

Craigie House. Care Home Service

Main Street
Crossgates
Cowdenbeath
KY4 8DF

Telephone: 01383 510505

Type of inspection:

Unannounced

Completed on:

30 October 2018

Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Service no:

CS2003040561

About the service

Craigie House is a care home located in Crossgates, Fife. It is registered to provide care for a maximum of 30 older people.

The home has a pleasant garden area and accommodation is provided in single rooms over three floors with the majority of rooms having en suite toilet and shower facilities. Communal areas, including the lounge and dining rooms are located on the ground floor with a passenger lift providing access to and from the upper floors.

The service provider, Kingdom Homes Ltd, aims "to support the residents in our care to enjoy, to the greatest extent, their rights as an individual by following these key principles: privacy, wellbeing, independence, and security".

This service has been registered since 1 April 2002.

What people told us

We spoke with 14 people using the service and received feedback from five Care Standards Questionnaires (CSQs). They indicated that, overall, they were happy with the home and the care provided. People were positive about the staff and manager. Comments included:

- "Very pleasant home."
- "They're all nice, work long hours."
- "Not many staff, especially at night."
- "The manager is very nice and pleasant."
- "Not enough activities."
- "The food is wholesome."

We spoke with two relatives/carers and received two CSQs. Like people using the service, they were generally happy with the care and support provided. Comments included:

- "Staff are very caring."
- "Some carers are great."
- "This is like my family now."
- "Clothes go missing."
- "Some decoration and maintenance could be better."

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

1.1 People experience compassion, dignity, and respect

Staff were pleasant and responded well to people's direct care needs. People were well looked after and could feel safe and secure. The approach to care was, however, more task-orientated than focused on people's individual abilities and preferences. As a result, there were missed opportunities to spend meaningful time with people which would encourage social interaction and promote physical exercise.

The service needs to develop an approach to care that takes more account of people's individual abilities, choices, and interests. This would help promote their independence and improve the structure of their day.

We did see some good interactions between staff and people using the service. These recognised people's individuality and expressions of choice. For example, involving people in discussions and providing options for activities. This was highlighted to the service manager, who identified that such examples could be used by staff to reflect on and develop their own practice. The need to move away from task-based care is identified in area for improvement 1 (**see area for improvement 1**).

1.2 People get the most out of life

People felt safe and secure in the home. This was supported by staff members who had a good understanding of how to deal with any health and welfare concerns.

The service aimed to provide a variety of activities and had employed an activities coordinator. This person was employed on a part-time basis and care staff were responsible for organising activities at all other times. This proved difficult due to people's direct care needs and a tendency to adopt a task-orientated approach to care.

Staff did know people as individuals but needed to be mindful of the need to support their independence and spend social time with them.

There were some positive examples of people being encouraged to make good use of their day, such as independently accessing the garden area and spending time doing crafts. Many people, however, reported a lack of activities and there could have been more opportunities to socialise and take part in physical exercise. This extends beyond organised activities to include engaging with people in day-to-day contact and when carrying out personal care and support. The service acknowledged this and aimed to support staff in addressing this issue **(see area for improvement 1)**. The involvement of the enthusiastic activities coordinator in developing staff skills and encouraging people to make suggestions for improving activities would be useful in taking this forward.

1.3 People's health benefits from their care and support

People could be confident that their healthcare needs were suitably assessed and reviewed on a regular basis. This was supported by good input from health professionals, such as GPs, community mental health teams, district nurses, podiatry, opticians, and dental services etc.

People were well cared for but would benefit from more physical activity to help them remain alert and mobile. This is something that the service aimed to address as identified in area for improvement 1 **(see area for improvement 1)**.

Good quality meals were provided and aligned to people's nutritional needs. A choice of food and drink was available but showing people the menu items before serving may have helped them in their choice. Some attention could also have been paid to the presentation of meals and the availability of snacks and drinks between mealtimes.

Meals could be enjoyed at a pace suited to each individual. However, there was minimal social interaction at the tables. The service agreed that it could consider improvements to the layout of the dining room, and space in other areas of the home, to help improve people's dining experience. The actions taken by the service in relation to mealtimes will be followed up at future inspections.

Areas for improvement

1. In order to improve people's experience of care and support, the service provider should implement measures to develop a more person-centred approach to care. The measures should include promoting people's independence and more meaningful engagement with them. Attention should also be paid to developing activities that account for the need for regular social interaction and physical exercise.

This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "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 am empowered and enabled to be as independent and as in control of my life as I want and can be" (HSCS 2.2).

How good is our leadership?

3 - Adequate

People could be assured that the service was able to meet their direct care and support needs and that management structures were developing to support improvements in their experience of care.

The service was undergoing a period of transition, with the current manager only recently appointed. The manager was in the process of reviewing the operation of the service and the way that care is delivered for people. It was positive to hear that the new manager was providing good support for staff and had a vision for improving the service.

It was evident that changes to care practice were needed to move away from task-orientated approaches to care. This will take time and the establishment of a leadership structure that supports the manager and staff in moving towards more person-centred care. An important element will be facilitating professional supervision which supports staff learning through experience and reflection on practice. The need to establish strong leadership in the service has been identified as area for improvement **(see area for improvement 1)**.

Overall, people could be confident that the service had systems in place to ensure that they were provided with safe and effective care. Quality assurance processes were in place to cover areas, such as recruitment, accidents and incidents, and complaints monitoring.

Staff recruitment processes reflected good practice and regular checks were undertaken on staff members' Scottish Social Services Council (SSSC) registration status. People could, therefore, be confident that staff had appropriate character checks carried out and had, as a minimum, baseline qualifications for the work they performed.

Audit processes in some areas, such as accidents/incidents and complaints, could be further developed to allow for more detailed analysis. This would help identify common factors and trends which can be used to inform strategies to prevent future occurrences (such as falls). Quality assurance systems were being transferred to an electronic system which would help develop processes for analysis of a range of subject areas.

People's involvement in making suggestions for improving the service was limited. This meant that the service's improvement plan did not fully identify with people's needs and aspirations. Further development of the service improvement plan, and processes for involving people with improving the service, was needed and has been identified as an area for improvement **(see area for improvement 2)**.

The service's dependency assessment tool only accounted for physical care and support needs. There was no reference to social interaction and activities or the layout of the home (which was on three floors). This should be reviewed to ensure that deployment of staff meets the overall health and social care needs of people using the service **(see area for improvement 3)**.

Areas for improvement

1. In order to provide people with more person-centred care, the service provider should implement leadership structures which can support staff to make the necessary changes in care practice.

In doing this, it will be important for leaders to be able to facilitate professional supervision that supports staff learning through experience and reflection on practice.

This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "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 am treated as an individual by people who respect my needs, choices, and wishes and anyone making a decision about my future care and support knows me" (HSCS 3.13).
- "I have confidence in people because they are trained, competent, and skilled, are able to reflect on practice, and follow their professional and organisational codes" (HSCS 3.14).

2. In order to identify and implement improvements that fully reflect people's wishes and aspirations, the service provider should further develop the service improvement plan and the processes for involving people with improving the service.

This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6).
- "I am actively encouraged to be involved in improving the service 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).

3. In order to ensure that people's overall care and support needs are met, the service provider should review the dependency assessment tool to ensure that it accounts for:

- people's physical care and support needs
- social interaction and activities
- the layout of the home, which is on three floors.

This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "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).

How good is our staff team?

3 - Adequate

People could be confident that their direct care needs would be met and positive views were expressed about staff members. Staff worked well as a team and had a good working knowledge of people's care needs. Nevertheless, there was a tendency to focus on tasks rather than on people's individual abilities, personal preferences, and promoting meaningful interaction.

Staff will need to develop the knowledge and skills to move towards a more person-centred approach to care. This will take time, however with good leadership and guidance, staff should be able to make the necessary transitions. The provision of appropriate training opportunities as well as robust professional supervision will help advance this. The need for these developments is covered in area for improvement 1 under key question 1: 'How well do we support people's wellbeing?'.

The provision of good quality staff supervision and training is important in ensuring that people receive care that is appropriate to their needs. Supervision discussions did take place, however these were not carried out consistently and provided limited opportunities for reflection on care practice. The service agreed to further develop supervision processes and use these to help make changes to staff members' approach to care. This will be followed up at the next inspection.

Staff reported good access to training, including Scottish Vocational Qualification (SVQ) two and SVQ three level courses. There was, however, no overall service training and development plan to help focus attention on key learning issues. We accepted that plans were in place to develop this and highlighted the need to include the provision of training in dementia care and support. This was identified as a recommendation in the last inspection report and has again been identified as an area for improvement (**see area for improvement 1**).

There were regular staff meeting that allowed staff to discuss issues about the operation of the service and matters relating to people's care. Greater opportunities could, however, be provided for staff to become involved in suggesting ideas and making improvements to the service. Necessary developments are related to area for improvement 2 under key question 2: 'How good is our leadership?'.

Given the need to move care practice away from a task-orientated approach, the service needs to examine how staff are organised and deployed in all areas of the home. The ability of the service to provide person-centred care, and adequate levels of observation on all three floors of the home, must be reviewed and is identified as a requirement (**see requirement 1**).

Requirements

1. In order to develop a more person-centred approach to care, and provide adequate levels of observation throughout the home, the service provider must review the way in which staff resources are organised and deployed.

The result of the review must be provided by 11 January 2019 and will be re-examined as part of the next inspection of the service.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 15(a): Staffing - "A provider must, having regard the size

and nature of the service, the statement of objectives and the number and needs of service users ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users".

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "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).

Areas for improvement

1. In order to better meet the needs of people living with dementia, the provider should deliver dementia care and support training for staff to informed and skilled level (or equivalent).

This will be examined at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "I have confidence in people because they are trained, competent, and skilled, are able to reflect on practice, and follow their professional and organisational codes" (HSCS 3.14).

How good is our setting?

3 - Adequate

The home had sufficient space to allow people to move around, socialise, or seek out privacy. Some people could mobilise independently, whilst others needed help because of physical impairments and/or the experience of living with dementia. These people could be helped to move around, with reduced need for assistance, through changes to the location of furniture, choice of colour schemes, and clearer signage (**see area for improvement 1**).

Bedrooms were suitable for people's needs and had been personalised with their belongings. This helped them feel more at home and relaxed. Some areas of the building were, however, rather tired and in need of new carpets and redecoration. We were informed that provision would be made to address these issues and that a refurbishment plan was being put in place. This will be followed up at the next inspection of the service.

We saw some people enjoying free time out in the home's garden and grounds. This, however, was not the case for most people. The service should, therefore, examine ways to help people access the garden more freely. This will need to be subject to appropriate risk assessment and possible changes to the garden's design. Actions taken by the home will be followed up at future inspections.

At mealtimes, opportunities for people to chat and enjoy meals together were limited because the dining room was rather crowded. Also, people who chose to eat in the lounge area appeared isolated because seating arrangements distanced people from each other. Whilst some people prefer peace and quiet during meals, many do like the company of others. Mealtimes were, therefore, missed opportunities for people to enjoy social contact. The service agreed to examine this and the outcome of their considerations will be followed up at the next inspection.

We were informed that connections were being made with a local nursery for them to engage in social events. The service also planned to extend relationships with other local community resources. Such plans were, however, at an early stage. Hopefully, these plans will prove successful and will be examined at future inspections.

Areas for improvement

1. In order to promote activity and independence for people with dementia and other cognitive impairments, the service provider should make appropriate changes to the internal environment and garden area. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes were taken into account.

This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "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).

How well is our care and support planned?

4 - Good

Overall, care plans were of a good standard and reflected people's needs and wishes. We saw evidence of positive approaches to person-centred care and support, along with details about people's personal abilities, interests, and lifestyle choices. Where people did not have capacity to make decisions, we saw that appropriate legal frameworks were in place to protect them. There were, however, instances where the structure and language used could be improved to better identify with people's lived experience and how, for example, communication difficulties and stress and distress affected them **(see area for improvement 1)**.

On occasions, more attention needed to be paid to ensuring that formal assessments and reviews were carried out. The need to ensure that actions from reviews are clearly identified along with reflecting people's views was underlined to the service. This included involving people in risk assessments, relating to the use of bed rails, and gates on people's room doors. In such cases, more consideration could have been given to any alternatives considered to ensure that any restrictions on liberty were the minimum necessary.

The service acknowledged the need to further improve care plans and had clear intentions to address this. Processes for developing the content and use of care plans will provide a useful opportunity for people/their representatives, and staff members, to suggest ideas. It could also allow staff to reflect on their practice and help them move away from the current task-based approach to care. The development of care plans will be examined at future inspections.

Areas for improvement

1. The service provider should continue with efforts to develop care plans to more consistently reflect people's care and support needs. When doing this, particular attention should be paid to identifying people's lifestyle and

personal choices and how people experience their day-to-day lives. For example, the ways in which communication difficulties and stress and distress affects them.

This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "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 choice" (HSCS 1.15).

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

Requirements

Requirement 1

The provider must demonstrate proper provision for the safety and welfare of service users is made. In order to achieve this, the provider must:

Ensure that at all times suitably qualified, skilled, and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users. Particular emphasis should be placed on dementia training and the administration of medication.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4: Welfare of Users - (1) A provider must (a) make proper provision for the health, welfare, and safety of residents; and Regulation 15: Staffing - (b)(i) training appropriate to the work they are to perform.

Timescale: to be evidenced to the Care Inspectorate no later than 31 March 2018.

This requirement was made on 27 November 2017.

Action taken on previous requirement

The service was in the process of transition, having appointed a manager in recent months. Work had started on developing staff skills and knowledge and turning the focus of care towards recognising individual lifestyle choices and promoting independence. The service recognised the importance of establishing a management and leadership structure to support improvements in this area. The need for further development is continued as detailed in area for improvement 1 under key question 1: 'How well do we support people's wellbeing?' and area for improvement 1 under key question 2: 'How good is our leadership?'

The service still needed to demonstrate that it had adequately assessed the way in which staff resources were organised and deployed throughout the home in order to meet people's overall care and support needs. This

element of the requirement has not been met and is continued as detailed in requirement 1 under key question 3: 'How good is our staff team?'

The service had delivered training regarding the administration of medication but had not acted on the need to provide dementia training. The continued need to provide the latter is identified in area for improvement 1 under key question 3: 'How good is our staff team?'

Not met

Requirement 2

The provider must demonstrate that the level of staffing is adequate to provide the assessed level of support to service users at all times.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4: Welfare of Users - (1) A provider must (a) make proper provision for the health, welfare, and safety of residents; and Regulation 15: Staffing - (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users.

Timescale: to be evidenced to the Care Inspectorate no later than 31 March 2018.

This requirement was made on 27 November 2017.

Action taken on previous requirement

The service still needed to demonstrate that it had adequately assessed the way in which staff resources were organised and deployed throughout the home in order to meet people's overall care and support needs. This requirement has not been met and is continued as detailed in requirement 1 under key question 3: 'How good is our staff team?'

Not met

Requirement 3

The provider must ensure that the service has quality assurance systems in place to ensure that the home is providing an effective service to residents. In order to achieve this, the provider should undertake the following:

- Review the frequencies of audits and develop current monitoring systems across the home.
- Implement an overall development plan that should consider the views of residents, relatives, and other professionals providing a service.
- Ensure that current auditing systems are being used effectively in order to drive up standards and improve service quality.

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

Timescale: to be in place no later than 30 June 2018.

This requirement was made on 27 November 2017.

Action taken on previous requirement

At the time of inspection, audit processes were being transferred from paper to an electronic system, SharePoint. This provided facilities for a comprehensive audit of care-related processes, including care plans, accidents and incidents, etc. Work continued with transfer of audits from paper-based to the SharePoint system.

Given that the service had taken reasonable steps to address the issues identified, this element of the requirement has been met. There is further discussion on the matter under key question 2: 'How good is our leadership?'.

Further development of the service's improvement plan was needed, as identified in area for improvement 2 under key question 2: 'How good is our leadership?'.

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

The service should clearly evidence in care plans the needs of people who display high levels of stress and distress and how these needs are being met.

National Care Standards, Care Homes for Older People - Standard 14: Lifestyle - Keeping Well - Healthcare.

This area for improvement was made on 27 November 2017.

Action taken since then

This recommendation has not been met. Improvements were still needed in this area, as identified in area for improvement 1 under key question 5: 'How well is our care planned?'.

Previous area for improvement 2

All care staff should attend dementia training at the skilled level of the Promoting Excellence Framework or equivalent.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

This area for improvement was made on 27 November 2017.

Action taken since then

This recommendation has not been met. There was no evidence to indicate that staff had received dementia training at the skilled level of the Promoting Excellence Framework. This is continued as detailed in area for improvement 2 under key question 3: 'How good is our staff team?'.

Previous area for improvement 3

Records must be improved to demonstrate safer recruitment practice in line with the company policy and the Scottish Government's safer recruitment practice.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

This area for improvement was made on 27 November 2017.

Action taken since then

This recommendation has been met. Satisfactory arrangements were in place to manage safer recruitment of staff.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate

3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
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

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