

Cranford Care Home Care Home Service

Cranford House
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Type of inspection:
Unannounced

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Service provided by:
Renaissance Care (No 10) Ltd

Service provider number:
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CS2025000037

About the service

Cranford care home is a home for older people situated in a residential area of Aberdeen. It is close to local transport links, shops and community services. The service provides nursing and residential care for up to 38 people and there were 35 people living at the service at the time of the inspection.

Accommodation is arranged over a two storey building with units on each floor. Each unit contains a communal lounge, dining room and kitchen server area. There are quiet lounges on each floor. The service has an accessible and secure patio area on the ground floor. There is a large library room which was front facing on the car park. There is a hair salon on site.

About the inspection

This was an unannounced inspection which took place between 17 and 19 March 2025. Two inspectors from the Care Inspectorate carried out the inspection.

A team manager from the Care Inspectorate was present at the beginning to support the inspection.

This was a full inspection covering all five key questions. However, due to our findings throughout the inspection, we added quality indicator 1.1 as an additional area to be evaluated.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 11 people using the service and six of their friends and family
- spoke with nine staff and management
- spoke with one supporting professional
- observed practice and daily life
- reviewed documents.

Key messages

We saw some kind and caring interactions between staff and the people they supported

Staff required further awareness of the Health and Social Care Standards to ensure better outcomes for people

People's health needs were being met with well-established links with healthcare professionals

Staff we spoke with had either not read or only read a limited number of people's personal plans

Quality assurance and managerial oversight needs to improve

Improvements are required with access to meaningful activities in the home

The home was under a new registration, and we recognise this is still in its infancy

Personal plans we sampled were of varying quality

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.

Quality Indicator 1.1 People experience compassion, dignity and respect

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

We saw some kind and caring interactions between staff and the people they supported. This enriched people's day.

People looked well and appeared comfortable within their environment. Some people had been supported to have their nails done and wore jewellery. This promoted people's dignity. However, we could not be confident staff always treated people with dignity and respect. For example, we observed a staff member access a bedroom without knocking and ignored the person when in their bedroom. This meant people were not always respected and their rights promoted (**See Requirement 1**).

We received some compliments regarding the staff. For example, one person shared "staff are good, they like to help if you need anything" and another shared that staff "brighten their day". We observed some examples of this during the inspection. However, some people told us that some staff would interact with them in ways which were impersonal or abrupt. One person shared "some staff don't talk to you; I'm supported in silence" and another told us they "they don't listen to me". This meant people were not always treated with compassion and dignity. This was impacting on people's wellbeing and their needs being met (**See Requirement 1**).

The atmosphere in the home was pleasant. A family member shared "it's a really lovely atmosphere". People appeared happy and content. This promoted people's wellbeing.

Families told us they felt involved. They were kept up to date about their loved one's care needs and informed of any changes promptly. Family members were encouraged to play a part in their loved one's care. Family carers have an essential part to play as partners in their care and this supported people's wellbeing.

We received mixed feedback about activities available within the home. On our first day of the inspection, we saw people were unengaged due to the lack of interaction or meaningful activities for long periods of the day. An activity planner was on display; however, we found this was not being followed due to the absence of the activity coordinator. Staff had been allocated to undertake activities, however there was limited evidence this had happened. One person told us "In the absence of the activity coordinator, staff are too busy, they don't have time to talk". Another person shared there "was nothing to do". This meant people were not spending time purposefully to promote feelings of wellbeing. On our second day of inspection, we observed greater engagement with people and some activities being undertaken such as a sing song. This area requires to be further developed to ensure activities reflect the interests or hobbies of people to enrich people's lives. We have made a requirement to support this (**See Requirement 2**).

There were several people spending time in their rooms due to choice or frailty. We observed these people received limited meaningful connections and activities throughout our inspection. A lack of connection can lead to social isolation and loneliness which can have a detrimental effect on people's health and wellbeing (**See Requirement 2**).

People's health needs were being met with well-established links with healthcare professionals. Appropriate referrals had been made when people required specialist treatment or there was a change in their health. One visiting professional told us "referrals are made appropriately" This meant people's health benefitted from the right care, from the right person, at the right time.

People's health was monitored by trained staff in the service. This included people's skin condition, weight, and mobility. This kind of monitoring promoted people's health and ensured any changes to people's health were identified and responded to quickly. One family member told us "Staff are quick at picking up any changes" in their loved one's health.

People enjoyed unhurried snack and mealtimes in a relaxed atmosphere. People were complimentary about the food and drink on offer. Meals were homecooked and were well presented. Portions were of a good size and people were offered second portions. Where people required support with their meals this was given timeously. This supported people's nutritional intake.

Staff worked well together and had good oversight of people's nutritional needs. This meant people's nutritional and hydration needs were being met. However, the dining experience for people could be improved. For example, the introduction of condiments and utilising the menus in place so people were aware of their menu choices in advance. We raised this with the provider and are reassured they will take this improvement forward. We will follow this up at our next inspection.

The service used a multifactorial risk assessment to minimise the risk of falls. A falls cross was in place and management undertook a monthly analysis of falls. This meant people could be confident the service had good management oversight of reducing the risk of falls.

The service had a medication policy in place and medication audits were carried out. We were satisfied people had received the right medication at the right time. This helped people to maintain good health.

People's health benefitted from safe infection prevention and control practices. This helped keep people safe and minimised the risk of infection.

Requirements

1. By 16 June 2025 the provider must ensure that people experience dignified and respectful care. To do this the provider must:

- a) ensure all staff understand and act in accordance with the principles of dignity, compassion, respect and choice
- b) ensure that all staff successfully complete equalities and values training, and that measures are put in place for such training to form part of the ongoing training plan for the service
- c) ensure leaders monitor and observe staff practice and take action where it does not meet expected standards.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me' (HSCS 3.13).

2. By 16 June 2025 the provider must ensure that people have access to activities of their choice to enhance their wellbeing and quality of life. To do this the provider must:

- a) ensure that people's choices and preferences are included in their care plans
- b) ensure staff read the care plans and are aware of people's choices and preferences
- c) ensure that activities are provided that reflect people's individual choices and preferences

This is in order to comply with Regulations 3 and 4 (a) (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

How good is our leadership?

3 - Adequate

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

Quality Indicator 2.2 Quality assurance and improvement is led well

The home was under new registration, and we recognised this was still in its infancy. However, the areas for improvement identified at this inspection were not due to this transition. The new provider demonstrated a clear understanding of what was working well, and what improvements were needed. This reassured us they were committed to drive improvements forward and improve outcomes for people. A full evaluation had been carried out and a development plan was in place. This will support the continuous improvement of the service.

People and their families told us they had confidence in the manager. One family member shared "The manager is old school, and I have confidence in them". The service had a complaints procedure which people who experience care or their families could use to report any issues or concerns. The complaints procedure was on display within the home. We were told that the service has not received any complaints since the registration of the service. We were reassured people and their families knew how to raise a concern and have their voice heard.

There was a wide range of systems and processes being implemented within the home to provide oversight and assess the performance of the service. These were in their initial stages and required further time to be fully implemented and embedded into practice. Some quality assurance systems were in place and had directed improvements. For example, regular medication audits were carried out and a recent laundry audit had identified areas for improvement which had been actioned.

The manager undertook a daily walk round and this was important to ensure any areas for improvement were identified and responded to timeously. However, the walk round was not as effective as it should have been as some people's experiences were not good enough (**See Key Question 1 'How well do we support people's wellbeing'?**). Observations of staff practice were not regularly undertaken. As a result, any improvements to practice were not identified as soon as they should have been. This area requires further development and oversight by the service to ensure people experience good outcomes and are kept safe. We have made a requirement to support this (**See Requirement 1**).

Staff were not receiving supervision as often as they should be. This had been identified by the leadership team as an area for development and plans were in place to address this. This will help to develop a supported, competent and confident workforce (**See Requirement 1**).

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

Where people needed support to manage their finances, there were robust policies and procedures in place to keep their monies safe.

Requirements

1. By 16 June 2025, the provider must ensure that people are safe because quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the provision of the service.

To do this the provider must ensure, as a minimum:

- a) Routine and regular management audits are being completed across all areas of the service
- b) Regular observations of staff practice are carried out and any practice which falls below the expected standards is highlighted and addressed
- c) Supervision for staff is carried out in line with the policies and procedures of the organisation

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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?

3 - Adequate

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

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

People were being supported by staff who had been safely recruited. We reviewed recruitment files and confirmed the service had completed pre-employment checks in accordance with national safer recruitment guidance. This helped keep people safe.

Whilst staff were visible and available to people when they needed them, some people told us that staff were busy and did not always have the time to spend with them. This impacted on people's wellbeing and needs being met. During the inspection, however, buzzers were answered timeously, and people did not have to wait for care and support. This supported people to get the right care and support at the right time.

Despite the best efforts of staff, care and support was basic with little time for speaking with people or supporting them to maintain interests. Improvements should be made to ensure people could pass their time in a way that is meaningful and satisfying to them (**See Requirement 2 in 'How well do we support people's wellbeing'?**).

Staff retention had improved. The service has reduced the amount of agency staff they were using. One family member shared, "there used to be a lot of faces we didn't know, but there's been an improvement and there doesn't seem to be as much agency staff". People benefited from a more consistent and stable team.

People could have a say in who provided their care and support. This upheld people's rights.

New staff had access to an induction process which included a period of shadowing experienced staff members to learn about people's support needs. This reassured us staff had the appropriate skills and knowledge to care for people safely.

Training records showed that staff had access to a variety of training. A new online eLearning system had been introduced which the staff were working through. A training matrix was in place which provide the management team oversight on what training staff had undertaken and when refreshers were required. However, all staff required further awareness of the Health and Social Care Standards to ensure better outcomes for people (**See Requirement 1 in 'How well do we support people's wellbeing' section**).

Staff morale was positive. A staff meeting had taken place. This provided a forum for staff discussion, involvement and information sharing. As a result, staff felt included and listened to.

How good is our setting?

4 - Good

We have evaluated this key question as good. This was because there were a number of important strengths which, taken together clearly outweighed areas for improvement.

Quality Indicator 4.1 People experience high quality facilities

People benefited from a warm, comfortable and welcoming environment. There was plenty of fresh air, natural light and sufficient space to meet people's needs and wishes. The environment was relaxed, clean, tidy and well looked-after, with no evidence of intrusive noise or smells. This upheld people's dignity and promoted their well-being.

The setting offered sufficient opportunities for people to experience privacy. For example, people were able to use smaller communal areas when they had visitors. This upheld people's right to privacy.

People benefited from a well-maintained environment. There were clear planned arrangements for regular monitoring and maintenance of the premises and equipment to ensure people were safe.

The service upheld good standards of infection prevention and control. People benefited from a clean environment. People were protected from the spread of infection because cleaning was undertaken regularly by domestic staff.

People with sensory, dementia or other cognitive impairments were supported through some provision of signage throughout the building. Name plaques were on people's bedroom doors; however, the service should consider other methods such as the use of pictures or photographs to aid people's orientation around the building. The service should consider assessing the service using the good practice Kings Fund tool for people with dementia to develop this area further. We have made an area for improvement to support this (**See area for improvement 1**).

The sluice door on the ground level was unlocked during the first day of the inspection. This placed people at risk as there were hazardous chemicals inside which could cause harm to people if ingested. We brought this to the manager's attention, and this was improved over the inspection.

Areas for improvement

1. In order to help people orientate in their surroundings, the provider should review the design of the premises. This should include the use of colour schemes and signage, to help people living with dementia and other cognitive impairments find their way to communal facilities and their bedrooms.

Reference to The King's Fund Environmental Assessment Tool would be useful in providing ideas for design changes.

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

'I can use a mix of private and communal areas, including accessible outdoor space, because premises have been designed or adapted for high quality care and support' (HSCS 5.1);

And

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

How well is our care and support planned?

3 - Adequate

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

Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans we sampled were of varying quality. Everyone had a personal plan in place which included some useful information about their life stories, choices and preferences. However, personal plans were bulky and lengthy. Some plans were handwritten which made them difficult to read. Some staff we spoke to told us that they had not read the plans.

This meant people were at risk of receiving care and support that was not tailored to their needs and wishes **(See Requirement 1)**.

Some information contained in plans was inaccurate and did not fully reflect people's care needs and support. For example, there was conflicting information regarding a person's frequency of positional changes. The service had plans in place to move to an electronic system. Improving personal plan information will ensure people receive personalised effective care and support. We made a requirement to support this **(See Requirement 1)**.

People's care was not being reviewed within the regulatory timescales. We found no review meetings records within people's personal files. This meant people's views and opinions did not inform their planned care and that we were not assured people's care was up to date **(See Requirement 1)**.

Not all staff had been given time to read people's personal plans. We would recommend staff are given time and the opportunity to read and familiarise themselves with people's personal plans. This is to ensure staff have the necessary information to undertake their role and meet people's needs **(See Requirement 1)**.

Daily recordings of care and support were of varying quality. We found them to be mostly task orientated and did not reflect people's views or feedback. Some recordings of people's experiences were poor. We observed some entries that fell well below what we would expect. For example, improvements are required to some language used in care plans. This help uphold people's right to be treated with dignity and respect **(See Requirement 1 in 'How well to we support people's wellbeing'?)**.

Daily records for people lacked analysis. The notes we sampled did not contain any detail on how the person presented, interactions held with people or any social or recreational activities taking place. Therefore, they lacked information that would contribute to the review and evaluation of people's care and experiences **(See Requirement 1)**.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. This ensured people's choices and views were upheld. The home had consent forms in place, should there be any restrictions of movement placed on them, such as bedrails or sensor mats in their room. This helped to keep people safe.

People had anticipatory and end of life care plans in place. The plans reflected people's individual needs and wishes. This meant people's specific wishes and preferences could be attended in the event of a person's condition deteriorating.

Requirements

1. By 16 June 2025, the provider must ensure positive outcomes for people by ensuring that care plans are up to date and accurate. In order to achieve this the provider must:

- a) Ensure that documentation and records are accurate, sufficiently detailed, organised and reflective of the care/support planned or provided.
- b) Ensure staff are given protected time to read people's personal plans
- c) Ensure daily recordings are evaluative and reflect people's outcomes

e) Ensure that people's care is reviewed in line with regulatory requirements and people's views and wishes are actively sought on their care and support.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (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:

'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

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	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
4.1 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

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