

## Crosby House Care Home Service

1 May Baird Avenue  
Aberdeen  
AB25 3BD

Telephone: 01224 358 584

**Type of inspection:**  
Unannounced

**Completed on:**  
27 January 2025

**Service provided by:**  
Aberdeen Association of Social  
Service, a company limited by  
guarantee, trading as VSA

**Service provider number:**  
SP2003000011

**Service no:**  
CS2011298871

## About the service

Crosby House is a VSA (Voluntary Service Aberdeen) care home for older people located in a residential area in the west of Aberdeen City. It has been registered with the Care Inspectorate since 2011.

Crosby House is registered to provide care for up to 40 older people. The home has two floors, and an interesting garden, all of which are available to all people. Each floor has bedrooms with en-suite toilets, shared bathrooms, a sitting area, a dining area and space for leisure activities.

## About the inspection

This was an unannounced inspection which took place on 21 to 23 January 2025. 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 five of their family
- Spoke with seven staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

## Key messages

- The home has a calm and caring atmosphere
- People told us they like their rooms and the different areas of the home
- Relatives told us they were happy with the care their relatives received
- The number and range of activities were of a high quality
- There were good systems for the staff to use and these need to be monitored more robustly
- The leadership team were responsive to feedback and keen to improve.

## 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 leadership?	3 - Adequate
How good is our staff team?	4 - Good
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?

4 - Good

People's health and wellbeing was supported at a good level. There were a lot of strengths, and some small areas where improvement could be made.

People appeared to be happy, and some told us directly that they liked living at Crosby House. Relatives were pleased with the care that was being given. The home was clean and staff were using good infection control procedures to keep people safe.

Medicine administration was good, meaning people could be confident that they would receive their regular medicines. The recording of some "as required" medication had been muddled, and the manager was going to look into that and provide advice to ensure it was being correctly recorded. The system for reordering and storing medication needed to be reviewed because there was too much being held in stock. This had been mentioned in an internal audit very recently so a plan to improve was already underway. Covert pathways, to support people who were likely to refuse medication, were in use and these should be stored alongside the administration charts, for easy referencing. The manager agreed to audit the medication systems in line with guidance documents and ensure staff were adhering to best practice.

People had access to healthy and tasty food and drink throughout the day. Mealtimes were calm with staff serving people individually, and supporting people as required. Sometimes staff were standing at the kitchen, waiting for people to finish. It would have been nice for them to sit with people while waiting. This would have been more oriented to people and less like a task. Everyone had a choice of where they wanted to eat, and one person told us they enjoyed their meal "delivered personally on a tray." Information on specific dietary needs was very clear in the kitchen and used at mealtimes to ensure people received appropriate dishes. There was tea/coffee and juice served throughout the day with biscuits and cakes. The easy access to the kitchen enabled staff to respond to any requests such as some toast before bed.

We saw and were told by many people that the variety and standard of activities was great, which helped people to be active and interested during the day. We spoke with one person who said they liked to stay in their room and read with their door was open. However, more individual attention would be beneficial for other people who spent long periods in their rooms without engaging in anything.

Another way that residents were active was in the forum meetings. These were also attended by people from other Voluntary Service Aberdeen residential homes which encouraged an outward looking aspect. The discussions at these meetings was led by the residents' choice of topics and actions had been taken on these, for example in relation to the meal preparations. Relatives told us that they could raise issues with the staff and were sure that it would be acted on.

People's money and belongings were generally well looked after. We suggested that the manager ensured everyone had a financial support plan in place if they required help, and they agreed to do this. Additionally, there were some items of lost jewellery in the office and the manager said they would create an inventory, and return items that were identified to the correct people.

## How good is our leadership?

## 3 - Adequate

The leadership and improvement in Crosby House was adequate. As well as strengths, there were areas which needed to improve to ensure good outcomes for everyone.

Regular visits from VSA's own quality assurance department were helpful in maintaining some impartiality. The leadership team had been responsive to earlier feedback from different sources and were looking for ways to improve. This was evident from minutes of the team leaders' meetings and from some draft documents, for example relating to monitoring the safety of vulnerable people and a self evaluation tool linked to good practice guidance.

The improvement plan for 2024 had almost all items completed and this was easy to see in different areas of the home, for example the change in meal provision. Some items were not completed and this was because more time was required to ensure everything would work well, for example an electronic system for medication. This attention to detail and desire for everything to work well showed a good leadership process.

Some systems were being well used, for example for tracking staff training and supervision to ensure staff are knowledgeable and supported regularly. Staff told us they received enough training and that they felt supported by the whole team, which showed the effectiveness of the system.

Other systems were not working so well because, although information was recorded, there was not sufficient analysis for the leadership team to understand where improvements were required. An example of this was different information stored in areas of the support plan which could lead to staff not giving the best support and this had not been identified in care plan audits. When people fell, this was recorded, but patterns were not collated and used to improve situations, such as changing routines at a particular time of the day, or investigating alternative call mats to avoid them being bypassed. Improvement was needed to ensure analysis of facts and learning takes place, and that management tasks related to this, for example completion of incident records is consistently maintained (**see requirement 1**).

## Requirements

1. By 16 May 2025, the provider must ensure safe and effective support for people.

In order to do this the provider must, at a minimum:

1. Ensure all quality assurance and audit systems are timeously completed
2. Ensure analysis takes place and improvements are identified
3. Ensure all improvement are monitored, via the improvement plan, through to their completion.

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

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

## How good is our staff team?

4 - Good

The way that staffing was arranged and the way that staff worked together was good. People living in Crosby House and their relatives had a lot of praise for the staff.

There were enough care staff on at all times to support people with their individual needs. If someone needed extra support then this was catered for.

As well as care staff being readily available, the team leaders spent time in the communal areas as well as in the office. This meant they were aware of what was happening and could help if required. During the night there was an on call system to support the care workers. The staffing system was constantly under review to ensure it suited everyone, for example the manager was considering the way of working overnight and whether it was ideal. Care staff and the leadership team told us they felt supported. Team leaders were available in all areas throughout the day and senior management team ensured everyone knew when they would be in Crosby House via email, and regular updates. This ensured everyone knew when they could access support if they wanted to.

Staff told us; they felt skilled and able to do their work; their training was up to date, and they could request other training if they felt it would be helpful. The manager plans to create a Training Needs Analysis which will be helpful in planning suitable training throughout the year. The leadership team regularly observe staff practice to ensure their competency. An action plan is put in place if a member of staff needs to improve. This ensures good practice from everyone, and continual development to suit people's needs.

## How good is our setting?

4 - Good

The standard of the setting and facilities was good. The home was clean, and there were no significant infection control concerns. Regular maintenance was up to date, such as fire extinguishers and electric baths being serviced in the last year to ensure their compliance with safe standards .

People had a comfortable living space. The large open plan areas were well set out, divided into; social/TV areas, dining areas and small social groupings. There were small and large tables to sit at, and easy access to the kitchen. There was plenty of space to move around, either walking or in wheelchairs and all the areas were well lit. People who were sometimes confused were helped by the environment, for example by toilet seats in a strong contrast colour, clear signs for bathrooms, and personal photos on bedroom doors. It was easy to see how people could use the space as suited their individual preference.

A lift ensured people had independent access to both floors, so were able to go where they desired. The garden was accessible and well laid out, suitable for people walking independently, or with mobility aids, and using wheelchairs.

The communal areas were interesting for people, with some areas of interest to catch people's attention, for example; pictures, a notice board, sheets of quizzes and puzzles on the wall. This meant people could access and look at things themselves as they wanted to. It also supported staff by having things readily accessible for people who were looking for something to do.

People's bedrooms were decorated to their own taste and they were encouraged to look after it if they wished, for example by making their own bed and doing some dusting. This helped people to feel at home.

## How well is our care and support planned?

## 3 - Adequate

Care and support planning was at an adequate level. There were strengths, such as the respectful language and information that helped staff to understand people's personalities and support needs. Reviews were being held regularly which helped to keep the plans up to date. We discussed how people's input could be better recorded and the manager agreed to improve this.

An area of weakness was that tools and supporting documents were not always completed, or were completed inaccurately. Examples of this were documents such as body maps to show areas of injury or broken skin, Herbert protocols to help if people go missing, and Abbey scale for pain measurement. There were tools which would improve practice that were not being used at all such as the Preliminary Pressure Ulcer Risk Assessment Tool (**see requirement 1**).

The recording was not always consistent, for example daily notes were of a differing quality with some more task oriented than others. Also, similar accidents could use different language and forms, so could be recorded as either a fall or as an accident. This made it difficult to accurately know what was happening in people's lives and where improvements could be made (**see requirement 1**).

Some documents were not readily available in the easiest place for staff to use them, for example the covert medication pathways, and the power of attorney certificates and list of powers. The documents should be stored where staff can access them to understand their (and others) duties in order to give people the best care (**see requirement 1**).

## Requirements

1.  
By 16 May 2025, the provider must ensure safe and effective support for people is guided by accurate support plans.

In order to do this the provider must, at a minimum:

1. Ensure all support plans are accurate throughout all sections
2. Ensure the same descriptions and language are used to describe peoples lives
3. ensure all documents are in place and easily accessible at the point where they may be required.

This is to comply with Regulation 4(1)(a) and 5 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:

'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).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.