

Craigielea Care Home Care Home Service

French Street
Renfrew
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Telephone: 01418 863 365

Type of inspection:
Unannounced

Completed on:
19 March 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379132

About the service

Craigielea Care Home is registered to provide nursing care and support for up to 85 people, 20 adults with a physical disability and 65 older people. The provider is Holmes Care Group Scotland Limited. There were 84 people living in the home during the inspection.

The service is based in a purpose-built care home, with single en-suite accommodation on two floors and four individual units. There are lounges and dining rooms in each unit and a purpose-built hairdressing salon. The care home has a car park to the front of the building and a large, enclosed garden and patio area to the rear, which provides a pleasant and private space for residents.

The home is situated in a residential area of Renfrew and there are shops and other facilities nearby. The aims of Craigielea Care Home include 'providing a quality service tailored to individual needs'.

About the inspection

This was a follow up inspection to review requirements made following complaints upheld which took place on 19 March 2024 from 09:45 to 14:30. 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 2 members of the management team and reviewed documents.

Key messages

The provider must always ensure the safety and wellbeing of people experiencing care.

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

Requirements

Requirement 1

By 15 March 2024 the provider must always ensure the safety and wellbeing of people experiencing care.

To do this, the provider must, at a minimum:

- a) ensure that staff are familiar with, and adhere to, the falls prevention and management procedures and associated falls pathway.
- b) ensure that falls risk assessments and management plans are completed and updated when necessary.
- c) staff complete ongoing monitoring and clinical observations in accordance with the fall pathway.
- d) Staff take appropriate action to seek medical advice and guidance for people who have experienced a fall resulting in an injury.
- e) prevent the risk of future falls through the promotion of learning and improvement through the analysis of falls, accidents and incidents.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 19 January 2024.

Action taken on previous requirement

Where individuals had experienced a fall an up-to-date falls risk assessment and care plan was in place. We viewed falls risk assessment and care plan documents and noted there was good progress with the completion of these. The quality-of-care plans was good.

Where falls had occurred, these were recorded in accident incident records and were being logged and monitored monthly. As a result of this the care home manager had greater oversight of any trends and areas for development. We saw evidence of information gathered being used to inform discussions with staff in flash meetings and supervision sessions.

The care home manager has actively sought falls management training for staff, in addition to this staff had participated in a combination of both group and individual supervisions. Staff reported they felt more knowledgeable and confident in the management and reporting of falls as a result of this.

Staff were actively using the falls navigation team as a resource and were accessing virtual appointments. This meant individuals were being assessed in a timely manner as opposed to having to wait for a prolonged period for any treatment or follow up.

Overall good progress had been made to ensure staff understanding and knowledge of the management of falls. We were satisfied the care home management team had clear oversight of the management of falls ensuring the health and well being of people experiencing care.

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

To ensure individuals and their families have confidence in the support provided the care provider should ensure internal communication systems used to share information regarding people's health and well-being needs such as incident reports are effective and well documented.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 19 January 2024.

Action taken since then

Not assessed at this inspection

Previous area for improvement 2

To provide reassurance that people's personal belongings are respected and valued, the care provider should ensure that staff follow their admissions policy relating to personal belongings. This should include but is not limited to, raising resident's and their representatives awareness of procedures to follow when high value or delicate clothing items are brought into the care home.

This is to ensure care and support is consistent with Health and Social Care

Standard 4.1: My human rights are central to the organisations that support and care for me.

This area for improvement was made on 19 January 2024.

Action taken since then

Good progress had been made to ensure all individuals had an up-to-date inventory of personal belongings.

The care home manager had communicated with individuals and their representatives to ensure they were aware of the procedure to follow when high value or delicate items of clothing were brought into the care home.

We were satisfied appropriate steps had been taken to ensure the providers policy relating to personal belongings was being followed.

Previous area for improvement 3

The provider should ensure they improve their practice of informing the Care Inspectorate of any notifiable events as detailed in "Records that all registered care services (except childminding) must keep and guidance on notification reporting"

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 19 January 2024.

Action taken since then

Not assessed at this inspection

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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