



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 28 SEPTEMBER 2022  
**REPORT ON:** CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/ OLDER PEOPLE AND OTHER ADULT SERVICES 2021/22  
**REPORT BY:** CHIEF FINANCE OFFICER  
**REPORT NO:** PAC25-2022

**1.0 PURPOSE OF REPORT**

The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/ older people and other adult services in Dundee for the period 1 April 2021 to 31 March 2022.

**2.0 RECOMMENDATIONS**

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the contents of this report and the gradings awarded as detailed in the attached Performance Report (Appendix 1) and highlighted in section 4.2 below.
- 2.2 Note the significant changes to the scale and scope of Care Inspectorate led inspections carried out in 2021/22 due to the COVID-19 pandemic (section 4.1.2)
- 2.3 Note the range of continuous improvement activities progressed during 2021-22 as described in section 4.3 and Appendix 1.

**3.0 FINANCIAL IMPLICATIONS**

None

**4.0 MAIN TEXT**

**4.1 Background**

- 4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensure that care service providers meet the new Health and Social Care Standards which came into effect in April 2018. The Care Inspectorate use a six-point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate’s website at [www.careinspectorate.com](http://www.careinspectorate.com).
- 4.1.2 The Coronavirus (Scotland) Act 2020 included provisions which affected the work of the Care Inspectorate in terms of the scale and cope of inspection activity carried out in 2021/22. In order to robustly assess arrangements to respond to the COVID-19 pandemic in 2020/21, inspections required to place particular focus on infection prevention and control, wellbeing and staffing in care settings. This focus was extended in 2021/22 to include two elements of the additional key inspection question to augment existing frameworks “How good is our care and support during the COVID-19 pandemic?” and three elements of the existing frameworks key inspection question 1 “How well do we support people’s wellbeing?”

To reduce pressure on providers fewer inspections were carried out during the year with 18 services in Dundee; those identified as high risk or experiencing a COVID-19 outbreak, received one or more inspections as deemed necessary by the Care Inspectorate.

4.1.3 Due to the changes in inspection scale and scope during 2021/22 there is limited value in comparisons with inspection gradings from previous years.

## 4.2 Gradings Awarded

4.2.1 Within the 18 registered services listed in the Performance Report contained within appendix 1, 32 inspections were undertaken. This included 26 inspections in 13 care homes and 6 inspections in 5 other adult services, No inspections were undertaken of services provided directly by Dundee Health and Social Care Partnership.

4.2.2 Of the 32 inspections undertaken in 18 services during 2021-2022:

- 1 service (6%) received a grade of **5** 'very good' in one or more key question
- 5 services (28%) received a grade of **4** 'good in more or more key question
- 16 services (89%) received a grade of **3** 'adequate' in one or more key question
- 6 services (33%) received a grade of **2** 'weak' in one or more key question
- No service received a grade of **1** 'unsatisfactory'

A full breakdown of gradings awarded is provided in appendix 1.

4.2.3 A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law. Requirements were placed on 10 of the 18 services following inspection during 2021/22. Details of the improvement support provided to services is set out in appendix 1.

4.2.4 Table 1 below shows the overall percentage awarded at grades 1 to 6 for Key Question 7 only and the comparison between 2020-21 and 2021-22.

**Table 1 – Key Question 7 (highest grade achieved for service throughout the year)**

Grade	KQ7 - How good is our care and support during the Covid-19 pandemic?		KQ7 - How good is our care and support during the Covid-19 pandemic?	
	Year 2021-2022 (18 services inspected)		Year 2020-2021 (13 services inspected)	
<b>6</b> excellent	0	0	0	0
<b>5</b> very good	1	5.5%	0	0
<b>4</b> good	3	17.0%	3	23.0%
<b>3</b> adequate	13	72.0%	10	77.0%
<b>2</b> weak	1	5.5%	0	0
<b>1</b> unsatisfactory	0	0	0	0

Only Key Question 7 can be used for comparison purposes. Given some services had more than one inspection during the year, if the inspection outcome was an improvement in the grade, the higher grade has been included in the above table.

### **4.3 Continuous Improvement**

- 4.3.1 There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves care providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed. This pre-existing commitment and relationships between providers, the Care Inspectorate and the Partnership was invaluable through 2021/22 in supporting providers to respond to the COVID-19 pandemic.
- 4.3.2 There are robust care home oversight arrangements in place for Dundee, having been established during the pandemic based on national requirements. These arrangements include the Care Inspectorate working alongside colleagues from the Partnership, NHS Tayside and other relevant organisations. This means that information regarding the quality and safety of services shared within the care home oversight arrangements directly informs the Care Inspectorate's risk-led approach to inspections. Where concerns do arise these are addressed with urgency, both through provision of support to the provider and contract monitoring arrangements whilst the Care Inspectorate progress matters as the deem appropriate within their inspection programme. The work undertaken within care home oversight arrangements is included in reports made to Clinical, Care and Professional Governance groups, with any significant concerns being escalated to the Partnership's Clinical, Care and Professional Governance Group. However, it should be noted that reporting in this context is often retrospective and reflects actions already taken to mitigate and reduce risk.

### **5.0 POLICY IMPLICATIONS**

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

### **6.0 RISK ASSESSMENT**

- 6.1 This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and is for information only.

### **7.0 CONSULTATIONS**

- 7.1 The Chief Officer, the Clerk, Heads of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

### **8.0 BACKGROUND PAPERS**

- 8.1 None.

Dave Berry  
Chief Finance Officer

DATE: 7 September 2022

Rosalind Guild  
Contracts Officer

Kathryn Sharp  
Service Manager, Strategy and Performance

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## PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

### DUNDEE REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES

1 APRIL 2021 – 31 MARCH 2022

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#### INTRODUCTION

The purposes of this report is to summarise the findings and gradings awarded by the Care Inspectorate to registered care homes for adults/older people and other adult services within Dundee for the period 1 April 2021 to 31 March 2022.

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

The Health and Social Care Standards came into effect in April 2018. They are relevant across all health and social care provision. They are no longer just focused on regulated care settings, but for use in social care, early learning and childcare, children’s services, social work, health provision and community justice. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

It is recognised that self-evaluation is a core part of quality assurance and supporting improvement and this framework is primarily designed to support care services in self-evaluation. The same framework is then used by the Care Inspectorate to provide independent assurance about the quality of care and support. By setting out what Inspectors expect to see in high-quality care and support provision, it can help support improvement too. Using a framework in this way also supports openness and transparency of the inspection process.

The Care Inspectorate continue to inspect using a six-point grading scale (see below) against which the following key themes are graded:



Each theme is assessed from 1 to 6 with 1 being ‘unsatisfactory’ and 6 ‘excellent’.

The grading scale used is:

- 6 excellent
- 5 very good
- 4 good
- 3 adequate
- 2 weak
- 1 unsatisfactory

#### COVID 19 : CHANGE OF FOCUS FOR CARE INSPECTIONS SINCE 2020-2021

The Coronavirus (Scotland) Bill, introduced by the Scottish Government on 31 March 2020 to respond to the emergency situation caused by the Covid-19 pandemic came into force on 7 April 2020. Within the Bill are provisions which affected the work of the Care Inspectorate, the providers and services they work with, and individuals experiencing care.

In order to robustly assess arrangements to respond to the Covid-19 pandemic, inspections required to place particular focus on infection prevention and control/PPE (Personal Protective Equipment), well-being and staffing in care settings. A key question to augment existing frameworks was developed – **Key Question 7 - How Good is our Care and Support during the Covid-19 pandemic?**

During 2021-22 the focus for inspections changed from solely Key Question 7 to incorporate 7.2 and 7.3 of Key Question 7 and 3 elements of Key Question 1 from the previously used Quality Frameworks. For this year there was a risk-based approach to care inspections with a particular focus on those care homes considered high-risk/ at risk due to outbreaks.

The quality indicators inspected against were:-

- 1.1 People experience compassion, dignity and respect
- 1.2 People get the most out of life
- 1.3 People's health benefits from their care and support
- 7.2 Infection control practices support a safe environment for both people experiencing care and staff
- 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

The Care Inspectorate, in accordance with the Coronavirus (Scotland) (No.2) Act 2020 were also mandated with providing the Scottish Government with fortnightly reports outlining the care inspections undertaken during that period and a summary of their findings.

## **OVERVIEW OF THE SERVICES INSPECTED**

A total of 32 inspections were carried out in 18 services during 2021-22 (see Appendices A and B):

- 26 inspections in 13 care homes
- 6 inspections in 5 other adult services

Where there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. This is relevant in 8 care home services and 2 other adult service during 2021-22 and a breakdown of the requirements are listed in Appendix C and Appendix D respectively if grades were grade 2 (weak) or lower at any time during the initial or follow-up inspections.

Inspection visits can also be carried out if complaints are made against a service and can result in a change to grades.

Table 1 shows which sectors received an inspection:

**Table 1**

Service	Data	DHSCP	Private	Voluntary	Total
DUNDEE	No of Services	0	15	3	18
	%	0%	83%	17%	100%

### Summary of the gradings awarded in Dundee

Of the 32 inspections undertaken in 18 services during 2021-2022 :

- 1 service (6%) received a grade of **5** 'very good' in one or more key question
- 5 services (28%) received a grade of **4** 'good in more or more key question
- 16 services (89%) received a grade of **3** 'adequate' in one or more key question
- 6 services (33%) received a grade of **2** 'weak' in one or more key question
- No service received a grade of **1** 'unsatisfactory'

A full breakdown of gradings awarded is contained within appendices A and B.

There is limited value in comparing the above gradings to those received during 2020-2021 as the focus of inspection and criteria changed during this inspection year.

Table 2 below shows the overall percentage awarded at grades 1 to 6 for Key Question 7 only and the comparison between 2020-21 and 2021-22.

**Table 2 – Key Question 7 (highest grade achieved for service throughout the year)**

Grade	KQ7 - How good is our care and support during the Covid-19 pandemic?		KQ7 - How good is our care and support during the Covid-19 pandemic?	
	Year 2021-2022 (18 services inspected)		Year 2020-2021 (13 services inspected)	
<b>6</b> excellent	0	0	0	0
<b>5</b> very good	1	5.5%	0	0
<b>4</b> good	3	17.0%	3	23.0%
<b>3</b> adequate	13	72.0%	10	77.0%
<b>2</b> weak	1	5.5%	0	0
<b>1</b> unsatisfactory	0	0	0	0

Only Key Question 7 can be used for comparison purposes. Given some services had more than one inspection during the year, if the inspection outcome was an improvement in the grade, the higher grade has been taken into consideration in the above table.

**Balhousie Clement Park** (owned by Balhousie Care) – The Care Inspectorate visited the care home on 22 July 2021 and as a result of the weak grades a Contract Monitoring meeting followed on 4 August 2022 to discuss performance and improvement. On 9 September 2021 a pre-Large Scale Investigation meeting was held and it was agreed at that meeting to move to the LSI process and pending the outcome that all admissions to the home temporarily cease. The LSI process ended on 26 October 2021 and the cessation on admissions was lifted.

During this time the Care Inspectorate carried out follow up visits to the care home and on 18 November 2021 the grade for Care and Support improved from grade 2 (weak) to grade 3 (adequate). A series of contract monitoring meetings continued until a further pre-LSI meeting took place on 4 March 2022 with admissions once again being temporarily withheld. The second LSI process ended on 28 April 2022 and the Care Inspectorate at that time were also satisfied that the requirements in the Improvement Notice had been met resulting in an improvement in grades.

**McGonagall House (owned by Brookesbay Limited)** was visited by the Care Inspectorate on 2 November 2021 with follow up visits in December 2021 and February 2022. Prior to these inspection visits, the Care Inspectorate had received a complaint in July 2021 following which a Large-Scale Investigation commenced on 3 August 2021 and was brought satisfactorily to an end on 3 February 2022. Throughout this process Police Scotland were involved and a number of charges were brought against individuals in connection with the care home. As a result of the complaint, all admissions to the care home voluntarily ceased. Enhanced Contract Meetings commenced on 28 February 2022 and it is anticipated they will continue for at least a year if progress continues to be made along with enhanced support from the Care Home Team.

**Dudhope Villa and Sister Properties** were visited by the Care Inspectorate on 25 May 2021. Key Question 7 was inspected and a grade of 2 was awarded for the care and support provided during the Covid-19 pandemic. This was primarily due to concerns in relation to infection control practices within the service, training in relation to this and also lack of contingency planning. Three requirements were made by Care Inspectorate. With regard to service improvement, the service was supported to develop an infection control policy which was reflective of current guidance and safe practice. A staff contingency plan was developed by the provider giving details of the actions to be taken should an outbreak of infection occur. All staff received training on the correct use and disposal of PPE, infection prevention and control. A follow up visit by the Care Inspectorate on 2 September 2021 resulted in an improved grade 3 being awarded with all three requirements met within timescale.

## **Requirements**

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements were placed on 10 of the 18 services following inspection during 2021-22.

Details of requirements are provided in appendices C and D.

## **Complaints**

A complaint is an expression of dissatisfaction by about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2021-22 the Care Inspectorate received one or more complaints relating to 9 of the 18 services in Dundee. Of these, all were upheld or at least one of the following elements upheld.

### **Access**

- To other services - advocacy/health
- Other

### **Choice**

- Care and Treatment
- Activities

### **Communication**

- Between staff and service users/relatives/carers



## **Environment**

- Inadequate facilities
- Security

## **Food**

- Choice
- Availability
- Quality
- Other

## **Healthcare**

- Inadequate healthcare or healthcare treatment
- Infection control issues
- Tissue viability
- Nutrition
- Continence care
- Medication issues
- Hydration
- Other

## **Property**

- Care of
- Loss of/missing

## **Protection of People**

- Adults

## **Privacy and Dignity**

- Privacy and Dignity

## **Staff**

- Levels
- Recruitment process (including disclosure checks)
- Training/qualifications

## **User Participation**

- Other

## **Wellbeing**

- Social
- Other

## **Enforcements**

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

One care home service was issued with an Improvement Notice as there were sufficient concerns about this service which can result in cancellation of the registration. The provider made the requirement improvements within the given timescale therefore no further enforcement was considered necessary.

## **CONTINUOUS IMPROVEMENT**

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves service providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach eg

effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed.

### **Care Home Services**

The Care Home Team continues to support all care homes in Dundee through the link worker role whereby there is a Registered Mental Health Nurse (RMN), Registered General Health Nurse (RGN) and Social Work Review Officer (RO) allocated to each care home. Following the COVID pandemic, the Care Home Team have now returned to regular, planned face to face visits in each care home. All Care Home Team staff have received their second vaccination and continue to undertake twice weekly Lateral Flow Tests.

To improve upon the transition of people moving into a care home setting, the Care Home Team are trialling a test of change with Ninewells Hospital Integrated Discharge Hub whereby the Review Officers are undertaking the initial 6-week review of the individual's placement. In addition to this, the Care and Assessment Teams are now advising the Care Home Team via a duty email box of people moving into a care home setting to allow the RGN's to link in with the care home in ensuring appropriate medical issues are addressed timeously. Improved links with GP practices in completing Anticipatory Care Plan (ACP's) is also being trialled with Social Workers from the Community Mental Health Team and RGN's from the Care Home Team to ensure GP practices have the necessary information following a new admission in to a care home.

The Urgent Home Visiting Team (previously known as Urgent Care) is now a separate service from the Care Home Team comprising of Advance Nurse Practitioners who triage urgent care calls and requests by care homes for a same day GP house call. This service continues to expand throughout all GP practices and care homes in Dundee. There continues to be close links between this service and the Care Home Team with non-urgent tasks being passed onto the nurse allocated link worker.

### **Care at Home Services**

Care at home services have found 2021-22 to be a particularly challenging year. In addition to managing sickness absence levels due to new cases of Covid and the wider impact of this on staff's mental health and general exhaustion, the services have generally found recruitment and retention locally to be challenging which mirrored the national picture for the care sector. The focus of many providers has been on maintaining a good service for current service users and managing this within its available staffing capacity. Dundee Health & Social Care Partnership have been working with providers on introducing a frailty approach to reviewing current care packages. A tool has been adopted for this purpose that draws together the information that the provider holds so an evidence-based decision can be made as to whether care can be safely stepped up or stepped down. This complements the usual provider and statutory reviews. Partnership staff have been looking at how providers can be supported to retain staff within the care at home sector by developing a set of fair work principles and will now be looking to test some of these before considering embedding them in the next set of contracts. The monthly care at home provider forum meetings continue to take place and this continues to be of great benefit as a means for sharing information and good practice and also to foster good working relationships between providers.

DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP  
CARE INSPECTORATE GRADINGS FOR CARE HOMES IN DUNDEE - 1 APRIL 2021 TO 31 MARCH 2022

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1	KQ2	KQ3	KQ4	KQ5	KQ7	Requirements	Complaints	Enforcement / Notice of Improvement
				How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?	How good is our care and support during the Covid-19 pandemic?			
Balcarres HC-One Limited	Care Home (Older People)	Private	19.01.22	-	-	-	-	-	5	No	No	No
Balhousie Clement Park Balhousie Care Limited	Care Home (Older People)	Private	22.07.21	2	-	-	-	-	3	Yes	Yes	No
			21.09.21 Follow-up	(2)	-	-	-	-	-	Yes	No	No
			18.11.21 Follow-up	3	-	-	-	-	-	Yes	No	No
			27.01.22 Follow-up	-	-	-	-	-	3	Yes	No	No
			08.03.22 Follow-up	2	2	-	-	-	-	Yes	Yes	Yes 10.03.21
Balhousie St Ronan's Balhousie Care Limited	Care Home (Older People)	Private	06.10.21	4	-	-	-	-	3	No	No	No
Ballumbie HC-One Limited	Care Home (Older People)	Private	29.04.21 Follow-up	Inspection following upheld complaint from 15.03.21 - no change to grade from inspection on 10.09.20					(3)	No	No	No
Benvie Duncare Ltd	Care Home (Older People)	Private	Last Inspected 11.12.20							No	Yes	No
Bridge View Sanctuary Care	Care Home (Older People)	Private	28.05.21	-	-	-	-	-	3	Yes	Yes	No

			31.08.21 Follow-up	-	-	-	-	-	4	No	Yes	No	
<b>Carmichael House</b> Kennedy Care Group	Care Home (Older People)	Private	Last inspected 11.12.19										
<b>Elder Lea Manor</b> Enhance Healthcare Ltd	Care Home (Older People)	Private	Last inspected 17.11.20										
<b>Ellen Mhor</b> Cygnet Healthcare	Care Home (Learning Dis)	Private	Last inspected 10.06.20										
<b>Ferry House</b> Committee of Management	Care Home (Older People)	Private	Last inspected 18.06.19 – current Committee of Management ceased 31.03.22 (now Hillcrest Futures)										
<b>Forebank Care Home</b> Brookesbay Care Group	Care Home (Older People)	Private	21.02.22	3	-	-	-	-	2	Yes	No	No	
<b>Harestane Care Home</b> Priority Care Group Ltd	Care Home (Older People)	Private	20.12.21	-	-	-	-	-	3	No	Yes	No	
<b>Lochleven</b> Thistle Healthcare Ltd	Care Home (Older People)	Private	02.12.21	3	-	-	-	-	3	Yes	Yes	No	
			11.03.22 Follow-up	No change to grade							No	No	No
<b>McGonagall House</b> Brookesbay Care Group	Care Home (Adults-ARBD)	Private	02.11.21	2	2	3	-	-	3	Yes	No	No	
			09.12.21 Follow-up	No change to grade							Yes	No	No
			08.02.22 Follow-up	No change to grade							Yes	No	No
<b>Moyness Care Home</b> Balhousie Care Limited	Care Home (Older People)	Private	30.09.21	4	-	-	-	-	4	No	No	No	
<b>Orchar Nursing Home</b> Orchar Care Ltd	Care Home (Older People)	Private	Last inspected 03.04.19										
<b>Pitkerro Care Centre</b> Hudson Healthcare Ltd	Care Home (Older People)	Private	24.05.21	-	-	-	-	-	2	Yes	Yes	No	
			23.06.21 follow-up	-	-	-	-	-	3	Yes	No	No	

<b>Pitkerro Care Centre (cont'd)</b>			31.08.21 follow up	No change to grade					Yes	No	No	
			25.11.21 follow up	No change to grade					Yes	No	No	
<b>Redwood House</b> Kennedy Care Group	Care Home (Older People)	Private	Last inspected 09.05.19									
<b>Riverside View Care Home</b> HC-One Limited	Care Home (Older People)	Private	19.05.21	-	-	-	-	-	<b>3</b>	Yes	Yes	No
			24.06.21 follow up	No change to grade					No	No	No	
<b>Rose House</b> Kennedy Care Group	Care Home (Older People)	Private	Contract end date 16.05.21									
<b>St Columba's Care Home</b> Priority Care Ltd	Care Home (Older People)	Private	Last inspected 22.10.19									
<b>St Margaret's Home – Dundee</b> Trustees of St Margaret's Home	Care Home (Older People)	Voluntary	06.10.21	<b>2</b>	-	-	-	-	<b>3</b>	Yes	No	No
			25.11.21 follow up	<b>3</b>	-	-	-	-	<b>(3)</b>	No	No	No
<b>Thistle</b> Cygnet Healthcare	Care Home (Learning Dis)	Private	Last inspected 29.09.20									

KEY:

- 6** excellent
- 5** very good
- 4** good
- 3** adequate
- 2** weak
- 1** unsatisfactory

- ↕ signifies that the grade has improved since the previous inspection
- ↘ signifies that the grade has fallen since the previous inspection
- no arrow signifies the grade has stayed the same grade



where there is no grade this signifies that the theme was not inspected

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP**  
**CARE INSPECTORATE GRADINGS FOR ADULT SERVICES (EXCLUDING CARE HOMES) - 1 APRIL 2021 TO 31 MARCH 2022**

Name of Care Home and Provider Organisation	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	KQ1	KQ2	KQ3	KQ4	KQ5	KQ7	Requirements	Complaints	Enforcement / Notice of Improvement
				How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?	How good is our care and support during the Covid-19 pandemic?			
<b>The Inclusion Group (Dundee)</b>	Support Services – with Care at Home	Voluntary	04.05.21 Follow up	Follow up to inspection held on 20.01.21 – no change to grade					(3)	No	No	No
<b>Dudhope Villa and Sister Properties</b>	Care at Home and Housing Support Service	Private	26.05.21	-	-	-	-	-	2	Yes	No	No
			02.09.21 Follow-up	-	-	-	-	-	3	No	No	No
<b>Prestige Nursing and Care – Dundee and Angus</b>	Support Services – with Care at Home	Private	14.12.21	3	-	-	-	-	3	Yes	Yes	No
<b>Call-In Homecare Ltd (Dundee)</b>	Support Services – with Care at Home	Private	23.02.22	4	-	-	-	-	3	No	No	No
<b>Hillcrest Futures Homecare Dundee</b>	Support Services – with Care at Home	Voluntary	25.02.22	3	3	-	-	-	4	No	Yes	No

KEY:

- 6** excellent
- 5** very good
- 4** good
- 3** adequate
- 2** weak
- 1** unsatisfactory

-  signifies that the grade has improved since the previous inspection
-  signifies that the grade has fallen since the previous inspection
- no arrow signifies the grade has stayed the same grade
- where there is no grade this signifies that the theme was not inspected



**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES  
CARE INSPECTORATE REQUIREMENTS 2021-22 – SERVICES AWARDED A GRADING OF 2 OR BELOW**

**PAC25-2022 Appendix 1, C**

Date of Inspection	Name of Org/Service	Service Type	How well do we support people's wellbeing	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?	How good is our care and support during the Covid-19 pandemic?
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22.07.21	Balhousesie Clement Park	Care Home - Private	2	-	-	-	-	3
18.11.21	Re-grading		3					-

**Requirements (3)**

1. In order to improve people's physical and mental wellbeing, the service provider must by 17 September 2021 review the way in which activities are organised and provide sufficient staff to support people to engage in them. There should be a focus on the quality and amount of physical and social activity made available for people, within and outside the home.
2. In order to ensure the health and wellbeing of people using the service, by 17 September 2012 the provider must ensure that people are protected by improving the assessment, treatment and monitoring of care. This includes, but is not restricted to, hydration and wound management.
3. In order to ensure the health and wellbeing of people, the provider must by 17 September 2021 ensure that individual's personal plans clearly set out how their health, welfare and safety needs are to be managed and met. In order to do this the provider must ensure that:
  - Staff are supported to be competent in the use of the electronic planning system.
  - Personal plans and care records reflect a responsive and person-centred approach.
  - The quality and accuracy of records detailing the management of healthcare needs are improved. This includes, but is not restricted to, hydration and wound care.
  - The management team use their quality and audit systems to monitor and improve practices.

**Follow up inspection 21 September 2021 - no requirements met - timescales extended to 5 November 2021**

**Follow up inspection 18 November 2021 – requirements 1 and 3 met. Requirement 2 extended to 11 February 2022**

**Follow up inspection 27 January 2022 (due to Covid outbreak) – a further 3 requirements imposed:**

4. By 25 February 2022 the provider must ensure that people are safe from harm by administering medication safely. In particular:
  - a) ensure that each person is given the right support with their medication as identified in their support plan;
  - b) ensure that medication administration records are completed accurately and;
  - c) ensure monitoring arrangements are responsive to any errors in the administration or recording of a people's medication.

To do this the providers must as a minimum:

  - a) ensure staff receive the right training to administer medication safely;
  - b) implement a system to audit and review the safe administration of medication.

5. By 25 February 2022, the provider must ensure that people experience care in an environment that is safe and minimises the risk of infection. To do this the provider must, at a minimum:

- a) ensure that the internal premises, furnishings, and equipment are safe, clean, and tidy;
- b) ensure that all staff understand and implement ARHAI (Antimicrobial Resistance and Healthcare Associated Infection) Scotland's, 'Safe Management of the Care Environment' standard operating procedures; and
- c) ensure that all harmful chemicals are stored securely.

6. By 25 February 2022, the provider must ensure there are enough suitably qualified and competent persons working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users. To do this the provider must, at a minimum:

- a) assess support needs of each person, including risks, stress and distress, end of life care and any other considerations as well as identify staff availability and anticipated non direct care hours;
- b) ensure that a robust, accessible contingency plan is in place and accessible to key staff to implement as necessary; and
- c) ensure that all staff have undertaken the training necessary for their role.

**Requirements 2, 4 and 6 not met.**

**Follow up inspection 8 March 2022** – requirements 2, 4 and 6 above not met. Improvement Notice issued listing:

**By 8 April 2022**, the provider must ensure that service users are safe from harm by administering medication safely. In particular, the provider must:

- a) ensure that each service user is given the right support to take their medication as identified in their support plan,
- b) ensure that medication administration records are completed accurately and immediately after medication is administered or when reasonably practicable,
- c) ensure that monitoring arrangements are responsive to any errors in the administration or recording of a service user’s medication,
- d) ensure that staff receive suitable training to enable them to administer medication safely, and
- e) implement a system to audit and review the safe administration of medication

**By 22 April 2022**, the provider must promote the health, welfare and safety of those who use the service by ensuring that all personal plans, risk assessments and care plans have up to date reviews (at least once in every six month period), which:

- a) accurately reflects the assessed current health and care needs of the service user, with priority being given to nutrition, hydration, and weight management,
- b) in detail, describes the needs and abilities of the service user and the support required to meet those needs,
- c) accurately reflects any identified risks to the service user’s health and includes an assessment of these risks and the steps that are to be taken to reduce and/or mitigate the risks, and
- d) are always implemented.

21.02.22	Forebank Care Home	Care Home - Private	3	-	-	-	-	2
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**Requirements (1)**

1. In order that people experience a safe, clean and well maintained environment which minimises the risk of infection, the provider must ensure that acceptable standards of infection prevention and control, and the cleanliness of equipment used by people experiencing care is improved. To do this the provider must ensure that by 11 March 2022:

- a) all areas and equipment used within the home are free from contamination and in a good state of repair
- b) clinical waste bins are readily accessible and clinical waste is disposed of according to Public Health and Health Protection Scotland guidance
- c) all staff have the relevant training, knowledge and skills to complete their role
- d) regular quality assurance checks and observations of staff practice are carried out to ensure processes and staff practice are consistent with infection prevention and control guidance.

02.11.21	McGonagall House	Care Home - Private	2	2	3	-	-	3
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**Requirements (6)**

1. By 24 January 2022, the provider must ensure people are supported to keep safe and well by receiving appropriate supported with their medication. To do this the provider must, at a minimum, ensure:
  - a) where a person receives as required medication because they have agitated or distressed behaviour there is detailed guidance for that person including other options for supporting with their agitation or distress.
  - b) as required medication support guidance for a person is clear and detailed so that staff can provide consistent and effective support.
  - c) that an effective system for monitoring 'as required' medication support is put in place.
  - d) that any risk associated with a person's medication support is documented.
  
2. By 24 January 2022, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:
  - a) care and support plans include any relevant risk to them that could effect their health and wellbeing.
  - b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans.
  - c) care and support plans include information on all important care needs and health conditions.
  - d) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.
  
3. By 24 January 2022, the provider must ensure people are kept safe and their health and wellbeing are promoted by having robust management and leadership in place. To do this, the provider must, at a minimum, ensure:
  - a) quality assurance activities are reviewed and developed to cover all key areas of the service's care and support to people.
  - b) put in place a service improvement plan.
  
4. By 6 December 2021, the provider must ensure people are assisted to keep well and safe by ensuring that matters of concern are notified to the Care Inspectorate as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.
  
5. By 24 January 2022, the provider must ensure people are kept safe and well by workers who have the right knowledge and skills for people's care and support needs. To do this, the provider must, as a minimum:
  - a) identify and make arrangements for training appropriate to their role for staff in alcohol related brain damage.
  - b) training and guidance in how to support people who are distressed, have agitated behaviour or behaviour that challenges.
  - c) review and develop training so that staff have appropriate knowledge and skills to meet the range of needs and health conditions people at the care home have.

6. By 6 December 2021, the provider must ensure the risk of infection to people and staff is minimised to assist them maintain good health and wellbeing. To do this, the provider must, as a minimum, ensure:

- that the premises, furnishings and equipment are clean, tidy, and well-maintained.
- that processes such as enhanced cleaning schedules and regular quality assurance checks are in place and effective to ensure that the environment is consistently safe and well maintained.
- that there is regular audits for staff IPC practice and actions to improve practice are implemented.
- that clinical waste is disposed of and stored safely.

**Follow up inspection 9 December 2021** – Requirements 1, 2, 3 and 5 not assessed; requirement 4 met; requirement 6 not met and timescale extended to 24 January 2022

**Follow up inspection 8 February 2022** – Requirements, 1, 2, 3, 5 and 6 not met – timescales extended to 4 April 2022

24.05.21	Pitkerro Care Centre	Care Home - Private	-	-	-	-	-	2
23.06.21	Re-grading							3

**Requirements (5)**

1. In order for the provider to provide services in a manner which respects the privacy and dignity of the service user, the service should:

- introduce person centred support plans to guide and direct practice to ensure the service user has every opportunity to experience a meaningful visit with their relative; and
- the support plan should include guidance about the preferred and alternative visiting mediums offered by the service.

To be completed by: 14 June 2021

2. In order to improve people's physical and mental wellbeing, the service provider must review the way in which activities are organised and provide sufficient staff to support people to engage in them. This should focus on the quality and amount of physical and social activity made available for people, within and outside the home.

To be completed by 14 June 2021.

3. The provider must at all times ensure infection control measures are in place. This means the service should ensure:

- all staff have undertaken Infection control/ hand hygiene training;
- a plan is put in place to ensure all PPE stations are check/cleaned and replenished on a regular basis throughout the day; and
- there should be evidence of managerial oversight through audit to ensure all staff training is updated and refreshed as appropriate.

To be completed by: 14 June 2021

4. In order to ensure that linen is managed in a safe way and in order to prevent infection the provider must, by 14 June 2021:

- ensure that the processes and equipment used in the laundry are correct according to the National Infection Prevention and Control Manual (NIPCM); and
- ensure that all laundry items are appropriately segregated, stored, and laundered in accordance with current guidance.

<p>5. In order to ensure that new employees receive appropriate induction to their role, the provider must ensure the service introduces strategies to deliver an induction which is appropriate to the role of the employee. This should include:</p> <ul style="list-style-type: none"> <li>-mandatory training clearly documented;</li> <li>-competency assessment of individual work practice; and</li> <li>-ongoing evidence of managerial oversight. To be completed by: 14 June 2021</li> </ul>
<p><b>Follow up inspection 23.06.21</b> – Requirements 1 and 2 not met; requirements 3, 4 and 5 met</p>
<p><b>Follow up inspection 31.08.21</b> – Requirement 1 met; requirement 2 not met</p>
<p><b>Follow up inspection 25.11.21</b> – Requirement 2 not met</p>

06.10.21	St Margaret's Care Home	Care Home - Private	2	-	-	-	-	3
25.11.21	Re-grading		3					3

<p><b>Requirement</b></p> <p>1. To improve people's physical and mental wellbeing, the provider should review opportunities for people to engage in regular and meaningful activities. By 19 November 2021:</p> <ul style="list-style-type: none"> <li>- People should have opportunities to participate in a range of activities that have a positive impact on their sense of wellbeing and belonging.</li> <li>- People's personal/activities plan should detail what matters to them and ways in which their interests will be facilitated.</li> <li>- Activities and people's engagement should be recorded and evaluated regularly to ensure their wishes and references are met.</li> <li>- The service should build physical activity and movement in to the daily lives of those they support and improve people's access to outdoors in order to improve people's health and wellbeing and quality of life.</li> </ul> <p>2. In order to ensure that people experience a safe, clean, and well maintained environment which minimises the risk of infection, the provider must address identified issues by 19 November 2021. In particular, they must ensure:</p> <ul style="list-style-type: none"> <li>a) cleaning schedules are detailed so that it is clear what surfaces and items require regular cleaning and at what frequency.</li> <li>b) there is a regular system of monitoring the effectiveness of these schedules.</li> <li>c) schedules are reviewed, with house-keeping staff , to ensure understanding and effectiveness.</li> <li>d) quality assurance consultations should also feed into this monitor and review process of the service environment.</li> </ul>								
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Legend:

<b>6</b>	excellent
<b>5</b>	very good
<b>4</b>	good
<b>3</b>	adequate
<b>2</b>	weak
<b>1</b>	unsatisfactory

**()** signifies that the theme was not assessed at this inspection therefore the grade is brought forward from previous inspection

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES**      **PAC25-2022 Appendix 1, D**  
**DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)**  
**CARE INSPECTORATE REQUIREMENTS 2021-2022 - SERVICES AWARDED A GRADING OF 2 OR BELOW**

Date of Inspection	Name of Org/Service	Service Type	How well do we support people's wellbeing	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?	How good is our care and support during the Covid-19 pandemic?
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22.07.21	Dudhope Villa & Sister Properties	Care at Home/ Housing Support	-	-	-	-	-	2
18.11.21	Regrading		-	-	-	-	-	3

**Requirements (3)**

1. In order to ensure people receive safe care and support which reduces the risk of spread of infection the provider must by 23rd June 2021:
  - a) develop a clear infection prevention and control policy which reflects the National Infection Prevention and Control Manual (NIPCM)
  - b) develop a COVID-19 specific risk assessment which details the measures in place to safeguard people taking account of the NIPCM Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum
  - c) ensure all staff are fully aware of the content of the newly developed policy and risk assessment and have access to up to date good practice guidance.
  
2. In order to ensure the safety and wellbeing of people the provider must develop a staffing contingency plan by 23rd June 2021. The plan should detail:
  - a) the arrangements in place to ensure sufficient staffing numbers
  - b) how information relating to the testing of unfamiliar staff will be gathered
  - c) the information which is essential to provide safe support and how staff unfamiliar with the service could access this.
  
3. In order to ensure that people experience a service with well trained and competent staff the provider must address identified staff training needs by 12 July 2021. In particular you must ensure:
  - a) that all staff have received training on the correct use and disposal of PPE, infection prevention and control
  - b) that all staff are supported to be fully aware of their responsibilities and that safe infection prevention and control practices are adhered to by all staff at all times (following NIPCM and COVID-19 guidance)
  - c) there is an effective and comprehensive system in place to assess staff competency and ongoing compliance with PPE use and disposal.

**Follow up inspection 2 September 2021 – all requirements met**

Legend:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

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