

# Care service inspection report

Follow-up inspection

## Crannog Care Home Care Home Service

10 Bayfield Terrace  
Drumchapel  
Glasgow



HAPPY TO TRANSLATE

Service provided by: The Mungo Foundation

Service provider number: SP2003000182

Care service number: CS2006125795

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

## Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 [@careinspect](https://twitter.com/careinspect)

## 1 About the service we inspected

Crannog Care Home provides a care home service to older people with dementia, people with alcohol related brain damage and adults/older people with learning difficulties/dementia. The home is run by the Mungo Foundation. It is located in the Drumchapel area of Glasgow and was purpose built with three separate units, each for 10 residents.

The service's aims include:

'Promote the involvement of the residents in all decision making processes and will provide information to facilitate informed choice. The service will meet the individual specific care and support needs of the residents.'

## 2 How we inspected this service

We wrote this report following an unannounced follow up inspection. This was carried out by two inspectors.

There was an inspection volunteer involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service being inspected and gathering their views.

The inspection took place on Tuesday 01 March 2016 between 9.25am and 4pm. We gave feedback to the manager at the end of the visit.

As part of the inspection, we took account of the completed action plan that we asked the provider to complete and submit to us in response to the last inspection.

During the inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- 10 residents
- One relative
- The manager
- Six care staff

We looked at:

- Insurance certificate
- Accident and incident reports
- Support plans
- Six monthly review
- Risk assessments
- Adults with incapacity certificates
- Consent for equipment that may be considered as restraint
- Management of repairs
- Health and safety checks
- The storage of medicines and finances
- Training records
- The service action plan
- Quality assurance systems

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes of people who were unable to tell us their views.

### 3 Taking the views of people using the service into account

The Inspection Volunteer spoke with ten residents. They received the following comments and made the following observations:

Theme 1, Quality of Care and Support

Residents could choose when to get up and when to go to bed. They said:

"I can go to bed anytime. I'm up at the crack of dawn and go to the smokers' room before my breakfast".

"I like watching the TV in my room at night, so it's sometimes quite late before I switch off my light".

I had lunch in one of the dining rooms; homemade vegetable soup, haggis and potatoes. People seemed to enjoy their meal and alternatives were offered if residents wished another choice. Staff assisted where needed and encouraged some to finish their meal. People made positive comments about their meals. They said:

"I like a roll and sausage or a sandwich at lunchtime".

"I have porridge and toast for breakfast. We are offered a hot breakfast every couple of days".

"The food's smashing".

"All my meals are fine".

"The food is lovely. I like scrambled egg on toast".

"I always have a boiled egg for breakfast and if I'm not keen on the main meal I'll ask for a roll or a sandwich".

The following week, a nutritionist was to visit and offer a tasting session to the residents.

Activities were the responsibility of care staff as there was no activities coordinator. On the day of my visit, Tuesday's activities were listed as, morning, Daily Sparkle, music and afternoon, 'Gentlemen's Club' (dominoes, snooker, cards). I did not see those particular activities during my visit. The care inspector saw Easter craft activities taking place in Elrig unit in the afternoon. It was good to see staff sit down beside residents and spend time chatting to them. I admired the ladies lovely varnished nails that staff had painted. In Kinord unit, a member of staff wrote up notes. Another member of staff came in later to write notes while residents sat in their chairs. At the feedback meeting, I said I thought it would have been better if a member of staff 'take turns' at writing their notes while the other talks to the residents. The manager agreed that two staff should not be writing notes at the same time.

Photos of Christmas parties were displayed. Some people attended clubs outside Crannog Home. Mr Piano Man visited.

Residents commented:

"I do word searches, listen to my own music and watch the soaps on TV. There's nothing else to do. I've been to Clydebank shopping Centre".

"I like going to Next and Littlewoods".

"I don't go out much, but then, I don't fancy going out".

"I like watching TV in this room (sitting room) and I'd like to go out to clothes shops".

"There's not enough to do. I like knitting, but I don't do it".

A priest visited the home and staff accompanied people to church.

I thought all residents were smartly dressed.

Further resident's comments on the care and support they receive at Crannog Home:

"I am well treated and respected".

"My room, the staff, the food: it's all good here".

"All my laundry comes back; washed, ironed and ready to hang up".

### Theme 2, Quality of Environment

I thought Crannog Home was clean, fresh and tidy with a homely atmosphere. Signage was clear and helpful, e.g. in each communal bathroom soap holders, paper towels were labelled and illustrated. The communal bathroom in Glashan had a bin without a lid and an open panel behind the bin. People could personalise their bedroom with their own photos, ornaments, furniture. The sitting rooms and smoking rooms were well furnished and attractive. Residents said:

"The temperature is just right".

"I've got a comfy bed here. When I was in hospital, the bed was too hard".

"It's always clean and tidy".

"I moved to another room because it was noisy (snoring), next to my room. I get a good night's sleep now".

"The place is spotless. That's all down to the cleaners' hard work".

The garden area was well maintained. A volunteer had visited and planned to create a 'Circle of Life', a planting design based on the beliefs of the Mungo Foundation.

### Theme 3, Quality of Staffing

All the residents I spoke with made very positive comments about staff care and support. I thought staff were patient and supportive towards residents and knew people's likes and dislikes. In Elrig unit, a resident was having difficulty trying to express themselves. The care assistant said, 'That's OK, just take your time'. I thought her lovely gentle manner was very reassuring. I saw a person's face light up, when the manager gave them a big hug and spoke about the person's family and interests. People said:

"I get on well with every one of the staff. (manager) comes round every morning and all the staff are chatty".

"The staff are very obliging. You just need to ask. If I needed something brought in, the staff will get it at the shops.

If I was asked what the best thing about this place was, I'd tell them that it's the staff and the boss.

"They are nice and chatty. I like that".

"I feel the staff are very quick to react. If I press my buzzer, they will come right away. I never need to wait".

"They work hard in here. I think they're run off their feet sometimes".

#### Theme 4, Quality of Management

The relative I spoke with had been given a questionnaire from the Mungo Foundation six weeks ago. They said it asked about the unit and the management. A suggestion and complaint box in the reception area sought people's views.

## 4 Taking carers' views into account

The Inspection Volunteer spoke with one relative during the inspection. They received the following comments:

"There's a variety of things to do; bingo, film nights, music".

"People are well looked after here. Prior to my relative coming here, we visited other places and another member of the family checked care homes on the internet".

"It's always clean here".

"The manager and the staff are very approachable: they know my relative's needs very well. They have no favourites here: everyone is treated the same. If there were any changes in my relative, the staff would phone me to talk about it".



The relative I spoke with had attended regular reviews. They said their next review was due in May.

A display of 'Thank You' cards expressed relatives and friends appreciation of the care and support received from staff.

## 5 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

#### 1. Requirement 1, under quality theme 3, statement 3.

The provider must ensure that staff have the skills and knowledge to meet the needs of the service users.

In order to do this they must ensure that all staff that are expected to move and handle residents as part of their job role has the appropriate training to allow them to do this in a safe manner.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 15 (b)(i) and (ii), Staffing.

Timescale: to be completed by 1 January 2016.

#### **This requirement was made on 04 September 2015**

We looked at training records for moving and handling and found that all staff, except two had now received training. Training dates were planned for the remaining two staff.

**Met - Within Timescales**

## 6 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

#### 1. Recommendation 1, under quality theme 1, statement 1.

The service should ensure that all resident's care is reviewed at least every six months. A record should be kept that includes who was invited, attended, their views and goal planning for the next review period.

National Care Standards, Care Homes for Older People, Standard 6 - Support Arrangements.

**This recommendation was made on 04 September 2015**

We found that a planner was now in place in Glashon Unit. Reviews were not update throughout the care home. The manager told us that a planner would be getting put in place for the other two units to bring reviews up to date. This recommendation had not been met.

#### 2. Recommendation 1, under quality theme 1, statement 3.

The service should ensure that risk assessments within the personal plans should be reviewed monthly or sooner if there is a change in the resident's needs. The outcomes of these risk assessments should be used to inform the care plan.

National Care Standards, Care Homes for Older People, Standard 6 - Support Arrangements.

**This recommendation was made on 04 September 2015**

We sampled support plans and associated risk assessments throughout the care home and were disappointed at the lack of progress. We were concerned that none had been reviewed or updated since our last visit. Staff we spoke with told us that they found it very difficult to find time to do this. We observed staff to be busy supporting residents during the inspection. Some residents support needs had significantly changed which meant that staff did not have up to date guidance to assist them in ensuring that their support needs were met. This recommendation had not been met.

**3. Recommendation 2, under quality theme 1, statement 3.**

**The service should devise a system to ensure that Adults with Incapacity (AWI) certificates are in place for those residents who require them. They should also ensure that consent is in place for any equipment that may be considered as restraint.**

**National Care Standards, Care Homes for Older People, Standard 6 - Support Arrangements.**

**This recommendation was made on 04 September 2015**

We sampled Adults with Incapacity Certificates throughout the home and found one that had been out of date since the last inspection. The home did not have a system in place to monitor these. This recommendation had not been met.

**4. Recommendation 1, under quality theme 2, statement 2.**

**The service should ensure that any on-going maintenance repairs identified by the care staff are completed within a reasonable timescale.**

**National Care Standards, Care Homes for Older People, Standard 4 - Your Environment.**

**This recommendation was made on 04 September 2015**

We were told that the home now had an identified person who lived locally that they could call to carry out any day to day repairs around the care home. We reviewed the repairs log and were happy that these were being carried out within a reasonable timescale. This recommendation had been met.

#### **5. Recommendation 2, under quality theme 2, statement 2.**

**The service should ensure that all health and safety checks, including hot water checks, are carried out as detailed in the Health and Safety Executive 'Health and Safety in Care Homes' 2014 particularly in relation to hot water checks and legionella checks.**

**National Care Standards, Care Homes for Older People, Standard 4 - Your Environment.**

**This recommendation was made on 04 September 2015**

We sampled hot water records and found that these were now being carried out by staff. We saw records from an external company that were now contracted to carry out legionella checks.

This recommendation had been met.

#### **6. Recommendation 3, under quality theme 2, statement 2.**

**The service should ensure that if they continue to store resident's medication in the locked drawer of their bedside cabinet that this drawer is used solely for that purpose. However, we would advise that a Patient Own Drug (POD) box should be used.**

**National Care Standards, Care Homes for Older People, Standard 4 - Your Environment.**

**This recommendation was made on 04 September 2015**

We found that bedside cabinets were solely being used for the storage of medicines in Glashon unit and Elrig unit. However, in Kinord finances were still being stored alongside medicines. The service was trialling Patient Own Drug (POD) cabinets with a view to installing these throughout the care home. This recommendation had not been met.

**7. Recommendation 4, under quality theme 2, statement 2.**

The service should review their current system for management of resident's finances to ensure that it is robust and can be easily audited.

National Care Standards, Care Homes for Older People, Standard 4 - Your Environment.

**This recommendation was made on 04 September 2015**

We found that finances were now being stored and monitored in the office for Glashon unit and Elrig unit. However, in Kinord finances were still being kept and managed in the resident's bedside cabinet. This recommendation had not been met.

**8. Recommendation 1, under quality theme 4, statement 4.**

The service should establish a quality assurance system that focuses on key areas, including personal plans. This should include an audit process where an action plan is devised following each audit which includes timescales and persons responsible. These action plans should then be re-visited to ensure that they have been complete.

National Care Standards, Care Homes for Older People, Standard 4 - Your Environment.

**This recommendation was made on 04 September 2015**

We asked the manager about this at the start of the inspection and we were told that there had not been progress in this area. Since the last inspection the service has had a change of deputy manager which had led to delays with this recommendation. This recommendation had not been met.

## 7 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 8 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 9 Additional Information

We had a discussion with the manager at the end of the inspection about our concerns with the lack of progress with support plans and associated risk assessments and the fact that staff were clearly telling us that they feel that they do have the time to bring these up to date. We will review this at the next inspection, however, we have made it clear to the manager that we expect to see significant progress by that time.

## 10 Inspection and grading history

Date	Type	Gradings	
4 Sep 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
3 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	4 - Good
3 Jun 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	4 - Good
19 Dec 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate

		Staffing Management and Leadership	4 - Good 4 - Good
10 Jul 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
18 Mar 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
30 Jan 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
27 Jul 2012	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
21 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed 2 - Weak
20 Sep 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
25 Jan 2011	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate

8 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
25 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
11 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
24 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
12 Nov 2008	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 3 - Adequate 2 - Weak
25 Apr 2008	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak



## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 [@careinspect](https://twitter.com/careinspect)

### Other languages and formats

**This report is available in other languages and formats on request.**

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.