

Craig En Goyne Care Home Service

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Kilsyth
Glasgow
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Type of inspection:
Unannounced

Completed on:
5 December 2024

Service provided by:
Craig En Goyne Care Company Limited

Service provider number:
SP2003002414

Service no:
CS2003010561

About the service

Craig En Goyne care home provides care and support for up to 48 older people. The accommodation is within a converted and extended Victorian house, consisting of three floors, two of which are used by residents with a passenger lift providing access to all floors. It is conveniently situated for public transport routes and is within a short walking distance of local shops and community amenities. There is access to outdoor seating areas depending on the weather and season.

It is situated in the Kilsyth area of North Lanarkshire.

At the time of the inspection there were 46 people living in the home.

About the inspection

This was an unannounced inspection which took place on 4 and 5 December 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 four people using the service and three family members
- reviewed six responses to our electronic survey from family members
- spoke with four staff and management
- reviewed six responses to our electronic survey from staff
- had communications with three health and social care professionals familiar with the service
- reviewed three responses to our electronic survey from three professionals
- observed practice and daily life
- reviewed documents.

As part of our inspection, we evaluated ten areas of improvement made at previous inspections and complaints investigations. Eight of these have been met, with the remaining two continued. Please see 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report for further information.

Key messages

- People are happy living at Craig En Goyne
- Relatives report a high degree of satisfaction on the care, facilities and activities
- Staff are appropriately trained and supported
- Staff enjoy their work
- The service has made significant progress in meeting eight out of 10 areas for improvement.

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

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

How well do we support people's wellbeing?

4 - Good

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

People living at Craig En Goyne appeared contented and well presented. We saw staff engaging with them respectfully and with good humour. One person told us, 'The staff make me feel like I'm really close to them.' Another said, 'All the staff are great, kind.'

Relatives were also satisfied, mainly, with the support their loved one received. Many mentioned the range of activities available to stimulate and interest people. One told us that the care home is the only one that would be considered by anyone living locally because of its good reputation. Other comments from relatives included: 'All staff is great. Keep them going', 'Always keep people looking dignified', and 'Staff will do anything needed. Great banter.'

One family member thought the service could do more to keep people from being bored.

We observed mealtimes which were well organised and peaceful. People were offered choices and appeared to enjoy their food. People on special diets were catered for and staff supported those who need assistance to eat. Between mealtimes, people were offered snacks and drinks to help keep them hydrated and nourished.

When people required help to move, for instance, from lounge chairs to wheelchairs, staff were competent and caring on how they went about this. They took their time and explained to people what they were doing.

Health and social care professionals told us the care home worked in partnership with them. The service sought advice from them when appropriate and followed guidance given. This approach helps ensure people's health and wellbeing is maintained and, in some instances, improved.

Care records provided confirmation that people received the correct medication at the correct time and in the correct dosage.

The service had regular meetings of residents. At these people were asked their views on the activities in the home and encouraged to make suggestions. The meetings were also used to keep people up to date on things like garden improvements and refurbishment in parts of the home. The records of the meeting show residents taking an active part in the discussions.

The service had systems in place to ensure good practice in all aspects of the care provided. These included audits of care plans to ensure people's needs were correctly identified, updated when required and making a positive difference. Medication audits provided assurance that people were provided with what was required and staff followed safe practice.

At our previous inspection in April 2023, we made an area for improvement on oral care for residents. This has not been met and will be continued. A complaints investigation, in August 2024, made an area for improvement on helping to avoid pressure sores. This has not been met and will be continued. See 'What

the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report for further information.

How good is our staff team?

5 - Very Good

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

We found staffing levels at the service adequate to ensure people were provided with appropriate care and kept safe.

Staff told us that they enjoyed working at the care home. They said they felt well supported by management and believed they made positive contributions to the quality of life for residents.

The service had a comprehensive training programme in place. This included moving people safely, protecting vulnerable adults and infection control. There was a very high level of completion on all courses.

Managers undertook observations of staff practice including how they communicated with people and carried out personal care. Staff told us they benefitted from these and got feedback that included complimentary comments on their practice as well as any areas for improvement.

Staff supervision can be valuable in providing opportunities for staff and managers to have time to discuss the staff member and the care provided to people. Supervision took place on a regular basis where staff discussed how well they were doing and what areas they might need support on. Managers used supervision to confirm staff were aware of relevant information and provide feedback to staff on their performance. Staff told us they found supervision useful and relevant to their work.

The service's approach to training and supervision meant that people could be confident that staff providing their care were competent and confident in supporting them.

This provided time to discuss residents' care, areas for development and ensuring staff knew about any new guidance or procedures. Staff meetings also took place where staff were encouraged to give their views on the service. Surveys of staff also took place and results were shared with them.

At our previous inspection we made areas for improvement on staffing levels and staff observations. Both of these have been met. See 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report for further information.

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

People should receive oral care in accordance with their care plan and this should be evidenced in records daily.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states: "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).

This area for improvement was made on 21 April 2023.

Action taken since then

Service introducing an oral health champion but not yet implemented. Records do not give assurance that people are being properly supported.

The Area for Improvement is: Not met

Previous area for improvement 2

To support people to remain safe, trends, analysis and associated actions of accidents and incidents should be undertaken. This will support improvement and help reduce risk of re-occurrence.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

This area for improvement was made on 21 April 2023.

Action taken since then

Falls analysis seen that indicates number of falls reviewed, onward referral to falls team and following advice from health.

The Area for Improvement is: Met

Previous area for improvement 3

People should be confident that their monies and expenditure are being monitored robustly. The service should evidence regular auditing of records held.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards

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

This area for improvement was made on 21 April 2023.

Action taken since then

Audit system in place for resident monies. Each residents balance is recorded on a balance sheet and then individual purses (pencil cased are used to store money in safe). Monies in and out are recorded and signed for. Owner does occasional audit, but each entry is double signed by manager and admin.

The Area for Improvement is: Met

Previous area for improvement 4

People should be assured that the continuous development and improvement of the service provided is being considered. The service should have in place a plan that reflects the home people are living in and have opportunities for people to participate in this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.8 which states: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" and 4.7 "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership."

This area for improvement was made on 21 April 2023.

Action taken since then

The home has a service specific development plan which includes improvements identified by CI and input from relatives, residents and staff. Advice to service to reflect SIP with core assurances.

The Area for Improvement is: Met

Previous area for improvement 5

To ensure staff continue to provide the best care to people, the management team should undertake observations of staff practice in key areas of care. This could include the delivery of personal care, mealtimes and how people are assisted with their mobility or medication. This is an opportunity to confirm and evidence staff competency, highlight if additional training is identified and also to discuss and reflect on practice during supervision. Periodical checks should also be undertaken by the management team to ensure specific tasks have been undertaken.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states: "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."

This area for improvement was made on 21 April 2023.

Action taken since then

Service spot checks, two staff per month on each floor. Fully documented.

The Area for Improvement is: Met

Previous area for improvement 6

The service should progress and review how they can evidence and analyse the needs of the residents living at the home and how the staff numbers delivering care are meeting these needs. This would ensure that people who develop additional health conditions or have fluctuating needs are taken into account and that staff have the expertise to support them. Additionally, non direct care hours should be considered to reflect when staff are unavailable to provide care, for example review meetings, training and any other periods of time identified. The views of staff and residents should be sought and considered during this review.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.15 which states: "My needs are met by the right number of people."

This area for improvement was made on 21 April 2023.

Action taken since then

First floor breaks have been reviewed and break times now take place prior to lunch taking place, so residents receive full support. This appeared on service improvement plan and has been completed by senior staff.

The Area for Improvement is: Met

Previous area for improvement 7

People's wishes and preferred course of treatment to support care planning should be detailed within their care plans in order to ensure any decline in their health is provided in accordance with their preferences. [according to report this relates to anticipatory care]

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.7 which states: "I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively."

This area for improvement was made on 21 April 2023.

Action taken since then

Completed anticipatory care plans in place where residents or families willing. Evidence of manager raising issues with others.

The Area for Improvement is: Met

Previous area for improvement 8

A plan of care to support people with stress and distress should be implemented timeously so that it is clearly evidenced what interventions to support them are required. These should consider people's likes, dislikes and life history.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states: "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).

This area for improvement was made on 21 April 2023.

Action taken since then

Stress and distress plans now in place for residents. Fully completed and providing relevant information to staff.

The Area for Improvement is: Met

Previous area for improvement 9

In order to ensure positive outcomes for people, the provider should ensure identified risks are assessed and recorded to identify appropriate risk management measures. Discussions with people and / or their representatives should be recorded to identify any agreements reached.

This is in order to comply with: Health and Social Care Standard 1.19: "My care and support meets my needs and is right for me."

This area for improvement was made on 8 October 2024.

Action taken since then

Relates to specific resident. Fully documentation in place, relatives informed.

The Area for Improvement is: Met

Previous area for improvement 10

To ensure good skin care and to maintain good skin integrity, people should be supported to change their position as indicated in their risk assessment and their assessed needs are being met. This should include accurate recordings of when this support has been undertaken.

This is in order to comply with: Health and Social Care Standard 1.15: "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."

This area for improvement was made on 21 April 2023.

Action taken since then

Records do not provide assurance that all residents are properly cared for in this area.

The Area for Improvement is: Not met

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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