

Craigieknowes Care Home Service

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Perth
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Telephone: 01738 634 310

Type of inspection:
Unannounced

Completed on:
17 April 2024

Service provided by:
Four Seasons Health Care (Scotland)
Limited, a member of the Four
Seasons Health Care Group

Service provider number:
SP2007009144

Service no:
CS2022000400

About the service

Craigieknowes is a purpose-built care home for older people situated in a residential area of Perth, part way up a steep road. The service provides nursing, residential and respite care for up to 45 people over the age of 65. The service provides accommodation over two floors in single bedrooms with ensuite toilet and wash-hand basin. On the first floor there is a combined lounge and dining room and on the ground floor there are separate lounge and dining areas. There is access to the outside garden/patio area.

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 and an inspection volunteer. 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 10 people using the service and 4 of their family members
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- received email feedback with visiting professionals.

Key messages

- People living in the care home were happy and settled.
- We observed kind, caring interactions between people living in the home and staff.
- The quality of care planning had improved.
- Improvements in the quality assurance processes had taken place.
- The service needs to ensure all equipment is clean and fit for purpose and staff dispose of their PPE appropriately.
- Six monthly reviews need to take place for everyone living in the care 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Whilst some improvements were needed, the strengths identified had a positive impact on people's experiences.

We observed warm, kind and compassionate interactions between staff and people experiencing care. Staff were respectful of people's choices and took time for them to be supported at their own pace.

People had access to a range of health and social care professionals to ensure that their physical and mental health needs were met. People's health and wellbeing needs were being monitored on a regular basis. We saw that any health concerns were acted upon promptly. This meant people could be confident that their health and wellbeing benefitted from their care and support.

Medication systems and processes within the home were being handled safely. We sampled records and audited medication stock levels to ensure they were correct. We found that people could be confident that their medication was being given appropriately by well trained and experienced staff.

People experiencing care should expect to have access to healthy meals and snacks which meet their cultural and dietary needs and preferences. We saw that people had access to food and drinks being offered throughout the day. Kitchen staff were knowledgeable about people's preferences and aware of who needed special diets. People were complimentary about the food. One person told us; "The meals are nice; we get a choice and there's always plenty of food," whilst another commented "The soup is always very good".

Overall, we found the home was clean and tidy. Housekeeping and domestic staff had good awareness of the requirement for enhanced cleaning and laundry management. They were aware of the correct detergents to use. We viewed four people's rooms and found them to be fresh and clean. However, staff were not always disposing of their personal protective equipment (PPE) in the appropriate containers. This was not satisfactory and could cause risks to staff, people living in the home and visitors. We also found that although staff attempted to clean pullcords, they did not have a cleanable surface and as a result appeared dirty, and we could not be confident that they were free of contamination. We found a shower chair that was not clean, and another shower chair that had rusty wheels. This was not satisfactory and could cause risks to people living in the home. **A requirement is made.**

These findings were discussed with management who agreed action needed to be taken to ensure the overall standards were improved.

Requirements

1. By 1 May 2024, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection.

In particular, you must ensure:

- a) clinical waste is disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland
- b) all pullcords are replaced and cleanable
- c) the premises, furnishings and equipment are clean, tidy, and well-maintained

d) processes such as enhanced cleaning schedules and regular quality assurance checks are in place to ensure that the environment is consistently safe and well maintained.

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

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. We identified some strengths but these just outweighed weaknesses. Whilst strengths may still have a positive impact, the likelihood of achieving positive experiences and outcomes for people was significantly reduced because improvement was needed in key areas.

People should expect to benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes in place.

The manager had a comprehensive suite of quality assurance tools. Since the previous inspection and complaint investigation, the manager now routinely audits a range of areas including analysis of accidents and incidents, staff training needs, medication and reviewing care plans. This helped staff to identify trends and take prompt action to prevent reoccurrence.

Daily flash meetings now routinely take place in the home with all departments represented. Staff meetings were held regularly. This meant that communication was effective within the service.

The manager now has oversight of staff training which was up to date. Robust recruitment processes were in place. There was a clear complaints procedure available to all stakeholders and recent complaints had been dealt with to effective resolution. A well-structured development plan is in place for the service. This was informed by input from stakeholders, ensuring people's experiences were being evaluated and feedback acted on.

Safe systems were in place to safeguard people's finances.

All staff spoken to were complimentary about the management team and advised that they found them supportive and approachable. Relatives told us that they felt comfortable and confident giving feedback or raising concerns because they knew that the management team welcomed this and were willing to work in partnership.

The manager demonstrated a good understanding about what was working and what improvements were needed. There was a commitment to development and improvement, taking feedback from the inspection forward, and ensuring that people receive a high standard of care

How good is our staff team?

3 - Adequate

People should expect that the skill mix, numbers and deployment of staff meets the needs of people. Overall, we evaluated this key question as adequate. While the strengths were having a positive impact, key areas need to continue to improve.

Staff spoken with said that since the previous inspection communication had improved and that there was a positive ethos of team working. People told us the staff team was a real positive in the service. Staff told us that they now felt valued and were proud to work in Craigieknowes. This team approach promoted good information sharing and a positive atmosphere which benefitted the care and support for people.

The service regularly assessed dependency levels to ensure appropriate staffing levels. We saw that staffing levels were mostly consistent with the assessed needs of the service. Although nursing posts had recently been filled, several care staff vacancies remained unfilled. The significant number of vacant posts meant that the service was relying on agency staff as well as existing staff working overtime to try and meet the assessed staffing levels. The service recognises having a consistent staff team who were familiar with people and their care plans, would support with continuity in the level of care and support. We saw evidence that the service was trying to recruit more care staff.

New staff worked on their induction handbook which allowed staff to feed back on their learning throughout their induction. It also focused on people's skills and values, giving people living in the service the confidence that the right people were in post.

We found that staff supervisions had taken place, giving staff the opportunity for positive and constructive feedback on their practice. This included identifying and addressing individual staff training needs. Regular team meetings were taking place ensuring staff were kept up-to-date with changes in the service, as well as changes in policies and guidance by the manager and senior staff.

We were confident that safer recruitment practice was being followed. Staff were either registered or in the process of doing so (new staff) with the SSSC (Scottish Social Services Council) and NMC (Nursing and Midwifery Council) and there was regular management overview of this.

How good is our setting?

4 - Good

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

The overall building environment provided a pleasant living area that appeared to be well maintained. The home was surrounded by pleasant gardens and sitting areas which people could easily access. Communal areas and corridors provided enough space to move around freely, as well as scope for staff to develop opportunities for people to take part in activities.

Bedrooms were spacious, with ample room to accommodate personal possessions and allow movement with mobility aids. We saw that rooms had been personalised with people's own furniture and belongings. This made the rooms more homely.

There was signage in communal areas to assist people in finding toilets, bathrooms and sitting/dining areas. This helped to promote people's independence by allowing them to find and use facilities without the assistance of staff.

Corridors and circulation areas were clear of hazards and a record of accidents and incidents was maintained. These measures helped to ensure people were safe and comfortable living in the care home. Examination of records, observation and discussion with staff and people who use the service verified that routine maintenance and repairs were carried out promptly.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People experiencing care should expect to benefit from care plans that are regularly monitored and evaluated to ensure that they reflect people's current needs, preferences and wishes. Since our last inspection, a considerable amount of work had been done to ensure that people's plans were up to date and monitored regularly, or as their needs changed.

A range of assessments had been completed to help inform plans, including skin assessments, falls risk assessments, choking assessments, wound management tools and the Malnutrition Universal Screening Tool (MUST). These assessments helped staff to identify where further advice and guidance was needed from external health professionals. The guidance was then recorded in the care plans.

The care plans, health and risk assessments were well-planned and reflected people's current health and care needs. For example, people who were at risk of developing skin damage had a skin care plan which set out how often staff should re-position them when they were unable to do this independently. Where people were at risk of falls, sensor mats were in place in their rooms to alert staff. The service had all the necessary signed consents in place for people who were not able to fully express their wishes and preferences. The service had sought extensive advice and support from the Speech and Language Therapy team (SALT) to ensure people were receiving suitable dietary intake. Staff had also received further training. These measures will ensure that people's health and care needs are supported effectively.

Care plans had been re-written in recent months and contained information to ensure that staff provided care and support to meet people's individual preferences. However, we found that outcomes could be improved to ensure that they are sufficiently detailed to guide staff on how best to support people.

Supporting legal documentation was in place to ensure people were protected and to uphold their rights.

Although regular monitoring of care plans was taking place, statutory reviews of people's care needs had not taken place as regularly as we'd expect. This meant that people and their families or representatives were not involved in the changes to how they were supported. The manager acknowledged this was an area for improvement and had compiled a plan to ensure formal reviews were taking place at least six monthly.

A requirement is made.

Requirements

1. By 1 July 2024, the provider must ensure that people's care and support is regularly reviewed. To do this, the provider must ensure that:

- reviews take place at least six monthly, when requested or when needs change and that records are kept of the discussions and decisions made and any actions to be completed following the review.

This is to comply with Regulation 5(2b) (Personal Plans) 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 am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12), "My care and support meets my needs and is right for me" (HSCS 1.19) and "I am empowered and enabled to be as independent and as in control of my life as I want and can be" (HSCS 2.2).

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

Requirements

Requirement 1

The following requirement arose as a result of an upheld complaint:

The provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) ensure an assessment of resident's needs is undertaken on their admission to the service with the full involvement and consultation with the resident's representative
- b) ensure a fall prevention care plan is in place where a risk of falls has been identified
- c) ensure the fall prevention care plan includes all measures required to reduce the likelihood of falls
- d) ensure equipment to reduce the risk of falls is provided at the point of need
- e) should the use of equipment require additional assessment, this is undertaken without delay
- f) ensure falls are subject to post fall investigation and review

g) ensure information regarding falls, accidents and incidents and subsequent investigations is fully shared with the Welfare Power of Attorney when requested.

To be completed by: 03 December 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.12: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change".

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 December 2023.

Action taken on previous requirement

A range of assessments had been completed to help inform plans, including falls risk assessments. These assessments helped staff to identify where further advice and guidance was needed from external health professionals. The guidance was then recorded in the care plans.

The care plans, health and risk assessments were well-planned and most of those reviewed reflected people's current health and care needs. Where people were at risk of falls, sensor mats were in place in their rooms to alert staff. The service had all the necessary signed consents in place for people who were not able to fully express their wishes and preferences. These measures will ensure people's health and care needs are supported effectively.

Care plans had been re-written in recent months and contained information to ensure that staff provided care and support to meet people's individual preferences.

Met - outwith timescales

Requirement 2

The following requirement arose as a result of an upheld complaint:

By 15 December 2023, the provider must support people to eat and drink safely to maintain their health and wellbeing.

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

- a) ensure staff receive appropriate training to recognise the choking risk indicators in older people
- b) ensure choking risk assessments are carried out by staff who have the appropriate skills, and knowledge, required to do so
- c) ensure appropriate referrals are made when concerns are identified
- d) ensure an appropriate care plan is developed and put in place.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: "I am assessed by a qualified person, who involves other people and professionals as required"

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 14 August 2023.

Action taken on previous requirement

A range of assessments had been completed to help inform plans, including choking assessments and the Malnutrition Universal Screening Tool (MUST). These assessments helped staff to identify where further advice and guidance was needed from external health professionals. The guidance was then recorded in the care plans.

The care plans, health and risk assessments were well-planned and most of those reviewed reflected people's current health and care needs. The service had sought extensive advice and support from the Speech and Language Therapist (SALT) to ensure people were receiving suitable dietary intake. Staff had also received further training. These measures will ensure people's health and care needs are supported effectively.

Care plans had been re-written in recent months and contained information to ensure that staff provided care and support to meet people's individual preferences.

Met - outwith timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good
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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