

## Cranford Care Centre Care Home Service

83 - 101 Cranford Road  
Aberdeen  
AB10 7NJ

Telephone: 01224 209760

**Type of inspection:**

Unannounced

**Completed on:**

13 June 2018

**Service provided by:**

Larchwood Care Homes (North) Limited

**Service provider number:**

SP2011011695

**Service no:**

CS2011301134

## About the service

Cranford Care Centre is owned and managed by Larchwood Care Homes (North) Limited to provide a care service for a maximum of 39 older people, where a maximum of two places may be used to provide a care service to adults with a physical disability and/or chronic illness.

The service employs a team of nursing, care, domestic and catering staff with varying degrees of skills, expertise and qualifications. Cranford Care Centre is a traditionally-built granite house with a purpose-built extension. The accommodation is over two floors and consists of 38 bedrooms. All bedrooms have en suite facilities of a WC and wash hand basin. One bedroom has an en suite with shower. The home is divided into two units. Each unit has a selection of seating areas and a dining area.

The service states in its aims: 'It is our objective that all service users enjoy a clean, smoke-free and safe environment in private spaces and communal areas within the home and be treated with care, dignity, respect, and sensitivity to meet the individual needs and abilities of the service user'.

This service has been registered with the Care Inspectorate since 31 October 2011.

## What people told us

We spoke to nine residents, who stay at Cranford. We also spent time observing staff practice in the home and how the staff interacted with residents, especially those who had limited communication. Residents indicated that overall they were happy with the service they received. We continued to receive varying feedback regarding the food and choices that were available. However, in general, residents said the food was good. They said staff were lovely and 'will do anything for you'. One resident said 'there's nothing coming over me'. Many residents were familiar with many of the staff. We saw residents and staff interacting in a warm, relaxed and friendly manner.

We spoke to five relatives during our inspection. They said things were starting to improve and were happier. We received varying feedback regarding how well Cranford was performing. In general most relatives were happy with the care and support provided. One relative describe the service as being 'nae bad'. However, concerns were raised regarding the food and that the staffing level could be increased to provide more time for social interaction. We looked into these during the inspection. All the relatives spoken with said they were happy to bring any concerns to the manager.

The views of the residents and their families have greatly informed the findings of this inspection and are included throughout this report.

## Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring the quality of the provision within the service.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

We found that the outcomes for the residents regarding their daily care and support had begun to improve. However, there remained a number of areas that should be developed and improved on, we graded the service as being adequate.

Residents should experience care and support that is right for them. We spent a considerable time observing staff practice in the home and how the staff interacted with residents, especially those who had limited communication. Observations showed many staff worked with compassion to ensure that the residents were treated as individuals. We saw that staff were willing and wanting to care and help the residents. We saw no poor practice in the service, only practice that could be further developed to improve the outcomes for the residents, not only in the support and care provided but also in their overall quality of life.

It is important that residents achieve their potential and are supported in making lifestyle choices. We found that there were very limited activities or events on offer to residents, as the activity coordinator was on leave. There remained concern that residents were not offered a range of activities that would improve and enhance their quality of life. The new management team were supporting staff to improve the culture within the home to become more outcome focused for the residents. This will support residents to make more lifestyle choices, such as going out into the garden when they wish and choosing when to have their main meal, instead of conforming to the homes and staffs daily routines.

The treatment or interventions that residents experience should be effective. If a resident needs to be seen by a visiting healthcare professional their advice should be implemented in the best way suitable for the resident's needs. The management team and staff were working with other agencies to try to improve the outcomes for a number of residents. We were told that in general the communication and the way in which requests, advice and support had been put into practice had improved. However, there were occasions when the communication systems had failed. This had resulted in residents not having specimens taken promptly. Residents' human rights should be protected and promoted. All staff have been retrained in safeguarding and the Adult Support and Protection (ASP) procedures. The staff had a clear understanding ASP and the procedure. However, more could be done to discuss learning outcomes with staff following any incidents or concerns.

Resident's personal plans should be right for them. It should set out how their needs will be met, as well as their wishes and choices. We found that most of the staff appeared to know the residents well, including their likes, dislikes, routines and habits. Residents' personal plans showed that in general the standard and quality of the documentation had begun to improve. We found, there was still a lack of detail noted within some of the documentation, in relation to supporting residents who were distressed or anxious, identifying potential risk and how some care and support was being evaluated. **(See recommendation 1)**

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider must ensure that all service users' personal plans are reviewed in order to ensure that they contain all of the required up-to-date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused.

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

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

We found that the cultural and physical environment at Cranford to be adequate. It is important that residents live in an environment that is well looked after. We found that there was significant improvement in the cleanliness of the home. There has been an increase in housekeepers or laundry staff to maintain the home and laundry to the standard expected by residents and relatives.

It is important that residents live in a home that has been adapted, equipped and furnished to meet their needs and wishes. An assessment of the environment to identify areas that could be improved to make the home more dementia friendly had been undertaken. Work had begun to assist or improve the residents' ability to remain orientated, remain independent and to move towards a more 'homely' feel within the home. These improvements will be further developed and enhanced during the planned refurbishment of the home. This will ensure that the residents have a nice place to stay that promotes a positive quality of life.

Residents should live in an environment that is secure and safe. Regular maintenance checks were undertaken by the maintenance and external contractors. Prompt action was taken by the management team to address any defects or concerns identified. We were aware that the lift was non-functioning for a period of time. The

management team were in constant contact with the contractors to ensure that repairs were undertaken as promptly as possible.

We found that the physical and cultural environment within Cranford needs to continue to improve. Although progress has been made within some areas, all the residents should have a nice place to stay that promotes a positive quality of life.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 – adequate

## Quality of staffing

### Findings from the inspection

The home had reduced the number of agency staff that they were using. This had begun to improve the impact on the outcomes for the residents and the permanent staff. However, the quality of staffing remained adequate.

Residents should experience stability in their care and support from staff who know their needs, choices and wishes, even if there are changes in the organisation. We saw there was more leadership/organisation of the shifts, mainly due to working with permanent staff that were beginning to know the home and residents. Staff stated that 'things were improving' and staff morale was 'much better'. The staff we spoke with were dedicated, enthusiastic and trying to do their very best for each resident.

It is important that residents experience consistency and continuity and care should be well coordinated. We found that in general communication and team working had significantly improved. Occasionally the communication between staff had broken down which had resulted in an impact on the welfare of the residents.

Residents should experience warmth, kindness and compassion in how they are cared for. The atmosphere in the home during the inspection was friendly and warm. Staff positively interacted with the residents. The outcomes for the residents had begun to improve. Residents spoke highly of the staff and the kindness they were shown.

It is important that residents' human rights are central to how they are supported and cared for. We found that the management team and staff have focused on compliance, to begin to improve the quality of care for the residents. This should be further expanded through the organisation's staff development processes to increase the staffs' knowledge, understanding and awareness of outcomes and the Health and Social Care Standards. This will assist in promoting and supporting the culture required to ensure all residents have a good quality of life.

**(See recommendation 1)**

It is important that residents' needs are met by the right number of staff. The staffing rota clearly reflected all the staff on shift. The management team were assessing the staffing levels using a specific staffing tool for

assessing residents' dependency levels. Staff raised some concerns regarding the number of staff at specific times of the day. The management team were aware of these concerns and were reviewing how staff were deployed within the home. The management continued to monitoring staff sickness levels and continued to actively recruit for permanent staff.

The atmosphere in the home during the inspection was very friendly and the staff group appeared, in general, happy. This was having a positive outcome on the residents.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider, the management and staff should develop and implement an outcome based approach to the care and support provided.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state that, My human rights are central to the organisations that support and care for me. (HSCS 4.1).**

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

Residents should benefit from a culture of continuous improvement and be well led. A detailed organisational quality assurance framework was in place and being used effectively to improve the outcomes for residents. Complaints and concerns had been addressed in line with the organisations policy. A new manager was in post and had begun establishing relationships with residents, relatives and visiting professionals. Relatives spoke highly of the service. One relative said 'we would happily discuss anything with the new manager, things seem to be changing'. A development improvement plan was in place. Appropriate action was beginning to be taken to address these concerns. We found that the residents' quality of live had begun to improve and be sustained.

**(See recommendation 1)**

The management team acted promptly to address and manage incidents involving residents. Full investigations were commenced. More could be done to share any learning outcomes with staff, with the aim of preventing any further incidents.

We were given assurances, by senior management, of the improvements made so far to address the previous concerns and issues will be embedded into culture and maintained. The organisation was committed to improve the outcomes for the residents. Given our findings and the continuing assurances from the senior management, we have graded this service as adequate.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 1

1. The provider must continue to ensure that the quality assurance processes are effective and clearly identify areas for improvement. The processes should be responsive to improving the service's individual performance, based on relevant legislation and good practice and actively drive good practice and standards forward. The systems must be focused on improving the outcomes and the quality of life for the users.

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

**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 the quality assurance processes are effective and clearly identify areas for improvement. The processes should be responsive to improving the service's individual performance, based on relevant legislation and good practice and actively drive good practice and standards forward. The systems must be focused on improving the outcomes and the quality of life for the users.

In order to achieve this, the provider must:

- Supply the Care Inspectorate with an updated copy of their development/action plan on a fortnightly basis, commencing 6 April 2018.

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 3 - Principles and Regulation 4(1)(a) - Welfare of Users**

**Timescale:** Initially by 6 April 2018 then fortnightly thereafter.

**This requirement was made on 9 April 2018.**

## Action taken on previous requirement

We have received regular updated development plans from the management team. These plans were clear, detailed and responsive. They showed the progress that had taken place in improving outcomes for the residents.

Although progress has been made, this practice needs to continue to ensure it becomes embedded into everyday custom. The management team should also consider the accuracy of the audits undertaken and address any learning outcomes identified for the staff.

This requirement was met but to support continuing improvement it will be replaced by an area for development. (See quality theme 4 - management and leadership)

## Met - within timescales

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

## Previous recommendations

### Recommendation 1

Residents should have clear plans of care to enable staff to provide consistent, good quality of care to individuals. Care plans should be fully completed, accurate and up to date. These should include areas such as photos, allergies and powers of attorney. Proper systems should be put in place to ensure wounds are reviewed according to assessed need and best practice.

**National Care Standards, Care Homes for Older People - Standard 6: Supporting Arrangements; and Standard 14: Healthcare.**

**This recommendation was made on 20 April 2017.**

### Action taken on previous recommendation

We found that the care plans could continue to be further developed. This remained a work in progress. The staff had identified areas within the documentation that required to be addressed to ensure they became outcome focused. To date this had not been fully implemented. This was in line with the timescales within the services development and improvement plan.

To encourage the staff and the management team to focus on continuing to improve the outcome for residents, and not focus on the completion of paperwork, this recommendation was rewritten. (See quality theme 4 - care and support)

### Recommendation 2

In order to ensure safe living and working practices, the manager should develop the incident reporting, recording and analysis system in the home. Staff should be provided with training to ensure they are competent



to take proper action to prevent and follow-up on incidents, including where forms are placed. The manager should ensure robust tracking, analysis and follow-up to any incident is carried out. This would include ensuring referrals are made for specialist assessment and that risk assessments are updated.

**National Care Standards, Care Homes for Older People – Standard 5: Management and Staffing Arrangements; and Standard 14: Healthcare.**

**This recommendation was made on 20 April 2017.**

**Action taken on previous recommendation**

We found the service held records on all accidents, incidents and falls that occurred within the home. These records were reviewed and monitored by senior staff. The incidents recorded as falls were reviewed and action taken where appropriate. However, there was confusion amongst staff regarding accidents and falls and which documentation should be used. The manager had already identified this and was in the process of putting a new flow chart in place for staff to follow.

This recommendation was met.

## 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).

## Enforcement

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

## Inspection and grading history

Date	Type	Gradings
23 Mar 2018	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>3 - Adequate</div> <div>3 - Adequate</div> <div>3 - Adequate</div> <div>3 - Adequate</div>
20 Apr 2017	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>4 - Good</div> <div>4 - Good</div> <div>4 - Good</div>

Date	Type	Gradings	
		Management and leadership	4 - Good
20 Jan 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
16 Jun 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Dec 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
21 Dec 2015	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	2 - Weak
19 Aug 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
5 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
25 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
17 Mar 2014	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate

Date	Type	Gradings	
		Management and leadership	Not assessed
23 Oct 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
27 Sep 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 4 - Good 4 - Good
27 Apr 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 4 - Good 4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

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