

Crosby House Care Home Service

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Telephone: 01224 566556

Type of inspection:

Unannounced

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Service provided by:

Aberdeen Association of Social Service,
a company limited by guarantee,
trading as VSA

Service provider number:

SP2003000011

Service no:

CS2011298871

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service has been registered since 2011.

Crosby House is a care home for older people located in a residential area of Aberdeen. Crosby House is registered to provide care to a maximum of 40 older people. At the time of our inspection, there were 37 people living at the home. The service operates over two floors, each floor has a sitting area, a dining area and space for leisure activities. At the time of our inspection, essential upgrading work was being carried out, this was phased work completing one floor at a time to ensure minimum disruption to residents. We spent time with the residents who were altogether during the day on the second floor.

The home is operated by Aberdeen Association of Social Service, a company limited by guarantee, trading as VSA (Voluntary Service Aberdeen).

Crosby House's philosophy statement states that 'each individual is treated with dignity and respect' and 'your views, ideas, suggestions or complaints will be listened to by staff, recorded and action taken where appropriate.'

The service employs a team of care, domestic and catering staff with varying degrees of skills, expertise and qualifications.

What people told us

Prior to our inspection, we sent out questionnaires to residents and relatives, five were returned to us from relatives and 10 from residents. Overall, relatives were happy with the quality of care provided and all five had confidence that staff would meet peoples' healthcare needs, including arranging to see a General Practitioner or other health care professionals.

All 10 residents indicated there were frequent social events and activities, and all were confident that staff were meeting their needs and had the training and knowledge to care for them.

During the course of our inspection, we spoke with nine relatives who were visiting, and six residents.

Common statements we heard from residents were "I have no complaints" and "staff are great, they work hard." People told us they enjoyed their food, enjoyed the company of people they lived with and felt the home was clean and fresh. People told us they could go into the garden when they wanted.

Relatives were overall positive, some previous concerns that had been raised with us formally had been fully addressed and we saw improvements in these areas, for example the timings of medication and communication within the staff team.

We heard from relatives that they held the new manager in high regard, and they were invited to regular meetings about the running of the home. Relatives also told us that staff tried very hard to support residents and respect their routines and build on their current abilities. Further comments can be found under 'How good is our staff team.'

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We assessed that the majority of people living at Crosby House received a very good level of support relating to their physical and mental wellbeing. We concluded this after sampling care plans that detailed how care was delivered taking into account individual's personal preferences and routines, as well as highlighting independent skills people wanted to retain. This told us that individual's choices and abilities were respected.

We saw from records that various health professionals were routinely involved with people, for example regular visits from community nurses and local GP's who had specific time allotted appointments with people on a fortnightly basis. Due to this consistent approach, this meant that the professionals supporting the service were well acquainted with the needs of people. Reviews of medication and other interventions were undertaken periodically. This demonstrated that any changes to peoples' health were considered and effective action taken. We suggested to the manager that it would be helpful to keep a record of fluids for people who had been prescribed an antibiotic to ensure that their hydration was monitored effectively. It was pleasing to note that this was implemented straight away.

We heard from relatives that they were updated promptly with any information pertaining to changes in health and they praised the staff highly with regard to how they responded to people's needs. We attended a staff meeting whereby all relevant and current information was highlighted from the team leaders to the staff about start duties regarding the residents, including who had been seen by the GP or if anyone had any medication changes. This demonstrated a good level of communication within the staff team and relatives advised us that this had improved in recent months.

We noted that staff tried hard to ensure personal care was delivered to people to meet their assessed needs and preferences, and in instances where people refused support in this area, relatives were informed accordingly so that alternative approaches could be discussed and considered.

We looked at the system in place to administer medication and controlled drugs, we were satisfied with how this was being undertaken with no areas of concern. It was pleasing to note that there was now allocated staff to undertake this task and that this was protected to ensure staff were not interrupted or asked to undertake other tasks. This would ensure that people received their medication at the right time.

We observed meal times and overall we were satisfied that people had a good selection of nutritious home cooked food, with choices being made at the table. We discussed with the management team that if people required assistance with eating, the staff should be available at the same time as when the meal is provided. We also discussed that people who are very lethargic or asleep should not be brought to the dining table but have their meal at a time when they are awake to eat it.

We were overall satisfied that people had a variety of meaningful activities offered to them both in groups and individually. Additional information is highlighted with regards to the requirement that was made previously later in the report.

Areas for improvement

1. We did not see in some instances required consents being obtained if a person was unable to agree to a course of action due to incapacity. This related to methods of monitoring of movement being used, for example sensor mats.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 2.12 which states 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative are sought and taken into account.'

2. The service should progress with ensuring community links and outings are further explored and planned to ensure people get the opportunity to remain linked to events and groups outwith the home. Plans should be made to ensure that residents continue to have structure and meaningful activity from Thursday to Monday in the absence of the co-ordinating staff member and that all staff demonstrate and evidence their participation in this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.25 which states '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.'

3. We did not see in care plans what the wishes of people were should their health deteriorate. Anticipatory care planning should be discussed with all relevant parties and recorded to ensure end of life care meets the needs and wishes of people. This ensures that in the event of an unexpected decline in health, there is a plan in place to address this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.7 which states 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.'

How good is our leadership?

4 - Good

We assessed overall that the quality assurance in place was of a good standard. We were satisfied that main areas of care delivery and the environment were monitored, with any discrepancies highlighted being evidenced alongside associated action to remedy this. It was pleasing to note that the sample of care plans that were audited also included newly admitted people. This meant that care plans were in place within the required timescales, therefore ensuring care needs were being highlighted and addressed without unnecessary delay.

The service had followed up on a recommendation made at a previous inspection, with regards to implementing a complaint policy and procedure. We were able to see that the service were responding effectively to any concerns raised in a timely manner. It was also pleasing to note that previous requirements made after complaints were made to us were also addressed to a satisfactory standard, details of which can be found later in this report.

We saw that there was good recording in place for any accidents and incidents and these were analysed regularly to identify any patterns, as well as ensuring any preventive measures were carried out where possible. Associated risk assessments and action were in place, these were also clear and concise.

We took into account that the current manager has only been in post for a short time. The manager has been progressing with ensuring that staff receive regular supervision, this should take into account any identified training needs alongside the individual development aims of the staff member. We also heard how the manager hopes to progress with ensuring that staff members have the opportunity for additional responsibility in areas of care that would support the ongoing improvement of care delivery, for example leadership in oral care or nutrition. We will look at these areas again at future inspections. All staff, residents and relatives we spoke with spoke very highly of the new manager and stated that he was very approachable, helpful and always made time to listen to people.

We saw there was an overview in place for all staff who were required to be registered with the Scottish Social Services Council (SSSC) and that staff were supported to obtain any qualifications as part of their registration conditions.

Areas for improvement

1. The audits could be strengthened by undertaking observations of staff practice in a variety of areas, this could include the delivery of personal care, meal times and how people are assisted with their mobility or medication. This is an opportunity to confirm and evidence staff competency, highlight if additional training is identified and also to discuss and reflect on practice during supervision.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'

2. We were able to see that efforts had been made to obtain feedback from both relatives and residents on some aspects of the service. We suggested that a wider agenda be discussed at meetings to take into account more aspects of service delivery, staffing and the environment taking into account the health and social care standards. The service should also consider how feedback is obtained from those residents who do not wish to attend meetings. Finally, the service should develop ways in which to include input from professionals who support the service regarding ongoing improvement.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.8 which states 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' and 4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

How good is our staff team?

4 - Good

We assessed the staffing overall to be of a good level, with enough staff to support the needs of residents. We concluded this by taking into account the majority of views from relatives, staff and residents that we spoke with. Staff that we spoke with told us they had time to spend with residents in a meaningful way, and our observations of staff confirmed this. It was pleasing to see staff supporting residents to enjoy activities, and we saw much laughter, chatting and singing with residents during our inspection.

Comments we heard from relatives included the following:

"Staff are kind and respectful. There has been a lot of staff changes in the last year which has been difficult but things are much better"

"Staff meet the needs of my mum very well, she always has her hair nicely done, and nails and her jewellery which is important to her"

"Communication is good, regular updates, phone calls and emails"

"Enough staff on duty"

"Much happier now than before, staff have been excellent with additional support provided for mum when her sister died, good kind caring staff and manager very re-assuring."

Residents told us staff were kind, always available and "nothing was too much trouble."

We undertook an observation of practice specifically aimed at people living with dementia to ensure that staff interacted and communicated with people in a way that supported their needs. We noted that staff were kind, attentive and tried to ensure that everyone was involved and included to the best of their ability during an activity. We saw lots of residents smiling and laughing and we concluded from this that people were benefiting from the staff support they received.

In discussion with staff, we heard that there was a good mix of experienced staff with a variety of skills, training and knowledge and new staff felt well supported by their colleagues. Staff told us there was always enough cover, and if any additional help was required, the manager was very quick to respond to the needs of people by providing this personally or by arranging additional resources. We saw this was considered on a day to day basis.

Areas for improvement

1. We discussed with the service that it would be valuable to ensure that all staff had opportunities for practical learning alongside the electronic learning offered. This would ensure that a variety of learning styles were considered alongside the benefits of group learning, in particular, for dementia education and training.

It should also be evidenced that staff have a good understanding of the Health and Social Care Standards, and how this is demonstrated in their everyday practice and learning.

This is in order to ensure that care and support is consistent with Health and Social Care Standard 3.14 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'

2. The service should progress with how they can evidence and analyse the needs of the residents living at Crosby House and how the staff numbers delivering care are meeting these needs. This would ensure that people who develop additional health conditions or have fluctuating needs are taken into account and that staff have the expertise to support them.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.15 which states 'My needs are met by the right number of people.'

How good is our setting?

4 - Good

During our inspection, essential upgrading works were being undertaken within the home. We felt this was being managed very well, with residents being together during the day on one floor whilst works were being undertaken on the remaining floor. We continually saw areas being hovered and cleaned, and we saw from paperwork that schedules were in place to ensure tasks were undertaken to keep the environment clean, alongside ensuring day to day maintenance was undertaken.

We also saw from records we looked at that all statutory checks were in place and within the required timescales for electric, gas and water safety. This ensured the safety and security of the residents living in the home. We spoke with residents in a variety of settings, including their bedrooms that were personalised, clean and fresh. The majority of relatives and residents we spoke with were happy with the environment and people could also access the secured garden independently.

Areas for improvement

1. The service should progress with ensuring that the environment is dementia friendly, taking into account good use of signage to orientate people, contrasting flooring and décor alongside easy identification of individual's bedrooms. The service should involve residents in these ongoing improvements, and evidence the progression of any suggestions made.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.16 which states 'The premises have been adapted, equipped and furnished to meet my needs and wishes' and 5.11 'I can independently access the parts of the premises I use and the environment has been designed to promote this.'

How well is our care and support planned?

5 - Very Good

We assessed the planning of care and support to be of a very good standard. We concluded this after looking at a variety of records, assessments and having discussions with staff.

Crosby House have an allocated worker who is responsible for the pre-admission assessments for people who are hoping to move into the home. This is a consistent approach and good working relationships have been achieved with the social work department. This process ensures that people's needs can be met effectively and considers the needs of people already living in the home, alongside the staffing levels and their skills to care for them. This process takes place in the home itself, where people can look around and are provided with an opportunity to mix with others and have a short experience of communal living. We also noted that if people had other health professionals involved in their care in the community or hospital, this would continue, where possible, once they became a resident at Crosby House. This ensured there were no unnecessary delays in care provision.

We saw that the service had three and six monthly reviews of people's needs, alongside an annual review that included social work. The reviews were recorded well, ensuring those relatives who held Power of Attorney were included in a meaningful way. The reviews were very much strength focussed and took into account current abilities and how these could be sustained.

We have previously highlighted that there is good communication and information shared within the changing staff shifts, this ensures that the care of people continues smoothly and any new care planning is highlighted, for example guidance from GP's/nursing or changes to medication or other treatments.

We noted in care plans these were regularly evaluated with risk assessments being updated where required after any significant incident.

Information regarding anticipatory care planning can be found at the start of our report under the heading 'How well do we support people's wellbeing?'

Areas for improvement

1. We were able to see that regular meetings took place with residents, however the agenda for these meetings was limited. The service should include the views of people at future meetings and reviews, in particular around care planning and any improvement, taking into account the Health and Social Care Standards.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.8 which states 'I am supported to give regular feedback on how I experience my care and support and the organisation

uses learning from this to improve' and 4.7 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.'

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

Requirements

Requirement 1

1. The provider is required to make proper provision for meaningful activities and stimulation which meet the assessed need and choices of people who use the service.

In order to achieve this, the provider must;

- Ensure that activities and one to one' stimulation is clearly recorded with service users, personal planning documentation.
- Demonstrate that activities and stimulation have interrelated links to other aspects of care and support provided to the service user
- Ensure that all direct care staff understand the importance of meaningful, personal centred activities and stimulation and how they relate to other aspects of person centred planning.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 promoting respect and choice.

This requirement was made on 30 March 2018.

Action taken on previous requirement

We were satisfied that this requirement had been met in full, with the service demonstrating both group and one on one activity both within and outwith the home. Staff told us they also had time to spend with people, and we were able to see this from our observations during our inspection. People's individual interests and life histories were recorded in care plans that helped with the planning of suitable activity.

Met - within timescales

Requirement 2

1. The provider must demonstrate that the service has systems in place to ensure that the health needs of individual service users are adequately assessed and met.

In order to do this the provider must:

- Demonstrate that staff have the necessary skills and knowledge to seek medical advice or intervention from a General Practitioner (GP) or other relevant healthcare team members when service users require treatment or if their health condition is deteriorating or not improving.

- Ensure that staff have the necessary skills and experience to work cooperatively with service users or their representatives to ensure that effective investigations and/or monitoring of service users' healthcare needs can be carried out.
- Ensure that communication between staff groups is effectively recorded and that this information is effectively monitored and audited.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users & regulation 4(2) - requirement about proper provision of adequate services from any health care professional & regulation 9(2)(b) - requirement about fitness of employees & regulation 15(b)(i) - training.

Timescale: To be fully implemented by 1 April 2018.

This requirement was made on 30 March 2018.

Action taken on previous requirement

We were present during a staff meeting whereby information was shared to staff about to start duty. The level of information was detailed for each resident, with everyone taking notes and clarifying information where necessary. This information was also available in individual's care plans. This information also included updates from GPs and when and why they were contacted. We heard from the majority of relatives we spoke with they felt that communication from staff had improved and they were updated regularly. We also saw from training records sessions had been provided to staff with regard to catheter care and associated infections, thereby up-skilling staff with knowledge and guidance on when a GP should be notified.

We suggested going forward that a communication book for professionals would be useful so that there was an instant overview of current involvement from other health professionals without having to seek this information in individuals' care plans.

Met - within timescales

Requirement 3

The provider must undertake a regular staffing assessment based on the needs of residents to ensure that the home is appropriately staffed, at all times. The provider must ensure the needs of the residents are fully met.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210), Regulation 4(1)(a) - Welfare of Users; and Regulation 5 - Personal Plans

This requirement was made on 29 November 2017.

Action taken on previous requirement

We have discussed this earlier in our report, under 'How good is our Staff Team?' as an area for improvement. We have acknowledged that there has been changes in management in recent months and this will be progressed going forward. Although currently there is work to be done in this area, we were satisfied overall people's needs were being met by the staff available.

We will therefore not repeat this requirement.

Not met

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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