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EH21 7PQ

24 July 2023
2023383272
CS2011303083

Dear Sir/Madam

COMPLIANCE WITH IMPROVEMENT NOTICE

On **7 June 2023** you were served with an Improvement Notice in relation to Persley Castle, Mugiemoss Road, Woodside, Aberdeen AB21 9XU 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 28 June 2023**, you must ensure that effective fall prevention and management strategies are in place. In particular, you must:

a) Ensure that service users have accurate falls risk assessments and plans in place.
b) Ensure that the falls assessments and plans are accessible and implemented by all nursing and care staff.
c)Ensure that when a fall does occur, staff assess the impact of the fall on the health and wellbeing of the service user and ensure that appropriate actions are taken. This should include but is not restricted to: a robust assessment of the health of the service user, seeking medical input if necessary, an appropriate level of observation and ongoing monitoring to assess any change to the health of the service user.

d) Ensure that there is improved oversight and analysis of falls to help to identify trends and implement appropriate actions to reduce risks to service users.
e) Ensure that the appropriate procedures in relation to falls are implemented and that the management team are monitoring compliance with these procedures.
f) Ensure that all fall prevention equipment is in place and in full working order.

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

The leadership in the home had been strengthened through mentoring and training. As a result, oversight and analysis of falls had been streamlined and recording of information was easily accessible to all staff. This helped to create a safer and more effective prevention and management of falls resulting in better outcomes for people.

People had up-to-date and accurate falls risk assessments in place which informed detailed care plans to direct staff to support people safely. People who required fall prevention equipment had this in place and all equipment was in full working order. As a result, people were confident that staff would respond and support them effectively.

This improvement has been complied with.

2. **By 12 July 2023**, you must ensure that service users experience a service which is well managed and led. In particular, you must:

a) Ensure that there are suitably qualified, skilled and competent leaders on every shift and that they provide staff with clear direction and support so that service users experience care that meets their needs.
b) Put in place a robust quality assurance system, including but not limited to learning from adverse events, to ensure that the quality of service users' care and the care home environment is subject to ongoing assessment and areas of improvement are identified.
c) Ensure that an appropriate action plan is put in place where an area for improvement has been identified, together with a system to ensure that the action plan is implemented.
d) Provide evidence that actions taken are being monitored and have supported improved outcomes for service users.

This is in order to comply with regulation 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The care home management team had started a robust development programme to support their knowledge and skills across all relevant areas of leadership. Staff have

said that managers are more visible and give clear direction to staff in the home. This meant that people received support from competent staff who met their needs.

The leadership team in the home had been strengthened. This had increased visibility and oversight of the care people experienced. Shift leads had additional support and oversight to help how they managed and directed the staff team. This made shifts more organised, and people's needs were met appropriately.

Improvements had been made to the quality assurance systems. The outcome from audits was used to inform action plans. Action plans were regularly reviewed and updated to demonstrate improvements were being made.Improvements had been made to the quality assurance systems. The outcome from audits was used to inform action plans. Action plans were regularly reviewed and updated to demonstrate improvements were being made.

This improvement has been complied with.

3. **By 28 June 2023**, you must ensure service users experience safe, competent, and effective support with medication. You must also ensure that pain experienced by service users receiving care is identified and addressed timeously. In order to achieve this, you must:

a) Ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue the medication.
b) Ensure that care plans are regularly reviewed and accurately reflect chronic and/or acute pain experienced by care users.
c) You must develop, implement, and regularly review pain assessments to ensure signs that service users experiencing pain are identified and their pain addressed timeously.
d) Ensure the medication of service users receiving care is reviewed by relevant health professionals in accordance with service users' changing needs.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

A full and robust medication audit was completed by senior management. The development and implementation of a pain assessment tool had resulted in people's pain being assessed and addressed timeously. This was reflected in people's care plans and regularly audited by senior staff. This meant that people were receiving effective pain relief which improved outcomes for people.

The leadership team had appropriate clinical oversight of medication in the home and further support was sought from external health professionals when necessary. This

ensured that people received the right medication and professional support to meet their needs.

This improvement has been complied with.

4. **By 3 July 2023**, you must ensure that service users experience effective monitoring of their skin integrity and receive appropriate management of any wounds. To do this, you must:

a) Ensure wound care documentation clearly records initial and ongoing assessment of wounds and the treatment plan for wound healing.
b) Ensure a comprehensive overview of wound care is developed and kept up-to-date.
c) Ensure that unexplained bruising and wounds are accurately documented and investigated to mitigate further risks.

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

The leadership in the home had been strengthened through mentoring and training. As a result, oversight and analysis of wounds had been streamlined and recorded information in people's care plans was easily accessible to leaders. This helped to create a safer and more effective prevention and management of wounds resulting in better outcomes for people.

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 **7 June 2023** is no longer in force.

Yours sincerely

[redacted]

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cc: Local Authority – [redacted], Aberdeen City Council
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