

Craigie House Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
6 June 2023

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000123

About the service

Craigie House Care Home is a well established care home for people over the age of 65 situated in the residential area of Crossgates, Fife. It is close to local transport links, shops and community services. The home has a pleasant garden area and accommodation is provided in single rooms over three floors. The majority of rooms have en-suite toilets 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.

Craigie House Care Home was re-registered with the Care Inspectorate on 02 May 2023 to provide 24 hour care and support for up to 30 people. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced inspection which took place on 06 June 2023. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with nine members of staff and management
- spoke with eight residents and one of their relatives
- reviewed training records
- reviewed medication administration/audit systems
- reviewed support plans
- spoke with the management team
- observed staff practice
- reviewed documents.

Key messages

- The service had gone through a period of managerial instability and the newly appointed manager gave their assurance the necessary improvements would be made.
- We saw some very kind interactions between staff and the people they care for and support.
- People's care plans did not always reflect their needs, wishes or choices.
- Staff learning, development and support required improvement.
- There were not enough staff on shift to meet people's needs.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
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?

2 - Weak

We evaluated this key question as 'weak', where strengths are compromised by significant weaknesses. The weaknesses substantially affect people's experiences and outcomes.

People should experience compassion, dignity and respect. People in the service were well known by the regular staff on duty and interactions were warm and compassionate. Where people required to be supported to stay orientated to time and place, this was done with respect. When people presented with agitation or distress they were spoken to calmly and were well supported.

However, there were times when people were not treated in an individual, holistic way. Groups of people were left for long periods in the middle of the lounge before being transferred out of wheelchairs into more comfortable seating. We saw this was causing discomfort and pain to some people and this was not recognised by staff. At busy times, care became task orientated and there was a lack of interaction (see requirement 1).

People were at risk because their nutrition and hydration needs were not met. People did not always have access to fluids. We found people who were underweight were not weighed in line with the provider's policies and guidelines. When people lost additional weight, we could not find evidence that action was taken to address these concerns. Poor record keeping and monitoring of people's dietary and fluid intake further increased the risks to people (see requirements 2 and 3).

People should expect to have positive mealtime experiences. They should be able to choose and enjoy what they eat and drink, in calm and relaxed surroundings. We observed lunch being served and found this to be chaotic. People were not always given a choice of the meals on offer and some people sat for long periods without being served or interacted with. Some people were not offered all courses, until we intervened, because staff were so busy. Some people were not offered a drink and those that were, were not always encouraged to drink it, again due to lack of staff presence and oversight of the mealtime. Requirements 2 and 3 below, requirement 1 in 'How good is our leadership' section of this report apply here and an area for improvement 1 is made.

It was not evident that people could be involved in decisions and choices about the home and their environment. Meetings and consultation were not taking place. This meant that people's wishes and opinions were not central to change and development. There were limited opportunities for people to stay independent. It was not possible for people to make drinks or serve themselves food or drinks at mealtimes. This limited the range of skills and abilities which people could maintain.

People should get the most out of life. It is important that people are supported to have a meaningful day. An activities coordinator provided interactions and activities over five days of the week. Recent staffing issues meant that outwith these times there were limited staff available to engage with people beyond routine tasks. One person said, "the girls don't have time to sit and chat." People who remained in their rooms could wait for long periods before buzzers were answered. At times this meant delays to their personal care and toileting needs.

A minibus was available one day per week to take people out into the local area. Although people were leaving the home, they were not permitted to leave the bus. This meant that trips were not allowing people to interact with the local community or fully benefit from the opportunity to experience a new environment.

There were limited other opportunities to engage with people outwith the home beyond family members. This meant that people who did not receive regular visitors had limited chances to stay connected and involved (see area for improvement 2).

Requirements

1. By 08 September 2023, the provider must protect the health and welfare of those who use the service. In particular, you must ensure that pain experienced by people receiving care is identified and addressed timeously. In order to achieve this, you must:

- a) ensure staff have the awareness, skills and knowledge to recognise the signs of symptoms of people experiencing pain
- b) develop, implement and regularly review care plans that accurately reflect the possible causes of chronic and/or acute pain people receiving care may experience
- c) develop, implement and regularly review pain assessment tools to ensure signs that people receiving care who are in pain are identified and their pain addressed timeously.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 their practice and follow their professional and organisational codes' (HSCS 3.14).

2.

By 08 September 2023, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must, at a minimum:

- a) ensure proper provision for the consistent and accurate assessment and monitoring of people's nutritional needs
- b) ensure proper provision for appropriate and timely referrals to other healthcare professionals
- c) ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met
- d) ensure accurate and consistent recording of people's food intake where appropriate and required.

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

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

3. By 08 September 2023, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must, at a minimum:

- a) ensure a record of the daily target intake for the person is kept
- b) ensure accurate recordings of their intake including the total amount for each day
- c) ensure staff awareness, skills and knowledge of people's fluid intake needs and how these needs should be met
- d) ensure details of the action to be taken if their intake could impact on good health outcomes are kept
- e) ensure proper provision for appropriate and timely referrals to other healthcare professionals.

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

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

Areas for improvement

1. To promote people's nutritional health and promote wellbeing, the provider should regularly review:

- a) mealtime arrangements and evidence effective staff engagement and support
- b) the menu arrangements to ensure adequate provision of meal choices, including the provision of fruit and vegetables.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To support the health, welfare and safety of people who use the service, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. The provider should also consider people's use of outdoor space in a way that promotes independence.

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).

How good is our leadership?

2 - Weak

We evaluated this key question as 'weak', where strengths are compromised by significant weaknesses. The weaknesses substantially affect people's experiences and outcomes. The recent appointment of a new manager has been taken into consideration and we recognised the service had yet to fully benefit from their management and leadership.

People should benefit from a culture of continuous improvement with robust quality assurance processes, ensuring people experience good outcomes. However, we found management audits were not carried out consistently or effectively. Key areas of risk, including incidents and accidents and complaints were not analysed to identify trends or patterns. Where risks were identified, appropriate action was not taken to mitigate the risk. We found people continued to be at risk of harm.

Management oversight of the service was insufficient. We found significant risks to people, including falls, stress and distress, continence, hydration, pain management and weight loss were not effectively identified, monitored or managed. Referrals to relevant health professionals were not always made and this put people's health, safety and wellbeing at risk. The provider must ensure quality assurance processes drive improvement and improve people's outcomes and experiences (see requirement 1).

There were no systems in place to plan how people's care, support and safety needs would be met. Staff did not have the support or direction they required to understand and perform their responsibilities on shift. For example, there was no plan to monitor the health and safety of people who were at high risk of falls or to support people's food and fluid intake. The provider must develop, implement and review an effective shift planning system to give clarity to individual staff on their roles and responsibilities in meeting people's needs.

People were at risk because communication in the service was poor. Staff told us they did not receive a handover when coming on shift; this included agency staff who had less knowledge of people's needs. Information about changes to people's health and care needs was not always shared. Subsequently, staff did not have the information they required to provide safe, effective and person-centred care for people. The provider must ensure communication systems provide staff with the information required to protect people's health, safety and wellbeing. Requirement 1 applies here.

We recognised the absence of shift leadership and organisation had had a detrimental impact on the service and we received assurances from the new manager that the necessary improvements would be made.

Requirements

1. By 08 September 2023, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to:

- a) ensuring appropriate and effective leadership of the service
- b) implementing accurate and up-to date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay
- c) ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes
- d) ensuring the current environmental improvement plan is adhered to, to improve the standard of living conditions for people receiving care and enhance their well-being.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

2 - Weak

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We evaluated this key question as 'weak', where strengths are compromised by significant weaknesses. The weaknesses substantially affect people's experiences and outcomes. The recent appointment of a new manager has been taken into consideration and we recognised staffing had yet to fully benefit from their management and leadership.

Staff were expected to undertake a range of online training courses. However, only 50% of training had been completed overall. There were no systems in place to evaluate staff's understanding or ability to transfer learning into practice. We identified gaps in their knowledge and understanding in areas including supporting people living with dementia, stress and distress, pain management, falls management, fluid and nutrition management and care planning. Supported people and staff were put at significant risk because there were insufficient staff, and not all staff had the necessary skills and knowledge to safely and competently meet people's needs. The provider must ensure staff training and support provides the skills, knowledge and understanding required to meet people's needs (see requirement 1).

We found staffing levels across the home were inadequate to ensure people's health, safety and wellbeing. People using the service told us there were not enough staff on shift to meet their needs. During the inspection we heard people's buzzers go unanswered and people shouting for assistance for unacceptable periods of time. People told us this was a regular occurrence. The provider must ensure that, at all times, staffing levels are adequate to protect people's health, safety and wellbeing (see requirement 2).

Due to a period of managerial instability, staff had not been receiving regular supervision. This meant there had been little opportunity to evaluate staff's competency or learning and development needs. Staff told us team meetings and daily handovers were inconsistent. We were concerned that staff did not have access to up-to-date practice guidance or information. This put people's health, safety and wellbeing at risk. The new manager gave their assurances that these things were in their development plan.

Requirements

1. By 08 September 2023, the provider must ensure that people receiving care experience a service with well trained staff. In particular, you must ensure that all relevant staff receive and record completion of training in relation to: stress and distress, nutritional care, falls management, and pain assessment and management and other relevant training, where it is appropriate to the role performed by the staff member to meet the assessed care and support needs of people receiving care. This must include but is not limited to regular monitoring to demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

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

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 their practice and follow their professional and organisational codes' (HSCS 3.14).

2. By 08 September 2023, the provider must ensure that the health, welfare and safety needs of service users are met. To do this you must ensure that the number and skills mix of staff in the home are adequate to meet the needs of the service users at all times. This must include but is not limited to:

- a) a regular assessment of the needs of service users which takes into account the support service users require to live purposeful and meaningful lives
- b) demonstrating how the findings of the needs assessment are used to inform staffing numbers, the skills mix of staff and deployment of staff throughout the home at all times
- c) developing and implementing risk assessment and management procedures to identify and address any staff shortages.

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

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).

How good is our setting?

3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths which just outweigh weaknesses.

People should benefit from high quality facilities, with a homely setting which is well maintained. The home was generally clean and well presented. Communal areas were bright and open. However, some individual care equipment required further cleaning. Hoists, stand aids and shower chairs should be thoroughly cleaned to prevent the risk of cross infection. Staff reported that they had not always had the full complement of domestic staff of late. This had affected standards of cleanliness at times within the home. An area for improvement 1 is made.

The dining area required deeper cleaning. The cupboard doors, fridge and microwave were not clean. The toaster was being utilised whilst sitting on top of the microwave. This presented a fire risk and was brought to the immediate attention of the manager.

Some people chose to use the outside space to smoke. This had recently been restricted and people were not clear as to the reason why. One person said, "you're not allowed to do anything." People had not been fully involved in decisions which affected their wishes and preferences. The new manager took steps to address this during the inspection.

Areas for improvement

1. To support the health, welfare and safety of people who use the service, the provider should ensure that service users experience care in an environment that is safe and minimises the risk of infection. The provider should ensure that quality assurance systems and processes in relation to infection prevention and control are efficient and effective.

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

'I experience and environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths which just outweigh weaknesses. The recent appointment of a new manager has been taken into consideration and we recognised service had yet to fully benefit from their management and leadership.

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people. Although we saw some examples of personalised care planning, this was not consistent. Some care plans were difficult to navigate and identify the necessary information to support staff in providing the appropriate care for the individual. Some risk assessments and care plans were not being reviewed as regularly as they should be.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. The home had consent forms in place should there be any restrictions of movement placed on them, such as bedrails or movement alarms in their room. However, some of these were not signed by either the person receiving care or an advocate on their behalf.

We saw someone displaying signs of stress/distress and they had no care plan in place to inform staff of how best to manage this. We also saw that in some instances people didn't have an end of life care plan in place. This meant staff wouldn't know what the person's choices and preferences are for end of life care. We found many omissions and errors in the care plans, risk assessments and monitoring tools relating to people's nutrition and fluid needs. This is addressed in more detail in the 'How well do we support people's wellbeing' section of this report.

We noted that care plan reviews lacked effective evaluation. Therefore, necessary changes to the care people required were not made. We were not confident that people's needs were accurately assessed or reviewed. Therefore, we were not assured that people's care and support met their current needs. The provider must ensure people's needs are assessed and reviewed on a regular basis by trained, competent staff. The methods used to assess and review people's needs must evidence how conclusions and outcomes were reached (see requirement 1).

Requirements

1. By 08 September 2023 , the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed; and
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

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

This is to ensure that care and support is consistent with 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); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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