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Park Homes (UK) Limited
7c Fairfax House
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Bradford
BD16 1PE

12 February 2025
2024383351
CS2021000288

Dear Park Homes (UK) Limited

COMPLIANCE WITH IMPROVEMENT NOTICE

On **6 September 2024** you were served with an Improvement Notice in relation to Carlingwark House, Carlingwark Street, Castle Douglas, DG7 1TH in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made.

As there has been a significant improvement in the service, the Care Inspectorate has decided not to proceed to make a proposal to cancel the registration of the service. Our conclusions about the improvements made are noted below.

Improvements

1. By 9 February 2025, extended from 30 December 2024 and 18 October 2024, to ensure the safety, health, dignity and wellbeing of people experiencing care, the level of staffing on each shift must be adequate to provide the assessed level of support to people at all times. This must include, but is not limited to:

a) there must be sufficient staff on duty who are competent and who are meeting the physical and social support needs of people using the service;

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- b) staff must be deployed appropriately to ensure that people receive assistance with their care needs at times that meet their needs and preferences;
- c) undertake a thorough evaluation of all the current needs of people who use the service and use the findings to ensure that there are sufficient staff on duty; and
- d) assessed staffing levels must take into account the layout of the building and communal areas.

This is in order to comply with section 7(1)(a) & (b) and (2) of the Health and Care (Staffing) (Scotland) Act 2019.

The service had completed a review of people's needs including updating people's personal plans, assessments and health care plans. A staffing assessment tool had been used to determine the level of support people required which was being used to establish the number of staff hours to meet people's needs.

Where the home was previously split into three areas, this was now split into two, some lounges had been altered to promote people's use of the communal and dining spaces.

There had been ongoing recruitment at the service and new employees had commenced in their roles. Induction, training compliance and competency checks were being carried out with staff.

This improvement has been complied with.

2. By 9 February 2025, extended from 30 December 2024 and 18 October 2024, you must promote the health, welfare and safety of people experiencing care and protect them from harm. This must include, but is not limited to:

- a) a system is implemented to enable oversight of any incidents that occur;
- b) thorough investigations are conducted following serious incidents; and
- c) any incidents or Adult Support and Protection concerns are recognised and reported timeously to the Care Inspectorate and relevant bodies, with actions taken to mitigate identified risks.

This is in order to comply with Regulations 3 and 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Daily oversight and monthly audits were taking place for any accidents or incidents that occurred. Regular monitoring allowed for relevant follow up of identified actions to be completed to keep people safe. Investigations had taken place following serious incidents or complaints. Notifications to the Care Inspectorate and other relevant bodies and individuals were being made appropriately.

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This improvement has been complied with.

3. By 11 November 2024, extended from 18 October 2024, you must ensure that people experiencing care are supported in an environment that is safe and clean and procedures for the prevention and control of infection are in place and being implemented. This must include, but is not limited to:

- a) ensure that the premises, furnishings, and equipment are clean, tidy and well maintained at all times;
- b) implement a process to ensure the standard of cleanliness throughout the home is maintained in line with 'Antimicrobial Resistance and Healthcare Associated Infection Scotland' (ARHAI) good practice guidance; and
- c) ensure staff are trained and competent in safe infection prevention and control practice and implement this in the work that they do.

This is in order to comply with Regulations 3, 4(1)(a), 4(1)(d) and 9(2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

Premises were seen to be clean, free from any debris and malodours. Managers and staff were completing daily walkarounds to identify any areas of concern. Soiled and worn furniture had been disposed of and new mattresses and cushions were in place and further items of furniture had been ordered.

There had been improvement in recording using cleaning schedules and audits taking place in relation to infection prevention control in the home. The service had further planned for improving the auditing process of cleaning schedules. Housekeeping staff had increased.

Training and guidance was compliant in Infection prevention and control. Competency checks had been recorded for all staff in relation to Infection prevent and control, hand hygiene, and donning and doffing. Staff were following guidance in relation to infection prevention and control.

This improvement has been complied with.

4. By 9 February 2025, extended from 30 December 2024 and 18 October 2024, you must ensure that people's health and wellbeing needs are accurately monitored and recorded to meet people's individual outcomes. This must include, but is not limited to:

- a) there is a clear system, which is being implemented, for ongoing daily recording documentation when this is required;

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- b) personal plans provide clear information on the health and care needs that require to be monitored and requisite actions to be taken;
- c) staff are aware of the importance of accurately completing documentation and their accountability in line with their professional Codes of Practice;
- d) documentation is accurately completed at the time the support is provided; and
- e) documentation is part of the service's audit process to ensure the health, welfare and safety needs of people are being met.

This is in order to comply with Regulations 3, 4(1)(a) and 9(2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

Staff used an online system for daily recording and support was provided to them in relation to the use of this system.

People's needs had been reviewed and monitored, and personal plans included information on people's health care needs.

The information held on the system had been improved, with important information being shared and followed by staff in relation to people's nutritional needs.

Staff were aware of their accountability and the importance of accurately completing documentation. Staff meetings included discussion on staff accountability and codes of practice.

Monitoring, audit and recording of information had been improved.

This improvement has been complied with.

5. By 2 February 2025 extended from 29 November 2024, you must ensure people experiencing care receive a service which is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- a) assessment of the service's performance through effective audit and analysis;
- b) where areas for improvement are identified through audit: -
 - i. implement action plans which set out specific, achievable, and realistic actions required to address the areas for improvement.
 - ii. put in place and implement a process by which actions will be measured to ensure positive outcomes are achieved for people experiencing care; and
 - iii. set out detailed timescales for completion/review.
- c) ensuring all staff are accountable for and carry out the required remedial actions set out within action plans; and
- d) reviewing the effectiveness of actions put in place to ensure these elicit positive outcomes for the health, safety, and welfare of people experiencing care.

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This is in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

The provider had implemented a new quality assurance system which allowed the service to evaluate service delivery. Regular audit and analysis was taking place across key areas of the service so that risk to people was identified and action taken.

Actions completed from audits identified positive outcomes for people. The service used an action plan to oversee identified needs of the service and work on completing these was underway.

This improvement has been complied with.

6. By 1 December 2024 you must ensure people are experiencing care that promotes dignity and choice in an environment that has sufficient bathing and showering facilities. This must include, but is not limited to:

- a) ensure there are accessible shower facilities for people's assessed needs;
- b) enable people to maintain independence and choice as regards the facilities they use; and
- c) when people's choice of bathing and showering facility cannot be met, the reason for this must be clearly recorded with the actions taken to address this.

This is in order to comply with Regulations 4(1)(a) & (b) and 14(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The provider had recently fitted and deep cleaned an accessible shower for people to use. People's bathing or showering preferences had been recorded in their personal plan. Relevant referrals were made for additional support for people when necessary. Advice and guidance from other professionals was incorporated into people's personal plans when appropriate and a range of options considered to enable people to bathe or shower depending on their preference.

This improvement has been complied with.

A copy of this notice has been sent to the local authority within whose area the service is provided.

The Improvement Notice dated **6 September 2024** is no longer in force.

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Yours sincerely



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