

## Crosslaw House Care Home Care Home Service

Home Street  
Lanark  
ML11 9AZ

Telephone: 01555 664445

**Type of inspection:**

Unannounced

**Completed on:**

31 August 2018

**Service provided by:**

Care Concern Ltd

**Service provider number:**

SP2003003618

**Service no:**

CS2007146291

## About the service

Crosslaw House is registered to provide a service for up to forty-five older people, including one adult who was learning needs and an other under the age of sixty-five. The registration for both of these service users is person specific. At the time of the inspection there were thirty-nine people living in the home.

The service is situated on the outskirts of Lanark and can be accessed by public transport with the amenities of Lanark close by. The home consists of an older building, with limited en-suite facilities and a newer extension with en-suite shower rooms. People have access to a range of lounge and dining spaces as well as to a new secure garden space. All those living in the home have a single bedroom, although there are larger rooms available for couples to share if they choose. People were encouraged to personalise their bedrooms, including bringing in items of furniture from home.

The homes mission statement states 'We are committed to providing the highest standard of care for our service users. The care we offer covers all aspects of a service user's life. We are dedicated to working together with each individual service user to empower them to live the life they choose. We have endeavoured and will continue to endeavour to make Crosslaw a home from home.'

## What people told us

We received eight completed questionnaires from those living in the service prior to the inspection. Seven people strongly agreed with the statement 'Overall I am happy with the quality of care I receive at this home' and one person did not respond to this question.

We received two completed Care Standards Questionnaires from relatives prior to the inspection. Both indicated that overall they were happy with the quality of care their relative received.

One commented that they would like their relative to have access to the secured garden area when they wanted and felt that an exercise class would be beneficial. Another relative commented on their relative wearing other peoples clothing.

We spoke with ten resident's and three family members during the inspection. Those spoken with were all happy living in the home. All indicated that they or their relative was well cared for and staff were very attentive and helpful. People said they enjoyed getting out in the mini bus but would like to get out more.

The following comments were made by those spoken with and from the completed questionnaires:

- staff are fantastic
- I lived in a big house and was worried about coming here but it's the best thing I've done
- staff are kind and funny
- I enjoy spending time in the lounge and enjoy the company
- most staff are very good
- staff are very helpful and caring
- open door policy - feel I'm able to speak with staff, carers and management if needed
- my sister visits and staff make her welcome
- someone gives me communion on a Sunday
- would like more choice at meal times
- like the new garden area

## 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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

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

It is important that staff across the home treat residents with compassion, dignity and respect. We saw that the staff were skilled in delivering care and showed compassion and respect in their interactions with people experiencing care. This ensured people felt valued and respected which helped maintain their wellbeing. People we spoke to praised the staff and said they felt well cared for and were happy living in Crosslaw.

We observed that the staff team demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, but they were not clear about how the standards informed their positive interactions with residents. We would ask management to raise the awareness of the staff team in respect of the principles of the Health and Social Care Standards, to underpin and confirm their positive practice.

People using the service could be sure that their health needs were adequately supported. This was provided through ready access to services such as GPs, District Nurses and other health professionals when needed.

Medication was well managed and this helped to ensure that people received their medications as intended and ensured people's health was maintained or improved.

Having good nutrition and being well hydrated is important for keeping well. When individuals had been identified as being at risk of unintended weight loss or not drinking enough staff are monitoring and recording what they have had to drink and eat. This information is also used to check if the measures they have put in place are working. We observed the meal time experience and concluded that overall these were well managed, staff worked hard to create a calm environment, offered people who use the service choice as to where they would like to have their meal and provided an appropriate level of assistance. Staff were good at encouraging individuals to eat and drink well and it was evident that snacks and drinks are offered outwith main meal times.

Care homes should support people to spend time doing things that they enjoy doing because of the positive effect that this has on their mental health and wellbeing. We could see that there were activities primarily delivered by activities organisers with additional input from care staff. However, we could not see evidence of how the needs and preferences of individuals who use the service and the activities offered are linked. We believe that the service needs to audit activities against people's wishes to improve this (See requirement 1)

## Requirements

1. The service provider must audit activities provided to ensure activities offered better match the needs and preferences of individuals who use the service. These activities should help maintain and develop individual's interests and skills. This ensures that support is consistent with Health and Social Care Standards: 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) It also complies with Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**How good is our leadership?**

This key question was not assessed.

**How good is our staff team?**

This key question was not assessed.

**How good is our setting?**

This key question was not assessed.

**How well is our care and support planned?****4 - Good**

People should be able to benefit from care plans which are regularly reviewed, evaluated and updated which consistently informs all aspects of the care and support they experience.

We read a sample of care plans that contained good person centred information and prompted staff to promote people's choices and independence. This was demonstrated in the staff practice and positive interactions we observed during the inspection. We noted that when there was a change to the individual the plan was updated to reflect this. This helped to ensure that the care and support provided remained relevant.

Appropriate risk assessments were in place and where a risk had been identified there was a plan in place providing details on the management of this. Regular review meetings took place to ensure people were satisfied with the care provided and contents of the care plan. Some people we spoke to said they were aware of the care plans while others seemed unsure.

We saw that people's rights were respected and where there were issues of capacity, appropriate legal arrangements were in place and advocates involved. This meant that people experiencing care could be confident that their views would be sought and choices respected, including when they had reduced capacity to make their own decisions.

We identified the need for management to review how staff were completing the monthly evaluations within the care plans. This was to ensure that these were more reflective of the actual care provided. This would help show how the care and support provided continued to meet people's assessed care and support needs (see area for improvement 1)

**Areas for improvement**

1. The service provider should ensure that the monthly evaluations within the care plan are more meaningful and reflective of the care and support provided. Where possible these evaluations should be agreed with the person receiving the service. This ensures care and support is consistent with the Health and Social Care Standards, which states I am fully involved in developing and reviewing my personal plan, which is always available to me (HSCS 2.17).

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

### Requirements

#### Requirement 1

The service provider must ensure the health and welfare of residents by ensuring safe administration and recording of medicines. To do this they must ensure that:

- Medication is given in a manner that allows the resident to get the intended benefit of the medicine.
- That where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the Medicines Administration Recording [MAR] chart.
- All topical creams must be appropriately recorded and outcome monitored.
- When staff are required to make hand written entries in the records this must include dates, signatures and the person who prescribed its instructions.
- Where a "when required" medicine is given (e.g. to manage an emotional or mental health need or pain) the service should ensure that the reason for use and outcome are recorded.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2011/210 Regulation 4 (1)(c) - a requirement to ensure that no-one is subject to restraint unless it is the only practicable means of securing the welfare of that or any other resident, and SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

**This requirement was made on 7 June 2017.**

#### Action taken on previous requirement

From the records examined at this inspection we noted significant improvement in the recording of medications. Regular audits undertaken highlight any issues and actions were taken to address these. This requirement is met.

**Met - outwith timescales**

#### Requirement 2

The provider must ensure that where a wound treatment plan is in place that staff follow the information contained in that plan in order to provide the individual with effective treatment. This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people. Timescale for implementation: forty-eight hours from receipt of this report.

**This requirement was made on 7 June 2017.**

**Action taken on previous requirement**

From the records looked at during this inspection we noted that where a wound treatment plan was in place that this was being followed by staff. We noted that the plan was effective and that the wound was healing. This requirement has been met.

**Met - outwith timescales**

**Requirement 3**

The provider must ensure that all complaints received are recorded as such and that the complaints policy and procedures are applied in attempting to resolve them as quickly as possible.

This is in order to comply with: SSI 2011/210 Regulation 18 Complaints.

**This requirement was made on 22 August 2017.**

**Action taken on previous requirement**

We noted that the service was recording any complaints received and actions taken. We also noted that the service checked with complainant if they were happy with the outcome of the complaint investigation. This requirement is met.

**Met - outwith 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**

Oral health assessments should be reviewed and updated regularly. Oral hygiene charts should be completed in line with these assessments and this must include monitoring for people who are fairly independent with their oral care. These should highlight how well the resident is managing as well as highlighting any difficulties, such as denture losses.

National Care Standards for Care Homes for Older People, Standard 6 Support arrangements and Standard 13 Eating well.

**This area for improvement was made on 7 June 2017.**

**Action taken since then**

From the records looked at during this inspection we noted an improvement in how oral charts were being completed. Management had an over view of these and if actions were needed to improve recording these were taken. This area for improvement is met.

## Previous area for improvement 2

The service should consider and implement a strategy on how they plan to gauge the views of those service users with significant memory impairments.

National Care Standards: Care Homes for Older People, Standard 11, Expressing Your Views.

**This area for improvement was made on 7 June 2017.**

### Action taken since then

The service continued to attempt to obtain the views of those living in the service and this included those with significant memory impairments. Management were aware of the need to continue to review methods of consultation to ensure that all those living in the service had their say. This area for improvement is met.

## Previous area for improvement 3

To help build open, helpful dialogue which best serves people who use the service, the service should ensure they attempt to build effective communication with all close relatives. Where relatives hold legal rights for advocacy, the service should take extra care in ensuring open and transparent systems of communication.

National Care Standards Care Homes for Older People Standard 11: -Expressing Your Views - You are encouraged to express your views on any aspects of the care home at any time.

**This area for improvement was made on 22 August 2017.**

### Action taken since then

Relatives spoken with at this inspection highlighted that management had an open door policy and that they could speak to management at any time. People told us management were approachable and that they were kept up to date with any changes to their relatives care and support needs.

This area for improvement has been addressed.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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	4 - Good
1.2 People get the most out of life	3 - Adequate



1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

## 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.