

Craigie House. Care Home Service

Main Street
Crossgates
Cowdenbeath
KY4 8DF

Telephone: 01383 510505

Type of inspection:

Unannounced

Completed on:

10 September 2019

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. The majority of rooms have 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 seven people using the service and received two Care Standards Questionnaires (CSQs). Overall, they were very positive about the staff and the care provided. People stated that "the girls are great" and "couldn't have got better care". These views were maintained, despite some comments about the need for more staff and a lack of activities.

We also spoke with two visitors who were happy with the home and care provided for their relative/friend.

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?	3 - Adequate

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

People appreciated staff who were compassionate and treated them with respect. We saw that staff were warm and engaged in chat and 'banter' with people who commented on their friendliness and the care they provided.

Compared with the last inspection, staff were more relaxed and had moved away from focusing on tasks, towards more individualised care. People recognised this and told us that they were happy with the care provided.

Improvements in care planning meant that staff had more information about people's care needs, self care abilities, and lifestyle. This helped inform individualised approaches to people's care. However, time for meaningful activities was often limited due to the demands of personal care needs.

Some people commented that they felt bored and would have appreciated more opportunities for exercise and social interaction. They did say that the home organised bus trips, visits from local schools, and musical entertainment but these were infrequent. We acknowledged that the absence of the home's activities coordinator likely affected the amount on offer. Nevertheless, activities are everyone's business and even short interactions, throughout the day, benefit people's physical and psychological health. It was highlighted that this matter featured as an area for improvement at the last inspection. Hence, that area for improvement has been carried forward (**see area for improvement 1**). Hopefully, positive developments will be seen at the next inspection.

People's healthcare needs were addressed through appropriate assessment and referral to health professionals. There was regular input from GPs, district nurses, mental health services, and dentists, etc.

Falls were reviewed through appropriate tools. However, some of the measures used to manage falls did not align with good practice. For example, there was extensive use of pressure mats to monitor people's movement from bed. Whilst this was appropriate for some people, we saw situations where people had actively avoided standing on the pressure mat. Therefore, increasing the likelihood of falls. Furthermore, risk assessments had not always been reviewed to account for these actions. The service acknowledged this and planned to review the use of pressure mats. An area for improvement has been identified (**see area for improvement 2**) and will be followed up at the next inspection.

Mealtimes were a pleasant experience. People enjoyed chatting with each other and staff members. Most people were able to eat unaided but help was available, if required. Food was served at a pace suited to each person and was described as good, although some people stated that menus often differed from the actual food provided. They also felt that more choices could be made available. The service advised that they would seek to make improvements in this area.

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).

2. The service provider should ensure that risk assessments and regular reviews of the need for pressure mats are carried out. This is in order to ensure that pressure mats are properly identified as the best measure for monitoring relevant people's movements. People using the service, their relatives/representatives, and relevant professionals should be involved with such assessments and reviews.

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 am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).
- "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy, or may be at risk of harm" (HSCS 3.21).

How good is our leadership?

3 - Adequate

Since the last inspection, leadership processes had started to develop but needed to gain more direction and momentum. This is important in ensuring that the service is organised to best meet people's needs.

The service manager was motivated to improve the service and senior care staff had an interest in taking on more leadership responsibilities. This formed a good basis on which to further develop the service and we would hope to see better leadership structures being built by the time of the next inspection. Whilst this has not been made subject to a formal area for improvement under this key question, area for improvement 1 under key question 3 ('How good is our staff team?') is of direct relevance.

Overall, people could expect audit systems to be in place, which helped ensure that care-related processes were operating properly. This included checks on care planning, accidents and incidents, and the occurrence of falls. Enhancements could, however, be made to auditing medicine administration and storage, and the analysis of falls. This includes more regular checks on medicine processes and examining patterns of falls within the home. As a result, there may be improved scope for identifying issues and reducing the potential for future incidents.

People should be involved in taking forward ideas for developing the service. Some work had started on drawing up the service's improvement plan, part of which involved meetings with people using the service, their carers/representatives, and staff members. These parties were asked for suggestions on how to improve the service and achieve better outcomes for people's lives in the home. Such meetings had, however, not taken place for a few months. The service recognised the importance of such meetings and had plans to recommence them. Development of the service improvement plan will be reviewed at the next inspection.

How good is our staff team?

3 - Adequate

Staff were positive in their views and approach to their work. They knew people well and worked as a team to deliver care in an individualised and compassionate way.

People felt that staff had the knowledge and skills needed to care for them. These were developed through programmes of induction and continued training, with the use of e-learning packages being supplemented by face-to-face learning. The provision of courses, on providing care for people living with dementia, were being explored. The intention was to build these into the provider organisation's training and development programme. This was important, given the changing needs of people using the service.

Whilst the availability of training was not a matter of concern, identifying training needs could be better supported by more regular supervision meetings. Reflective discussion on care practice could also be included in such meetings. This would allow staff to examine the way they approach their work and help improve the standard of care for people using the service.

Providing more time for senior carers to supervise staff may further help in developing staff knowledge and skills whilst they carry out their day-to-day work. The service stated that they would consider ways to improve staff supervision processes as part of its improvement plan. Potential development of the role of senior care staff would also be examined. This was a matter identified as an area for improvement at the last inspection and is continued (**see area for improvement 1**).

A requirement, made at the last inspection, identified a need to review the way staff were organised to improve person-centred approaches to care and levels of observation. We saw a positive move away from task-orientated care, with efforts being made to provide more social interaction. The time available was, however, limited by demands to attend to people's personal care needs. This was particularly evident during the mornings.

Staff numbers had been increased to provide better cover over the home's three floors. However, it had proved difficult to maintain the numbers identified. This was mainly due to staff absence and people leaving employment. Whilst acknowledging the efforts made, we, again, underlined the importance of consistently maintaining safe levels of observation and providing high quality care throughout the home. The requirement from the last inspection has been continued (**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 31 October 2019, with monthly updates provided to the Care Inspectorate until agreed to stop. Progress will also be re-examined as part of the inspection of the service.

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).

It is also necessary 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".

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 develop their 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).

How good is our setting?

3 - Adequate

People were relaxed and comfortable in the home and stated that they received good care. Bedrooms were, overall, spacious and homely and had en suite facilities. There were, however, a number on the top floor that relied on shared facilities.

Whilst people could entertain visitors in their rooms, there was little in the way of discreet areas to sit with people and have a chat. This was partly due to the layout of the home. Since the last inspection, we saw that efforts had been made to set up small areas in corridors with seating, tables, and ornaments. A 'reminiscence wall' had also been provided to encourage discussion. This was a move in the right direction and we hope that developments will continue.

Staff aimed to encourage people's independence, in line with their care plans. We saw this in practice. However, there were restrictions created by the layout of the home and design of its environment. For example:

- Improvements could be made to the layout of lounges and dining areas to help people move around and mix with each other.
- Providing facilities for people to help themselves to drinks and snacks between mealtimes.
- Allowing easier access to the garden area.
- Ensuring that fixtures and fittings allowed people to use them without the need for assistance.

Some of these matters had been identified previously and needed further attention. We were informed that these will be addressed as plans for redecoration and development of the environment progress.

There was evidence of people having been involved in suggesting improvements to the home's facilities and The King's Fund Environmental Assessment Tool had been used to account for the needs of people living with dementia. Development of the environment, to improve its décor, and to help support people's independence will be reviewed at future inspections.

A matter of note was people's limited access to their rooms where these were located on upper floors. People tended to spend most of their day on the ground floor and relied on the availability of staff to escort them to the relevant floor and put arrangements in place for adequate observation. The ability to do this was dependent on staffing levels, which is discussed under key question 3 ('How good is our staff team?').

There was involvement with the local community through visits by the local nursery school and occasional outings. Further developments in this area were, however, needed as identified in area for improvement 1, under key question 1 ('How well do we support people's wellbeing?').

How well is our care and support planned?

3 - Adequate

Since the last inspection, care plans had improved and were much more person-centred. Information about people's care needs, as well as their life history, personal interests, and preferences were well recorded. This meant that staff had access to information that would help them provide individualised care for people.

There could, however, have been more consistent completion and review of risk assessments and documents, such as food and fluid intake charts. This would help ensure that important elements of people's care are recorded for easy reference and that care provision is based on up-to-date information.

Assessments and reviews could also be more evaluative in identifying what outcomes would be, or were achieved, for people as a result of the care provided. This would help focus attention on promoting enablement and encouraging people to be independent.

People and their representatives were involved in planning care. Where people lacked capacity to make decisions, appropriate legal safeguards were in place to protect their interests. For example, Powers of Attorney and Guardianship Orders. These operated well, although there were cases where people's views could have been more clearly stated when considering matters that impacted on them. It is important to ensure that Principle 3 of the Adults with Incapacity (Scotland) Act 2000 is considered when making decisions (i.e. "In deciding if an action or decision is to be made, and what that should be, account must be taken of the present and past wishes and feelings of the person as far as these may be understood").

Where appropriate, protocols had been put in place to reduce people's experience of stress and distress. These were of good quality and identified a variety of approaches that could be taken, including when 'as required' medicines may be given. Going forward, it will be important to ensure that staff have ready access to protocols to ensure that they are consistent in their approach and more likely to succeed in reducing people's distress.

Anticipatory care plans were in place for some people but needed more detail and should be introduced more widely. These documents contain information about people's wishes as their care progresses towards the end of their life. This can be difficult to discuss, however it is important to try and obtain people's views to ensure that their wishes are accounted for at all stages of their life.

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

Requirements

Requirement 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 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).

It is also necessary 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 requirement was made on 17 December 2018.

Action taken on previous requirement

Staff numbers had been increased to provide better cover over the home's three floors. However, it had proved difficult to maintain the numbers identified. This was mainly due to staff absence and people leaving employment. Whilst acknowledging the efforts made, we, again, underlined the importance of consistently maintaining safe levels of observation and providing high quality care throughout the home. Hence, this requirement has not been met and has been continued as detailed in requirement 1 under key question 3 ('How good is our staff team?').

Not met

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

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).

This area for improvement was made on 17 December 2018.

Action taken since then

There had been a clear shift away from task-orientated care towards care that was more person-focused. This has been a positive move for the service. However, there has been little change in the amount of physical exercise and social activities provided. This appears to be directly related to staff numbers and deployment, as discussed under key question 3 ('How good is our staff team?').

As a result, this area for improvement has not been met and is continued, as detailed in area for improvement 1 under key question 1 ('How well do we support people's wellbeing?').

Previous area for improvement 2

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).

This area for improvement was made on 17 December 2018.

Action taken since then

Work was still needed to develop leadership structures that would support the developments identified.

This area for improvement has not been met and is continued as identified in area for improvement 1 under key question 3 ('How good is our staff team?').

Previous area for improvement 3

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).

This area for improvement was made on 17 December 2018.

Action taken since then

People, including staff, had been involved with suggesting ideas for improving the service, mainly through meetings. These meetings, however, had not been held since April of this year. Following discussion, the service committed itself to recommencing the meetings and ensuring that feedback is used to inform development of its improvement plan.

Action had been taken but more consistent implementation was needed. As a result, this area for improvement has been assessed as partially met and the formal area for improvement removed. Continued developments will be followed up under key question 2 ('How good is our leadership?').

Previous area for improvement 4

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).

This area for improvement was made on 17 December 2018.

Action taken since then

The service continued to use its existing dependency tool, which was used across the provider organisation. In discussion, the service understood the importance of taking the additional elements into account when considering the number and deployment of staff. As a result, attempts had been made to increase the staff complement but with varying success.

This area for improvement has been assessed as partially met and the formal area for improvement removed. Continued developments will be followed up under key question 3 ('How good is our staff team?').

Previous area for improvement 5

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).

This area for improvement was made on 17 December 2018.

Action taken since then

The service was actively pursuing training for staff in providing care for people living with dementia. This would be built into the provider organisation's training and development programme. Given that action was taking place on this matter, the area for improvement has been deemed partially met and the formal area for improvement removed. Continued developments will be followed up under key question 3 ('How good is our staff team?').

Previous area for improvement 6

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).

This area for improvement was made on 17 December 2018.

Action taken since then

The service provider had made some minor improvements to the home's environment and had plans in place for further refurbishment. People had already suggested improvements and further involvement will be encouraged.

The King's Fund Environmental Assessment Tool was also made available to inform environmental developments to benefit people living with dementia and other cognitive impairments.

Given that action was taking place on this matter, this area for improvement has been deemed partially met and the formal area for improvement removed. Continued developments will be followed up under key question 4 ('How good is our setting?').

Previous area for improvement 7

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 choices" (HSCS 1.15).

This area for improvement was made on 17 December 2018.

Action taken since then

This area for improvement has been met. Care plans had improved significantly and provided detailed information about people's care and support needs, as well as their lifestyle and personal choices.

Care plans are further discussed under key question 5 ('How well is our care and support planned?').

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	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
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?	3 - Adequate

5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate
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