

Craighead Care Home Care Home Service

Norwood
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Type of inspection:
Unannounced

Completed on:
17 April 2024

Service provided by:
Craighead Care Limited

Service provider number:
SP2020013470

Service no:
CS2020378965

About the service

Craighead Care Home was registered on 27 August 2020. The service is provided by Craighead Care Limited a part of Care Concern/Belsize. The home is registered to provide a care service to a maximum of 54 older people and two adults with a learning disability.

The home is situated in a quiet residential area of Newport-on-Tay on the south bank of the River Tay. It is a large property with three floors. The ground floor accommodates the service and staffing areas, with resident accommodation on the first and second floors. The 56 bedrooms are single occupancy with toilet and sink ensuite facilities. At the time of our inspection, 54 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 16 and 17 April 2024. 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 7 residents during our visits and received 14 questionnaires prior to our inspection
- carried out observations to gather experiences for those less able to share their views
- spoke with 7 relatives
- spoke with 19 staff and managers
- observed practice and daily life
- reviewed documents
- spoke with 3 visiting professionals.

Key messages

- People experienced person-centred and compassionate care which supported good health and wellbeing.
- Staff worked well together and were motivated to deliver high quality care.
- Activities were well-planned and delivered enthusiastically.
- People had regular opportunities to be outdoors and away from the home.
- The leadership of the home successfully drove improvement and strove for excellence.
- Care plan documents needed to further improve to make sure they reflected the day-to-day work undertaken by staff.
- Redecoration was needed and had already been planned in some areas of the home.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Throughout our inspection we saw staff working in ways which supported people to experience improved health. For example, staff were actively supporting people to mobilise more or to eat independently. Records which evidenced improved health outcomes such as weight gain supported these observations. People we spoke with were confident that staff worked in the right way to support good health. One person said; "The best thing ever her coming here. Craighead has brought her alive again with their amazing care".

Records demonstrated that staff escalated health and wellbeing concerns quickly and notified the right people. This supported people to receive the right care at the right time. Professionals supported this observation and commented positively on their relationship with the home. Staff were described as "knowledgeable and collaborative" and that staff consistently acted upon their guidance.

Throughout our inspection we were struck by the commitment from all staff and leaders to provide high quality compassionate care. Staff had a sense of pride in their job and this drove good experiences for people every day. We were confident that staff worked with people in a person-centred way. This meant they recognised each person as an individual and care was planned with this knowledge in mind. One person told us "They put the person at the forefront and treat them as an individual".

The home employed two enthusiastic and innovative coordinators who planned extensive activity opportunities for people over seven days. All staff understood the importance of people having meaningful connections every day. This meant care staff were fully involved in planned events and also initiated one-to-one or small group activities. Activities were planned to make sure people could regularly spend time outdoors and away from the home and link with the local community. Written records were not consistent in capturing these opportunities and this had been recognised by the activity team. We also shared feedback we received that, despite the range of activities, some people told us they felt bored. The team could consider additional ways to create connections for people with shared interests.

Staff spoke positively about the training they had received within the home. They felt formal learning had provided them the foundations to deliver good care. We thought that senior staff led by example and regular opportunities were available to model good practice and reflect on their work. This had supported good health and wellbeing for people living in the home. We suggested the practice of reflection be further developed within one-to-one supervision. Further training was being sought in supporting people experiencing stress and distress. This evidenced to us that learning was planned around people's changing needs.

People were supported to take their medication safely. Records demonstrated that medication was provided as prescribed by medical staff and recorded in the right way. Where medication was administered on an 'as required' basis, protocols had been developed to guide staff in their use. Good recording of the outcome of medication supported informed health decisions for people.

Whilst we observed very good health and wellbeing outcomes for people, further improvements were needed to plans of care and support **(please refer to key question 5)**.

How good is our leadership?**5 - Very Good**

We found significant strengths in relation to the leadership of the home and how this supported positive outcomes for people, therefore we evaluated this key question as very good.

The manager of the home had now been in post for just over one year. She was held in very high regard by everyone we spoke with including residents, relatives and visiting professionals. She had a strong presence within the home and led by positive example. The leadership of the home should be commended for the improvements they have led over the past year. One person told us; "I believe the management is very wise, they keep things organised".

Staff felt valued and both the manager and the provider went to significant effort to reward and appreciate positive practice. This had undoubtedly developed a team with a shared vision for excellence who were committed to the Craighead improvement journey.

The manager confidently used established processes to assure quality within the home. This led to a dynamic improvement plan which drove positive change. It was clear that the experiences of people were of paramount importance to the leaders and staff and this belief underpinned how staff worked every day. We saw examples where people's feedback had directly influenced change within the home. However, some people told us they did not feel involved in making decisions about how the home was managed. This feedback was shared with the manager to consider within the leadership team. When seeking resident feedback, we suggested this could be better supported through use of an advocate. This would support a more transparent approach to collecting people's views.

We had full confidence the manager had oversight of all aspects of the home. Systems were in place to support the manager to maintain this oversight. This included clinical registers, daily flash meetings and regular staff meetings. Her presence throughout the home every day supported this oversight and drove improved standards. Staff, residents and relatives felt able to broach concerns with her and had confidence she would listen and act upon these.

People were protected by organisational safeguarding processes such as safer recruitment and management of finances.

The manager supported the development of staff champions within the home. This way of working allowed staff to develop specialised skills and drive improvements in key areas. This demonstrated a commitment to the development of staff and supported good health and wellbeing outcomes for people.

How good is our staff team?**5 - Very Good**

We found significant strengths in relation to the staff team and staffing arrangements and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The manager undertook monthly assessments to support staffing decisions within the home. Consideration was also given to other factors such as significant events or environmental challenges which might impact upon the number and deployment of staff. The manager clearly understood staffing levels must be flexible and responsive to make sure people's needs were met every day.

Staff we spoke with told us staffing levels were very good. They felt able to support people to be independent and had time to spend chatting, playing games or joining in with planned activities. This supported the observations we made during our inspection.

We found a consistent staff presence within shared areas even during busy periods such as early morning. This supported good outcomes for people as staff were available and observant to their needs.

Staff were committed to people enjoying good experiences and outcomes every day. The manager had fostered a team who worked well together and shared a common vision. All staff spoke positively about the teamwork within the home describing it as a "family". There was a mutual respect for each other and every team member worked hard to support good lives for people living in the home. People told us; "the best staff and people in the whole world" and "lovely bunch of staff who treat me very well and give me a cuddle when I'm feeling sad and lonely. Helps me a lot".

Staff told us communication within the team was very good. Shift handovers were both verbal and written which supported the exchange of important information. Throughout our inspection we saw staff talking to each other to share information and highlight concerns. Communication was working in the right way to support good outcomes for people living in the home.

Overall, we considered the staffing within the home a considerable strength in delivering good experiences for people every day.

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths within the setting impacted positively on outcomes people and clearly outweighed areas for improvement.

We found the home to be clean, fresh and a comfortable temperature for people living in the home. Families and residents spoke positively about the cleanliness and welcoming atmosphere which had been created in Craighead. One family told us "all staff have such nice personalities and always make a point of talking to you". This supported people living in the home to have positive visiting experiences.

One unit within the home had direct access to an enclosed garden. A new indoor garden space had been thoughtfully created. This supported people to move with ease from indoors to outdoor space. Ease of access to outdoors was more challenging within the remaining two units and this was highlighted to us by some residents. However, the team were committed to and creative in supporting people to be outdoors and had explored alternative solutions to improve this access. This included a dedicated staff member to drive the minibus three times weekly and the planning of a new enclosed garden area to provide additional space and opportunities to be outside.

All staff recognised the importance of the home being part of the local community. Activity staff had worked hard to develop links and relationships with local groups. This included a group who were now meeting locally to bring together people with a shared interest in singing. This supported people to spend time away from the home and develop new friendships and connections.

The home was well maintained with the right checks completed to keep people safe. Some areas of the home required attention due to chipped or stained paintwork and tired decoration. We heard this had already been arranged by the home manager with redecoration scheduled for the weeks following the inspection. Further improvements were planned in relation to signage around the home to support people with cognitive impairment to move safely around the home.

Some improvements were identified in relation to the environment and equipment and these were shared with the manager. We had confidence these would be fully addressed with some actions completed during our inspection visit.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths within care and support planning impacted positively on outcomes people and clearly outweighed areas for improvement. Improvements were still needed to make sure written records fully reflected the positive health and wellbeing outcomes for people and were fully reflective of the day-to-day work of staff.

We found care and support planning had continue to improve since our last inspection. Internal quality assurance processes had identified further work was required in relation to care and support plans. This demonstrated that assurance systems were working in the right way to target improvements.

We found aspects of record keeping to be positive and working in the right way to inform health and wellbeing decisions. This included weight records and screening tools to identify people at risk from health concerns such as skin breakdown or choking. Where concerns were identified, these were escalated in the right way and a written risk management plan developed. However, whilst we saw some good examples of these plans, this was not consistent. We identified occasions where the plans did not fully reflect the multi-professional approach nor fully reflect the day-to-day work of staff in safeguarding the person. Whilst we were confident that staff were fully aware of people's needs, planned action was needed to make sure written records were fully descriptive of the support required **(see area for improvement 1)**.

Each person had a care plan in which detailed their support needs. In most cases, these linked well to risk management plans. We saw good evidence of care being strength-based. This meant staff were aware of people's skills and worked to maintain their independence. Further work was required to make sure that plans were consistently person-centred **(see area for improvement 1)**.

People's needs were reviewed regularly. Where appropriate, this involved important people such as family, guardians and other professionals. Reviewing people's support in this way makes sure that people are cared for in the way they prefer and any changes made quickly. Improvements to written records were needed to fully evidence how people's care and support had been evaluated **(see area for improvement 1)**. This would include analysis of information such as medication records, ABC charts and incident and accident records.

Areas for improvement

1. To ensure people experience care which supports their health and well-being, the provider should ensure individual personal plans and care records, at a minimum:
 - a. are person centred and reflective of people's choices and preferences
 - b. fully reflect current support and safeguarding strategies
 - c. are fully evaluated to inform people's care.

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

"My personal plan (sometimes referred to as a care plan) is rights for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

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 people experience care which supports their health and well-being, the provider should ensure individual personal plans and care records, at a minimum:

- a. are person centred and reflective of people's choices and preferences
- b. fully reflect current support and safeguarding strategies
- c. are fully completed and used to inform and evaluate people's care
- d. easily accessible.

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

"My personal plan (sometimes referred to as a care plan) is rights 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 8 December 2021.

Action taken since then

Please refer to key question 5 for information about personal plans.

This area for improvement was not met. We have made a new area for improvement in relation to personal planning and care documentation.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.4 Staff are led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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