

Cameron House (Care Home) Care Home Service

Culduthel Road
Inverness
IV2 4YG

Telephone: 01463 243 241

Type of inspection:
Unannounced

Completed on:
20 February 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003008463

About the service

Cameron House is a care home for older people situated in a residential area of Inverness. The service provides residential care for up to 30 people. The service was registered with the Care Inspectorate on 1 April 2011. The provider is Church of Scotland trading as Crossreach Care Home service. At the time of the inspection there were 28 people living in the care home.

Cameron House Care Home is a purpose built care home situated in a quiet residential area approximately two miles from the centre of Inverness. The two storey building is situated in extensive, well-maintained grounds.

The accommodation comprises of 30 single bedrooms, all with en-suite toilet and wash hand basin. There are several communal seating areas; a main sitting room, TV lounge and a quiet sitting room that residents can use to meet with visitors. There is also a dining room and other seating areas near the entrance of the building. Upstairs there is a seating area and a small kitchen where tea and coffee can be made. Access to the first floor is via a stairway and there is a lift which is suitable for use by people with disabilities.

There is an open courtyard and extensive grounds, with a seating area at the front, a summerhouse and a greenhouse. The grounds are enclosed and allow people using the service to access the gardens in comparative safety.

The aims of the service included:

- to provide a happy and caring environment; enabling residents to live as independently as possible;
- to provide residents with individually designed care plans to meet their needs, being always mindful of their rights and choices;
- to positively encourage open and good relationships with relatives, advocates, professional agencies and other professionals in the wider community.

About the inspection

This was an unannounced inspection which took place between 17 and 18 February 2025. The inspection was carried out by one inspector 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 briefly with three people using the service and five of their relatives;
- spoke with three staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- Staff supported people with care and sensitivity.
- Key areas of practice such as supporting people with stress and distress and safeguarding had improved significantly.
- The service had taken action to improve staffing levels and skill mix which meant staff were available to respond to people.
- Care plans were continuing to develop with some further work to improve the accuracy of people's personal plans.
- Improvement was evident in most required areas made during the previous inspection. As a result, people's needs were being met more effectively.

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 is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned?

3 - Adequate

We found the service had made effective improvements in this key question. In recognition of this we have confirmed a review of our evaluation upwards from weak to adequate. This meant we saw strengths emerging which led to positive outcomes for people.

At the last inspection we made a requirement to improve care planning and assessment of people's health, safety and wellbeing needs. We found that the standard of information in care plans had improved. A new document, 'My care, my health, my home', had been developed. This document provided detailed information about people's personal histories, their support needs and how they wished this support to be delivered. We found this document was well written, person-centred, and outcome focused. It was readily accessible and provided sufficient information to enable staff to deliver personalized support to people. This means that people's care and support was right for them because they were involved in developing their care plan.

Care plans and associated health care and risk assessments were completed and recorded on the electronic care planning system. These provided sufficient information to guide staff appropriately and were reviewed six monthly. However, we did not see evidence of regular monitoring and evaluation that would ensure the care plan continued to address people's healthcare needs effectively. Regular monitoring and evaluation of care plans enable staff to identify areas where changes are needed so they can be implemented quickly. This supports a tailored approach to supporting people and helps track changes in people's health and wellbeing over time. **(See area for improvement 1).**

We found that daily notes were sometimes written retrospectively. This could be at least confusing and potentially impact negatively on people's care, for example, if someone needed repositioning every two hours and the notes were inaccurate. **(See area for improvement 1).**

Areas for improvement

1. To support the health safety and wellbeing , and promote positive outcomes for people who use the service, the provider should ensure at a minimum:
 - a) healthcare assessments, care plans and risk assessments were regularly evaluated to ensure people care and support remain effective;
 - b) the outcomes of evaluations were recorded and update the care plan as required;
 - c) risk assessments accurately identify the risks of potential harm for people and identifies the measures in place to minimise these;
 - d) ensure daily recordings accurately record the care and support provided and the time this was delivered.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21) and 'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

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

Requirements

Requirement 1

By 30 November 2024 the provider must ensure that service users experience safe and compassionate care and treatment that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with nutrition, falls, stress and distress, and moving safely.

In particular, but not exclusively, you must ensure that:

- a) Service users' assessments, care plans and any relevant supporting documents set out service users' health, safety and wellbeing needs and preferences and detail how they should be met, including when there is a significant change to those needs.
- b) Staff responsible for clinical oversight have the necessary skills and knowledge to assess service users' health, safety and wellbeing needs, including when there is a significant change in those needs.
- c) Staff at all levels must take appropriate actions as are necessary to ensure that service users consistently experience safe and compassionate care, ensuring service users receive assistance that meets their care needs and preferences at all times.
- d) Managers, nursing and care staff understand and fulfil their roles and responsibilities in relation to promptly identifying, reporting and responding when there are changes in service users' health, wellbeing or safety needs, including when service users may be unhappy or at risk of harm.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210); Regulation 4(1)(a); and Regulation 4(2) (Welfare of users); Regulation 5(1); and Regulation 5(2)(b)(ii) (Personal plans).

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).

'I am assessed by a qualified person, who involves other people and professionals as required'. (HSCS 1.13).

This requirement was made on 13 September 2024.

Action taken on previous requirement

Sufficient progress had been made to consider that this requirement had been met. A new area for improvement has been made to address any outstanding issues in relation to monitoring and evaluating care plans and risk assessments.

See area for improvement 1 under Key Question 5.

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 support the health, safety and wellbeing and promote positive outcomes for people who use the service, the provider should ensure:

- a) Care and support plans include support for people with social and recreational activities in accordance with their wishes, preferences and known hobbies and interests.
- b) Individual activities plans should be evaluated, and reviewed with people, or their representatives, on a regular basis to ensure they remain relevant for each person.
- c) Detailed risk assessments are completed for the activities people engage with. This should include but is not limited to the recreational, social, and cultural activities for each person and group outings.
- d) Risk assessments are reviewed and updated regularly with the person and their representative to ensure control measures remain effective

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

'I can choose to have an active life and participate in a range of recreational, social creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25).

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

This area for improvement was made on 6 December 2024.

Action taken since then

Overall we were satisfied that this area for improvement is MET

We saw that there were individual activities plans in people's bedrooms and families were invited to add some detail to these. This included what the person's previous interests and hobbies were so these could be incorporated into the activities programs.

Information on people's hobbies, interests and memberships of community groups was gathered prior to people coming to the home. This was to enable a basic activities plan to be completed and to ensure suitable activities could be offered.

Risk assessments had been developed, however, some improvement was needed to accurately identify risks and record the control measures that would be put in place to minimize risk of harm or injury for people.

See area for improvement 1 under Key Question 5

Previous area for improvement 2

To support positive outcomes for people who use the service, the provider should ensure:

- a) There are written protocols for all as required medication.
- b) Completed pain assessment forms should continue to be kept in the Kardex so they are easily accessible and provide a record for agency staff.
- c) Add an area in the form for an evaluation.
- d) Ensure residents' notes are updated following administration of pain relief.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 6 December 2024.

Action taken since then

Protocols for as required medication had been developed and provided some level of guidance for staff. However, they would benefit from more detailed guidance about the circumstances under which medication should be administered. For example, when different pain analgesia had been prescribed on an 'as required' basis.

Abbey pain scales were used to good effect to assess people who were not able to articulate that they were experiencing pain.

We saw evaluations on the effects of as required medication on the reverse side of Medication Administration Records (MARs). This was good practice, enabling staff to assess whether further action was required if the medication was not effective.

This area for improvement is **MET**.

Previous area for improvement 3

To support positive outcomes for people who use the service, the provider should ensure there are appropriate arrangements for on-call support for staff in the event of unexpected or unpredictable issues that arise out of hours.

This should include:

- a) Clear guidance for staff about when on-call should be contacted.
- b) An on-call rota detailing who is providing management cover at any given time and their contact details.
- c) On-call arrangements should take account of section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA); as it impacts the wellbeing of staff.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)

'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 6 December 2024.

Action taken since then

The on-call arrangements for the management team had been revised and extended. This meant that each member of the management team was on call for one week in three. There was flexibility within the arrangements to accommodate unexpected absences, holidays and sick cover.

The arrangements appeared to be working at present, however, there was some scope to develop regional approach to on call arrangements which would provide a better balance to take account of section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA); as it impacts the wellbeing of staff.

Overall we considered this area for improvement is **MET**.

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 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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