

Craigie House Care Home Care Home Service

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Telephone: 01592 780 590

Type of inspection:
Unannounced

Completed on:
15 February 2024

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 2 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 15 February 2024 to follow up on the outstanding requirements and areas for improvement from the previous inspection, and upheld complaint.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six staff and management
- spoke with five people living in the service and three visiting relatives
- reviewed training records
- observed staff practice
- reviewed activity records
- reviewed quality assurance systems
- reviewed support plans.

Key messages

- We were pleased to see further improved outcomes for people using the service.
- The management and staff had worked hard to meet all the outstanding requirements and areas for improvement, and improve standards.
- The home had an overall calm, and much more relaxed atmosphere.

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

Requirements

Requirement 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).

This requirement was made on 6 June 2023.

Action taken on previous requirement

This requirement was made as a result of a previous inspection in June 2023. It was made because 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. During the follow up inspection in September 2023, staff were undertaking training in pain management, but more time was needed to ensure outcomes for people would improve. An extension to the timescale was agreed to 8 December 2023.

During this inspection we saw pain management workbooks had been completed by all staff, and reflective accounts carried out by the manager. The Care Home Liaison Team (CHLT) from Fife NHS had attended the home to deliver staff information sessions on pain management. The manager had a good overview of people's pain management needs, and through observation of practice, was assured staff were putting what they had learned into practice.

We saw a new pain assessment and management tool had been developed for people at risk of experiencing pain. There was evidence of pain assessment and management in the care plans we looked at. We were confident people's needs relating to pain management were being met.

Met - outwith timescales

Requirement 2

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).

This requirement was made on 6 June 2023.

Action taken on previous requirement

This requirement was made as a result of a previous inspection in June 2023. It was made because some 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. During the follow up inspection in September 2023, changes were being made to the care planning system and staff were receiving training on this. However, it was recognised by the management that in some instances, the standard of care plans lacked consistency. More work was needed to ensure there was always an effective evaluation of people's needs in order to plan good care. An extension to the timescale was agreed to 8 December 2023.

During this inspection we saw the transition to the new care planning system was complete. A monthly summary review sheet of individual care plans had been introduced for ease of reference and those looked at were up to date. The care plans we examined contained enough information to guide staff on how to best meet people's needs. We saw evidence of action being taken when things required to be followed up, for example, healthcare appointments. The manager was aware that in some instances, some improvements were still required in the content of what was being written. This was being addressed with further training and support.

Met - outwith 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

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).

This area for improvement was made on 6 June 2023.

Action taken since then

This area for improvement was made as a result of a previous inspection in June 2023. It was made because 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. At the follow up inspection in September 2023, the manager said a new activities coordinator had been recruited and was due to start imminently. Social activity was being supported by a coordinator from a sister home. The manager was confident that the necessary improvements would be made.

During this inspection we saw good improvements in relation the management of activities and social interaction in the home. The activities coordinator meets with people residing in the home every month to make the activity planner and discuss their preferences. Activities range from one-to-one interaction to group activities; for example, bingo, word bingo, card games, pebble painting and baking. People living in the home enjoy weekly visits from the local nursery school who join them for activities. We saw evidence of events such as pancake day and Valentine's day being recently celebrated. People had the option of going on weekly outings for example to Dobbies garden centre for something to eat and drink or a visit to the shops. People told us they enjoy the activities on offer, especially the monthly entertainers. We saw good records of people's participation, likes, dislikes and abilities relating to activities.

This area for improvement was met.

Previous area for improvement 2

To support people's wellbeing, learning and development, the provider should ensure the current training plan is adhered to, and all staff access training appropriate to their role, and apply their training in practice.

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

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This area for improvement was made on 20 September 2023.

Action taken since then

This area for improvement was made of a result of a previous inspection in June 2023 when a requirement relating to staff training was made. The requirement was made because 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.

During the follow up inspection in September 2023, we saw training had been delivered on Hydration and Completion of Fluid Balance Charts, Care Planning, Falls Prevention and Management, and Understanding Dementia and Stress/Distress - skilled level. We saw evidence of the manager carrying out reflective accounts and practice observations to demonstrate how the training received is being implemented in practice. Not all staff had received the training but a rolling training plan was in place to ensure all staff are captured. The requirement was met and we made an area for improvement to ensure the training plan was fully implemented.

During this inspection we saw how the training programme is being rolled out continually to ensure all staff are captured. The training department had developed numerous training booklets which include reflective accounts with the manager to ensure staff have understood the learning. The manager has been distributing a different learning booklet relevant to people's needs, to staff each month. Staff are also required to complete mandatory training online. We saw evidence of training being delivered by NHS Fife Care Home Support Team in topics relevant to people's needs. One of the senior carers was nearly finished a one year course in Dementia Practice Coordinator training; this should be a good resource for the home, staff, people who live there and their relatives. We were confident that staff had the skills and knowledge to meet people's needs.

This area for improvement was met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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