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Sent by email to: [REDACTED]
[REDACTED]

Park Homes(UK) Limited
7C Fairfax House
Wool Gate
Cottingley
Bingley
BD16 1PE

20 January 2025
2024383356
CS2021000289

Dear Park Homes (UK) Limited

COMPLIANCE WITH IMPROVEMENT NOTICE

On **9 October 2024** you were served with an Improvement Notice in relation to Merse House, Merse Avenue, Kirkcudbright, DG6 4RN 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.

1. By 8 November 2024, there must be, at all times, adequate numbers of skilled and competent staff on each shift, to meet service users' health, safety, and wellbeing needs. This must include, but is not limited to:

- a) Gather accurate information about service users' needs and use it to assess how many care and ancillary staff with the right skill mix are required on each shift and on each unit during the day and night.
- b) Roster and deploy staff in accordance with your assessment informed by each service user's care plan.

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- c) Demonstrate that you are able to anticipate and respond to changes in service users' needs and will amend staffing arrangements accordingly when required.

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

The staff team had completed a review of people's needs including updating people's personal plans, assessments and health care plans. From our observations we could see the physical and social support needs of people were being met and there were sufficient staffing levels through the day and night. 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. Alongside this numerical information the professional judgement of the [REDACTED] who know the staff team, lay out of the building, daily changing tasks and circumstances was taken into account and recorded as part of the [REDACTED] daily report. This improvement in qualitative information along with quantitative information is in line with safer staffing legislation.

This improvement was complied with on 12 November 2024.

2. By 8 November 2024, you must ensure that service users are provided with regular food and fluids, and are supported to drink in accordance with their nutritional and hydration needs and preferences. In order to achieve this you must demonstrate that:

- a) Nutritional and hydration needs and preferences are explicitly detailed in service users' care plans.
- b) Care staff are familiar with, and follow the actions set out in service users' nutritional and hydration needs care plan.
- c) Care staff record food and fluid intake accurately as set out in the care plan which is reviewed daily, with action taken if targets have not been met.
- d) Care staff can identify, and respond to, any change to a service user's nutritional (including any unintended weight loss) and hydration needs.

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).

Nutritional care plans had been updated and these had been shared with the staff team. Information was available and discussed as part of daily meetings. Staff were knowledgeable about nutritional needs for specific people and provided the right support at mealtimes. Food and fluid recording had improved, and the [REDACTED]

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██████ had better oversight of this, and any concerns/actions were recorded within daily reports. Fluid charts and records showed people were meeting their daily targets and we observed fluids available throughout the home. ██████ staff could explain which meals were fortified and there were supplies of high calorific foods to ensure this could happen. Staff support was seen to be in place for people who required assistance to access food and fluid. Weight charts had been completed in line with people's care plans and we could see where people had lost weight that the appropriate health referral had been made and actions taken as a result. This provided assurance that people's health and wellbeing needs were being met.

This improvement has been complied with on 12 November 2024.

3. By 8 November 2024, you must ensure that service users experience responsive care and support, based on their assessed needs. In particular you must ensure that personal plans accurately reflect the current needs of service users, and ensure that care is delivered in accordance with those needs. In order to do this all service users' personal plans must:

- a) Reflect the assessed current health and care needs of service users, including but not limited to nailcare, oral care and support for bathing.
- b) Provide clear written and verbal direction to staff so that care is delivered in accordance with service users' needs.
- c) Reflect risks that have been identified by the service and health professionals, and steps to be taken to reduce and/or mitigate the risks.

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).

We saw an improvement in the quality of information captured in personal plans to support staff to meet people's health and care needs. We were assured that staff had an awareness of the content of personal plans, and feedback from people experiencing care told us staff knew how to support them. Processes for assessment and risk assessment had been formalised and there was evidence of actions taken to keep people safe. Daily recordings had improved to effectively demonstrate the support provided to people. Where changes occurred, we were confident that staff were responsive to people's needs and saw evidence of appropriate action being taken. Reviews of personal plans had taken place, ensuring they were up to date and capturing the needs of people supported. This provided assurances that people's health, safety and wellbeing needs were met.

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This improvement has been complied with on 12 November 2024.

4. By 8 November 2024, you must ensure that service users live in an environment that is safe and clean. This must include, but is not limited to:

- a) Ensure that fire exits are kept clear at all times to mitigate any risk and prevent harm to service users;
- b) Ensure that the premises, furnishings and equipment are clean and well maintained at all times so service users experience dignity and respect; and risk to any transmission of infection is mitigated;
- c) 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
- d) 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

Fire exits were clear and this was checked by [REDACTED] on daily walkarounds and by [REDACTED] as part of weekly fire safety checks. Training and guidance had been completed by all staff. Competency checks and 1:1 teaching sessions had been recorded in relation to Infection Prevention Control. We observed staff to be following the National Infection Prevention and Control Manual guidance and the home appeared clean and free from malodour. Quality assurance processes were in place to monitor the cleanliness and infection control within the home. Soiled and worn furniture had been disposed of, new furniture, mattresses and cushions were in place. This provided assurances that standards had improved, which had contributed to improved outcomes for people.

This improvement was complied with on 12 November 2024.

5. By 3 January 2025, you must ensure that there is effective governance at service and organisational level to monitor and manage the quality of care in the service. In particular you must ensure that:

- a) There are effective quality assurance systems in place that identify risks and drive improvement in the care service.

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- b) There is effective monitoring in areas of staff practice, including, but not limited to, the culture in the service to ensure standards of care for service users are person centered and promote dignity.
- c) That where there are indications of poor practice, this is recognised and prompt action is taken to address this.
- d) 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 (SSI2011/210).

A quality assurance process had been implemented which supported improved oversight and governance within the service. Regular audits and competency checks were now taking place which captured evidence of actions taken to support staff practice and service improvement. This included reviewing the culture within the service and ensuring the experiences of residents were positive. This helped the service to become self-aware of staff practices and ensure cultures promoted people's dignity and individualism. Where additional measures were indicated to help support staff, this was recorded and actioned. The service had a continuous improvement action plan with identified developments from the information gathered via their quality assurance processes. When we compared the information about incident reporting we received, with other relevant bodies we noted this had improved. This meant peoples' health and wellbeing was monitored with appropriate professional advice and intervention sought where serious incidents occurred. As a result, this had improved management oversight of the service.

This improvement was complied with on 09 January 2025.

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

The Improvement Notice dated 9 October 2024 is no longer in force.

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Yours sincerely

[Redacted Signature]

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cc: Local Authority – [Redacted], Dumfries & Galloway Council

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