

## Craigie House. Care Home Service

Main Street  
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Telephone: 01383 510505

Type of inspection: Unannounced  
Inspection completed on: 27 November 2017

**Service provided by:**  
Kingdom Homes Ltd

**Service provider number:**  
SP2003001615

**Care service number:**  
CS2003040561

## About the service

Craigie House is a two storey care home for older people, located within a residential area in Crossgates. The care home is registered to provide care and support to 30 older people.

The accommodation is single rooms with additional larger rooms that can accommodate shared living if residents wish. The majority of the bedrooms have an en-suite toilet and shower facilities. The rooms were personalised to the residents taste and choice.

The communal areas lounge and dining room are located on the ground floor with a passenger lift to the first floor.

The providers, Kingdom Homes, have a Statement of Purpose which includes 'quality of life should never be a thing of the past - it will always have a long-term future with us. We are committed to ensuring that the facilities, resources, policies, activities and services of the care home remain resident led.'

## What people told us

Prior to our inspection, we sent out ten questionnaires to residents, relatives and staff to ascertain their views. Three were returned to us from residents with five returned from relatives. We also spoke with ten residents face to face during our inspection and four relatives who were visiting. Overall, the views of people were positive. We heard from the residents they thought highly of the staff and commented "nothing is too much trouble." Residents were complimentary about the quality of food and also felt listened to regarding their preferences and daily routine. Some residents told us they would like to get out more. Some residents also felt that at times staff were "rushed off their feet" but did also state their care needs were attended to promptly.

Comments from relatives were also positive. A selection of views gathered are as follows:

"Staff all welcoming and friendly. They make sure our family are kept informed of all information concerning my mother's welfare."

"Everyday my mother always has a smile for the carers, this helps me to know they are kind towards her"

"Some excellent ideas brought forward by the activities co-ordinator"

"My initial fears were quickly put at ease as the management and care staff at the home were very welcoming to my mother and the family and communicated frequently and effectively."

## Self assessment

We no longer request a self-assessment from services. Instead, we consider the service development plan.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	4 - Good
<b>Quality of environment</b>	not assessed
<b>Quality of staffing</b>	4 - Good
<b>Quality of management and leadership</b>	3 - Adequate

## Quality of care and support

### Findings from the inspection

We assessed the residents at Craigie House as receiving good quality care. We concluded this after we took into account the views of residents living there, discussions with relatives and consideration of returned questionnaires. We also saw from the sample of care plans we looked that there was regular attendance of district nurses and the service evidenced a good overview of clinical needs for people. We were also satisfied that residents enjoyed a varied nutritious diet that also took into account dietary requirements and met the recommendations suggested by the dietician. We observed meal times were efficient and residents received discreet support when needed. This promoted respect and dignity.

We saw reviews were held within the required timescales for residents that took into account the ongoing support from other professionals and the views of residents. This ensured that people's health needs were monitored with care being adapted should care needs change.

We saw that equipment was issued to people who were assessed as needing this, for example sensory mats to monitor movements of residents who were at risk of falls. We also saw all appropriate consents were in place from welfare appointees where this was required.

Residents were supported to participate in meaningful activity and a bus was available for outings.

We did not see care plans that fully evidenced how residents with high levels of stress and distress were being supported, or what techniques or strategies were implemented prior to medication being administered. It was also not clear to us what professionals were involved with their care or their advice that had been given.

It is vitally important that older people receive good oral hygiene and dental services. This is because medical and functional problems can put older people at increased risk for oral diseases. We did not see daily completed charts for oral care for residents. The service have agreed for a referral to the health caring for smiles team to support the home in this area.

We have directed the service to the Scottish Government integrated adult policy on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), Decision Making and Communication to support the service with ensuring that all residents alongside relatives and medical professionals have their wishes documented. We will follow this up on future inspections.

We have asked the service to consider and evidence support for people outwith the four hour period that the activity co-ordinator is in post as well as providing more structure at weekends.

We looked at how the service met the overall health needs of the residents and how this informed staffing levels. We will refer to this further under Management and Leadership.

We have referred to medication under previous requirements made for the service.

### Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The service should clearly evidence in care plans the needs of people who display high levels of stress and distress and how these needs are being met.

**This is to meet National Care Standard 14, Care Homes for Older People -Lifestyle -Keeping Well - Healthcare**

**Grade:** 4 - good

## Quality of environment

This quality theme was not assessed.

## Quality of staffing

### Findings from the inspection

We assessed that the staff working at Craigie House were friendly, caring and respectful towards residents in their care. We concluded this after taking into account the views of people living there, our own observations as well as those relatives we met during inspection.

We also spoke with six members of staff during our inspection who told us that they felt they worked together as a team. During discussion we felt they demonstrated a positive attitude towards their role. We heard that staff felt well supported, were able to attend regular meetings within the home to discuss issues and everyone we spoke with could provide examples relating to the protection of residents.

Staff were able to discuss their induction and on-going training they had attended, although some staff were uncertain of what dementia training had been undertaken. In addition, it was not clearly evidenced to us how many staff had attended up to date training relating to dementia. This should be arranged as a priority and we will follow this up with the service. We have made reference to medication training under management and leadership.

Some staff did not feel that cover was always provided when there were absences. We have also referred to this further under management and leadership.

We saw that an overview was kept of all staff who were required to be registered with the Scottish Social Services Council (SSSC) and those who had to obtain qualifications were supported to do so. This ensured that staff were appropriately skilled and could meet the needs of people in their care.

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 1

1. All care staff should attend dementia training at the skilled level of the Promoting Excellence framework or equivalent.

### This is to meet National Care Standard 5 Care Homes for Older People - Management and Staffing Arrangements

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

We looked at the audits that were undertaken within the home. We could see there was a good overview of accidents and incidents occurring in the home with monitoring and appropriate action on minimising re-occurrence was clearly evidenced. We also saw there was a good clinical overview evidenced for residents who received visits from the district nurse and dietician. We could also see clearly what equipment people were given to support their health needs.

We did find that some audits of the service had been infrequent. The care plan audits did not indicate how many plans were looked at and if these included new admissions.

Records kept of residents dependencies did not clearly demonstrate how residents care needs were calculated, or how these informed staffing levels. Although staffing tools can be an informative guide, they do not take into account additional needs, for example fluctuating distress levels. We discussed this with the management team that clear evidence needs to be provided in this area.

We also heard that new medication administration systems had been introduced within the home. This was a corporate decision that all residents should have medication kept in pods in their rooms. However we discussed with the management team that all staff should have been trained in the administration of medication prior to the new medication system being introduced as this was no longer the responsibility of only the senior staff. We have therefore made a requirement in this regard.

The service are currently working on producing a development plan so we were not able to see this at our inspection. We asked that this be undertaken and the service should include the feedback of residents, relatives and professions with regard to how the service can improve.

We were advised that the provider undertakes the responsibility of recruitment procedures and evidencing appropriate references and background checks. We advised that some improvements needed to be made in this area.

We have made requirements and recommendations below in accordance with our findings. We do acknowledge however that since our last inspection there has been temporary management arrangements in place as well as some aspects of our findings being outwith the remit of the current manager.

## Requirements

### Number of requirements: 3

1. The provider must demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this the provider must:

(a) ensure that at all times suitably qualified, skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users. Particular emphasis should be placed on dementia training and the administration of medication.

**This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents and regulation 15 (b) (i) - training appropriate to the work they are to perform**

**Timescale: To be evidenced to the Care Inspectorate no later than 31 March 2018**

2. The provider must demonstrate that the level of staffing is adequate to provide the assessed level of support to service users at all times.

**This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users and The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 15(a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users;**

**Timescale: To be evidenced to the Care Inspectorate no later than 31 March 2018**

3. The provider must ensure that the service has quality assurance systems in place to ensure that the home is providing an effective service to residents. In order to achieve this, the provider should undertake the following:

- review the frequencies of audits and develop current monitoring systems across the home
- implement an overall development plan that should consider the views of residents, relatives and other professionals providing a service
- ensure that current auditing systems are being used effectively in order to drive up standards and improve service quality

**This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 / 210 regulation (4 ) (a), welfare of users.**

**Timescale: To be in place no later than 30 June 2018**

## Recommendations

### Number of recommendations: 1

1. Records must be improved to demonstrate safer recruitment practice in line with the company policy and the Scottish Government's safer recruitment practice.

**This is to meet National Care Standard 5 Care Homes for Older People - Management and Staffing Arrangements.**

**Grade:** 3 - adequate

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

## Previous requirements

### Requirement 1

The provider must ensure that medication is managed in a manner that protects the health and wellbeing of service users, In order to do this the provider must ensure:

- (a) that there is an assessment in place for the method of medication administration. The assessment should clearly state whether it is prompted, self administered or administered.
- (b) "as required" medication that has been administered must be recorded stating the reason for this and should include if this has been effective;
- (c) staff must sign on the medication administration sheet for all medication that has been administered;
- (d) accurate and detailed records for the application of topical creams/ointments are maintained

This is in order to comply with: The Social Care and Social Work Improvement Scotland Regulations, Scottish Statutory Instruments 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

In making this requirement we have also taken into account the National Care Standards, Care Homes for Older People Standard 15 - Keeping Well - Medication,

Timescale: to commence without delay

**This requirement was made on 20 October 2016.**

### Action taken on previous requirement

(a) The service have agreed to include more information in the medication care plans regarding methods of medication administered. Those residents who receive warfarin should also have documented in their records, side effects and risks of not receiving this medication.

(b) The "as required" medication was well recorded with the reasons for this and the outcome for the resident clearly recorded.

(c) We noted from medication records, that there were on a low number of occasions, missing signatures.

(d) It was disappointing to see that the recording of creams for residents still needed to be improved. We saw gaps in the frequency of applications and some prescription directions were very vague. We did not see body maps being used. The manager plans to raise the issue of prescribing directions with the General Practitioner practice for more detailed instructions to be labelled on creams which will provide consistency for staff.

This requirement will be carried forward to look at again at our next inspection with the exception of part (b).

## Not met

### Requirement 2

All care plans should be reviewed at least once in every six month period or when there is a significant change in a person's health, welfare or safety needs.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), (5) Personal plans.

**This requirement was made on 20 October 2016.**

#### Action taken on previous requirement

The care plans we sampled during our inspection all evidenced that reviews had been carried out every six months. We also saw that a good overview of this was in place for all residents within the home that clearly indicated when reviews were due.

This requirement has been fully met.

## Met - within timescales

### Requirement 3

The provider must ensure the health and welfare of residents, including those who lack capacity to make decisions about their care and treatment. To do this they must ensure the following:

(a) Staff have access to information which details any person(s) who have been appointed as a welfare guardian or power of attorney for someone in their care, and what decisions the guardian or power of attorney has the legal authority to make on behalf of the person in care

(b) Staff understand that if the person in their care lacks capacity to decide about his/her medical treatment, a certificate under the Adults with Incapacity (Scotland) Act 2000 Section 47(1) is required in order to authorise treatment.

This is order to comply with the Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users, SSI 2011/210



Timescale for improvement: To be in place for all residents by 31st January 2017

**This requirement was made on 20 October 2016.**

#### Action taken on previous requirement

We were satisfied that the service had an overview of the residents legal status. We were also able to see that requests to various general practitioners had been made to undertake capacity assessments for residents who had shown signs of cognitive decline.

This requirement has been fully met.

**Met - within timescales**

### Requirement 4

Record-keeping must be improved to demonstrate that written information about accidents or incidents involving people who use the service is accurate and up-to-date. In order to achieve this, the provider must:

- (a) provide training so that staff are aware of their responsibility in maintaining accurate records of accidents and incidents;
- (b) demonstrate that staff follow policy and best practice about record-keeping and documentation;
- (c) ensure that managers are involved in audits of records and kept informed of any accidents and incidents
- (d) ensure that accidents and incidents are notified to the Care Inspectorate within the relevant timescales.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments (SSI) 2011 No 210: regulation 4 - requirement for records all service must keep, and SSI 2011/210 regulation 4(1)(a) Staffing, regulation 15(b)(i).

Timescales: to commence without delay

**This requirement was made on 20 October 2017.**

#### Action taken on previous requirement

- (a) We met with senior staff who had a supervisory role. We were advised that all staff were provided with guidance on the responsibility of completing accurate records relating to accidents and incidents and this is also included during induction training for new staff.
- (b) We looked at the accident and incident records kept by the service and these were completed well.
- (c) We saw that the manager had a good overview of these and the audits also demonstrated good analysis and appropriate actions to minimise re-occurrence.
- (d) All accidents and incidents the service held with identified criteria were also reported to the Care Inspectorate.

This requirement has been met in full.

**Met - within timescales**

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

### Previous recommendations

#### Recommendation 1

The service should follow advice from dietician and ensure people are weighed within recommended timescales and that this is recorded within their care plans.

This is in accordance with National Care Standard 14, Care Home for Older People, Lifestyle- Keeping Well - Healthcare.

**This recommendation was made on 20 October 2016.**

#### Action taken on previous recommendation

We looked at the recording of weights in both the sample of care plans as well as the audit overview held by the service. We could see that records were kept within the recommended timescales and also that dietary advice was being followed.

This recommendation has been met.

#### Recommendation 2

It is recommended that the service ensures that care plans reflect the residents outcomes in line with the associated risks. Care plans should be reviewed with regard to changes in risks, whether or not outcomes are being met, and the relevant information recorded within the care plan.

National Care Standards Care Homes for Older People - Standard 6 - Supporting Arrangements.

**This recommendation was made on 20 October 2016.**

#### Action taken on previous recommendation

We could see that risk assessments held within care plans were clearly recorded and updated and that any changes to the overall needs of people was demonstrated.

This recommendation has been met.

#### Recommendation 3

The management team should consider a variety of methods to gather the views of residents, relatives and stakeholders using appropriate communication methods with regard to service delivery and improvement and demonstrating this by way of improvement plan.

This is to meet National Care Standard 5, Care Homes For Older People - Management and Staffing Arrangements

**This recommendation was made on 20 October 2016.**

**Action taken on previous recommendation**

We have made reference to this under Management and Leadership of our report. We have now made a requirement in this area as this has been outstanding for some time.

**Recommendation 4**

The management team should consider the implementation of leadership roles within the staff team to support professional development and promotion of skills enhancement in all areas of care provision.

This is to meet National Care Standard 5, Care Homes for Older People - Management and Staffing Arrangements

**This recommendation was made on 20 October 2016.**

**Action taken on previous recommendation**

We were not able to see that this had been progressed, however we are aware that due to changes in management and new staffing which has been significant since the last inspection we will carry this forward and look at this again.

**Recommendation 5**

The following recommendation was made after an upheld complaint.

It is recommended that the availability of activities is reviewed. This is particularly important for people who spend most of their time in their room. Consideration could also be given to introduce internet access. This would allow people to communicate electronically to maintain links with family and friends and prevent them from feeling isolated.

This is to meet National Care Standard 16 and 17 - Care homes for Older People - Private and Daily Life

**This recommendation was made on 28 July 2017.**

**Action taken on previous recommendation**

We noted that an activity co-ordinator was in post for 4 hours a day, five days a week. We saw that consideration was made to support people in their rooms, as well as the residents who enjoyed group activities. We did feel there was a lot of tasks to be undertaken by the staff member over a limited amount of hours. It was also not clearly evidenced what was offered and delivered to residents outwith the hours that the staff member was not on duty. We also did not see clearly evidenced if the hours 10 am until 2pm were the best times for the residents to partake in meaningful activity.

We have asked the service to undertake work in this area to demonstrate the views, wishes and preferences of residents alongside the available hours on offer. We will follow this up again with the service.

**Recommendation 6**

The following recommendation was made after an upheld complaint.

It is recommended that the hours required and deployment of domestic staff should be reviewed. It is further recommended that cleaning schedules should be introduced and that these include a record of routine deep cleaning.

This is to meet National Care Standard 4 - Care Homes for Older People - Your environment

This recommendation was made on 28 July 2017.

## Action taken on previous recommendation

We were able to see that interviews had been held and arrangements to employ additional staff for domestic duties were in place. We also saw cleaning schedules outlining tasks and deep cleaning.

This recommendation has been met.

## Complaints

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

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
20 Oct 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
7 Sep 2015	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 5 - Very good Management and leadership 4 - Good
14 Aug 2014	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 4 - Good Management and leadership 4 - Good
18 Jul 2013	Unannounced	Care and support 4 - Good Environment 4 - Good

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good
8 Oct 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
17 Apr 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
18 Jan 2012	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
13 Dec 2011	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
12 May 2011	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	4 - Good
25 Oct 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
10 Aug 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
16 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	5 - Very good Not assessed
26 Jan 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
12 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 4 - Good
13 Jun 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good

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