices and preferred routines, taking account of their past life and what is important to them. This should be managed in partnership with residents and their representatives to promote shared ownership in order to empower people to maintain their identity and exercise as much choice and control over their lives as possible. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I am fully involved in assessing my emotional, psychological and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12)
- '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 15 April 2019.

Action taken since then

More work was needed to improve the way people are involved in directing and leading their own care and support in order to embed more of a shared ownership of personal planning. We continued this as an area for improvement.

Previous area for improvement 12

Care plan evaluations and minutes of six monthly reviews should reflect people experiencing care having a sense of worth and engagement with life, focussing on the way that planned care has achieved personal outcomes and delivered positive experiences for residents. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)
- 'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 15 April 2019.

Action taken since then

See area for improvement 1.

Previous area for improvement 13

A strengths-based focus that fully recognises people's abilities should be established in conjunction with an enabling approach towards risk promotion in order to develop care planning that will support people to maximise their potential. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)
- 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24)

This area for improvement was made on 15 April 2019.

Action taken since then

Although there were examples where staff had reflected residents' abilities within their personal plan, this needed to develop to fully embed a strengths-based approach to care planning. We continued this as an 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
1.1 People experience compassion, dignity and respect	4 - Good
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
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

To find out more

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Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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