

Craigmair Interim Care Home Care Home Service

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Type of inspection:

Unannounced

Completed on:

13 December 2018

Service provided by:

West Lothian Council

Service provider number:

SP2003002601

Service no:

CS2003051727

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Craigmail Interim Care Home (referred to in the report as "the service") is registered with the Care Inspectorate to provide short term care to 30 older people. At the time of inspection, 28 people (referred to in the report as "residents") lived at the service.

The service is operated by West Lothian Council (referred to in the report as "the provider").

Craigmail Interim Care Home is located in the Craigshill area of Livingston, West Lothian. The home is a modern, one-storey, purpose-built building with an enclosed garden and car parking facilities.

The home is divided into three separate living units, each providing accommodation for up to 10 residents. All bedrooms are for single use and have en-suites with bathing facilities. Each unit has a small kitchen, dining and sitting area and additional toilets and bathing facilities. There is a separate laundry, main kitchen, offices and staff facilities.

The service's aims are to: "Enhance the independence of residents and provide the highest possible standards of care to promote the ethos of our care facilities."

What people told us

During the inspection, we saw all residents and spoke directly with 13 residents and five relatives who were willing to share their views of the service.

All residents were very satisfied with the service and said they were treated with respect and courtesy. Residents told us they were made welcome when they arrived and staff helped them to settle in.

Residents spoke highly of staff. One person told us: "Staff should be paid more as they work very hard."

Everyone enjoyed the food. Some residents said meal times would be better if menus were on the table because it would be easier to know what meals were available and to make choices. This is discussed in the report.

The majority of relatives praised the service and used words like "wonderful" and "excellent" to describe the quality of the service.

One relative thought aspects of the service could be better, such as communication. This was being addressed at the service.

Some residents said the service would be better if they did not need to wait for assistance sometimes because staff were busy. This is discussed in the report.

However, it was clear that people valued the service.

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?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

We have assessed that the service was reaching a good level in response to the question How well do we support people's wellbeing?

Residents experienced gentle and kind care that protected their dignity. We saw respectful and pleasant interactions between staff and residents. It was clear that staff worked hard to get to know residents and we saw examples where staff acknowledged and responded to residents' preferences and wishes.

Whilst staff demonstrated the principles of the Health and Social Care Standards in delivering direct care, further work was needed to develop a better understanding of how the principles shaped all aspects of care. For example, it would be more respectful if staff stored residents' confidential information securely and restricted access.

Residents should expect to be able to choose to have an active life and participate in a range of social activities. At the time of inspection, the activity coordinator post was vacant. However, a care worker was making strong efforts to ensure that residents could still become involved in some planned events. Activities were advertised on an activity board, although it would be better if the time and location of events were displayed because it would help residents plan their day.

We saw residents enjoy the activities and there was laughter and fun. Whilst this was welcomed, we found that outwith planned events there was less for residents to do at times. Care staff understood the importance residents placed on meaningful social contact and we saw staff spend as much social time as possible with residents. However, this was affected by priorities in attending to residents' physical care needs. There was

acknowledgement that, outwith the structured activities, work needed to continue to ensure residents experienced meaningful social engagement. (See area for improvement 1)

Residents enjoyed pleasant meal times where assistance was given promptly and discreetly. Meals looked appetising and were well-presented. Alternative meals were offered if the meals available were not to the person's liking. Extra food was offered routinely and we saw residents accept more because they enjoyed the food. Overall, we saw meal times were positive experiences. However, staff missed opportunities to make meal times even more enjoyable. For example, displaying menus on tables would increase residents' choice and knowledge of the meals available. Staff should continue to encourage residents to take their time and enjoy the well-presented meals. This is important in ensuring that meals could be enjoyed in a sociable atmosphere. Consideration should be given to reviewing if it's necessary to dispense medication while residents are enjoying their meals. The management team was open to suggested improvements and agreed to continue to develop the dining experience. We will monitor progress at future inspections.

Residents could be confident that health needs were monitored and that external healthcare professionals would be contacted when necessary. We saw examples where healthcare professionals were contacted promptly and their guidance followed. Staff were committed to providing good care. Long term staff knew residents' care needs well and we saw them use this knowledge to guide new staff and agency workers who had less knowledge. This all contributed to maximising residents' health and wellbeing.

Medication was safely managed although some things could be better. For example, we saw sporadic examples where signatures and dates were missing from handwritten narratives. The completion of carer notes recording why as required medication was given and effect were not consistently completed. However, medication audits were being used to improve medication management. The management team agreed to continue to develop this area. We will monitor progress at future inspections.

Falls management could be better. Whilst appropriate tools were used to assess residents' falls risk, these could be better used. Staff knowledge of how to use the tools also needed to be better. For example, consistent and accurate information needs to be contained in risk assessments and care plans and these documents need to be updated after every fall. This is necessary to maximise residents' safety and wellbeing. (See area for improvement 2)

Whilst there were areas to further improve, we saw the service had the capacity to improve.

Areas for improvement

1. The provider should ensure that residents can maintain and develop their interests and have opportunities to have an active life. This should include opportunities to participate in a range of recreational, social, creative and physical activities.

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

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)

I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.22)

2. The provider should ensure that where a resident is assessed as being "at risk" of falling, the systems used to minimise the risk are properly implemented and recorded to ensure residents' safety and wellbeing is maintained.

Staff should be supported to develop their understanding of how to effectively use the tools and complete accident and incident forms.

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

My future care and support needs are anticipated as part of my assessment. (HSCS 1.14)

My carer and support meets my needs and is right for me. (HSCS 1.19)

My care and support is provided in a planned and safe way including if there is an emergency or unexpected event. (HSCS 4.14)

How good is our leadership?

4 - Good

Residents experienced a service which was well-led and managed. The management team and staff had a shared vision of providing a good service.

Staff were clear about their roles and responsibility in relation to the provision of direct care and the smooth running of the shift on a daily basis. There was good evidence that staff were encouraged to develop leadership skills and use their initiative within their scope of competence.

A system of audits was used to measure, develop and improve the quality of key aspects of the service such as accidents, complaints and environment. There was evidence that audits were becoming more effective in identifying gaps in service quality and leading to improvement, for example medication management had improved. However, there were several areas we thought could improve. For example, a better auditing process would have identified that accident forms were not properly completed. Further work was needed in analysing audit data and using the information to improve the service. For example, analysing falls management and prevention audits, would help staff identify trends and actions needed to minimise risks for residents.

Action plans devised following audits would be more effective in leading to improvement if timescales for expected action and responsible person were identified. Revisiting action plans to establish if fully completed, would help identify how the service was developing or where further improvements were necessary. Staff who complete audits need more support to develop a fuller understanding of the purpose of audits, how to complete and use the information. The management team agreed work needed to continue to refine the quality assurance system. (See area for improvement 1)

There was good evidence that concerns/complaints raised at the service were taken seriously and fully investigated. However, the information was not always easily found because information was not recorded in one place. The manager agreed to address this. We discussed the benefits of using the findings from complaints investigation to influence how the service could improve. The management team agreed to do this and we will monitor progress at future inspections.

Whilst there were areas to further develop, we assessed the service had the capacity to improve.

Areas for improvement

1. The provider should further develop the quality assurance system. To do this, the information from individual audits should be reviewed in order to inform and report on how the service is improving, or where further improvements are necessary.

Staff who undertake audits should be supported to develop their competency in this area.

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

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

How good is our staff team?

4 – Good

We have assessed that the service is reaching a good level in response to the question How good is our staff team? This is because there was a number of strengths which have had a positive impact on residents' experiences and outcomes. However, important improvements were needed. The management team gave a commitment to make the necessary improvements.

Residents and staff benefited from living in a warm atmosphere because there were good working relationships and effective communication between staff. Staff who spoke with us were motivated and had a strong commitment to the service and providing good care to residents.

Staff told us enough training was provided to help them meet residents' care needs. The training matrix and records had been developed and accurately reflected the training staff had received. This would help residents have confidence in staff because they were trained to care for them.

Systems were in place to monitor staff practice and support staff to reflect on their practice. Staff confirmed they had formal opportunities to discuss work practice and training needs. A new staff supervision process had been introduced and we will routinely monitor how effectively this is used at future inspections.

Staff benefited from good career opportunities and some had been successful in securing promoted posts, resulting in vacancies within the team. Although vigorous recruitment was taking place, agency staff were being used. The manager agreed to take extra care to ensure that when agency staff were used, the skill mix and deployment of staff benefited residents and staff on a day-to-day basis. We will monitor progress.

Residents should expect that their needs are met by the right number of people working in the service. We were pleased that the service used a recognised tool to assess the dependency needs of residents. This was completed on at least a monthly basis to ensure that there were enough staff on duty each day to meet residents' direct care needs. Account was taken of some extra duties which staff carried out. The manager was confident that the staffing levels met residents' care and produced suitable evidence to support this. However, there was acknowledgement that the tool was in the early stages of use and needed to be refined to suit the service. (See area for improvement 1)

Areas for improvement

1. The provider should ensure that residents' needs are met by the right number of people. In particular, they should continue to develop the system used to assess that enough staff are on duty to meet residents' care needs.

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

My needs are met by the right number of people. (HSCS 3.15)

How good is our setting?

4 - Good

We have assessed that the service is reaching a good level in response to the question How good is our setting? This is because there was a number of strengths which have a positive impact on residents' experiences and outcomes. However, important improvements were needed.

Residents benefited from living in a calm and friendly environment where everyone was made welcome. Residents were encouraged to use communal areas, move freely around the building, spend time in other units or have privacy if desired. Visits by family and friends were a regular feature and visitors were made welcome.

With residents' permission, we viewed some bedrooms. Although, in general, residents lived here for a short time, we were pleased they had been encouraged to personalise their bedrooms to their individual tastes. Bed linen, pillows and duvets were of good quality. Personal belongings were well-maintained and staff cared for these in a respectful manner. All of this contributed to making this a good, comfortable environment for residents to live in.

Efforts had been made to make the building homely. Ongoing upgrading of the building continued, areas had been redecorated and floor coverings replaced. Signage had improved to help residents and visitors find their way around the building, although there was acknowledgement that further work was needed to make the environment as dementia friendly as possible.

We saw that staff missed opportunities to make the environment as pleasant and inviting as possible. For example, some notices around the building relating to staff practice were intrusive and detracted from a homely atmosphere. Bathrooms could be more inviting if homely touches were added and equipment such as wheelchairs were not stored there. Sprays to aid skincare should not be stored in bathrooms as it raised the risk of communal use. Independent access to the garden, and three very pleasant sitting areas, was restricted because part of the garden was not secure. We acknowledged the service had plans to address all these areas and was vigorously trying to rectify the garden security. However, we will make this an area for improvement. (See area for improvement 1)

Good arrangements were in place for the maintenance of equipment to ensure residents' safety. It would be better if routine checks to ensure the residents' call system was working were recorded. While water temperatures were monitored to ensure they were within safe limits, it would be better if the manager had an overview of the findings. This would help the management team develop its environmental audit/overview of the building. The manager agreed to address these matters. We will monitor progress at future inspections.

Whilst there were areas to further develop, we saw the service had the capacity to improve.

Areas for improvement

1. The provider should continue to develop the environment to ensure it is homely and all communal areas and the garden can be independently and safely accessed.

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

I experience an environment that is well looked after with clean tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

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

How well is our care and support planned?

3 - Adequate

Residents should expect their care plans to reflect all aspects of their wishes and care needs and give clear direction to staff about how to deliver their care. They should expect their plans to contain accurate information that is updated when their care needs change. This is important in helping staff give consistent and safe care in the way residents want.

We acknowledged that the service was working hard to develop person-centred care plans that reflected residents' choices, preferences and what was important to them.

It was positive that a selection of systems was used to assess and plan residents' care needs. Healthcare assessment tools were used to identify the risk of falls, promote skin health and oral healthcare and staff used these to promote residents' care. Information about residents' legal status helped protect them if they were unable to make decisions about their healthcare. When equipment was used which could be considered restrictive, these were supported by risk assessments. This all helped to maintain residents' health, safety and ensure their human rights were protected.

However, there was a number of areas where improvements could be made and we discussed these in detail with the management team. For example, consents were not always in place for equipment that could be considered restraint. Care also needed to be taken to ensure that consents were signed by the correct person. Some care plans and risk assessments contained conflicting information about whether equipment was used or not and if so how. This all raised the risk that staff would inadvertently use the wrong equipment which could be detrimental to the resident. Care plans and risk assessments need to contain accurate information about residents' legal status and falls risk to prevent confusion. We saw significant information in evaluations which could easily be overlooked by staff. It would be beneficial if the care plan was updated to reflect the significant information to guide staff and reduce the possibility of errors. Care plans should be updated when care needs change or following accidents and care reviews. (See area for improvement 1)

While there are areas for improvement, the service does have the capacity to improve in the areas identified in this report.

Areas for improvement

1. The provider should ensure that residents' personal plans are right for them and set out how all their needs will be met, as well as wishes and choices. Particular focus should be on:

- a) Ensuring accurate and consistent information about all aspects of residents' support needs both in care plans and risk assessments.
- b) Ensuring care plans and risk assessment are updated when care needs change and following care reviews and accidents.
- c) Ensuring consents are in place for equipment which could be considered restraint (such as bedrails, alert mats, wheelchair lap straps) and these are signed by the appropriate person.
- d) Ensuring accurate information about people's legal status.
- e) Ensuring the evaluation of the care and support provided is meaningful to make sure that the care provided fully meets residents' needs.
- f) Continuing to use the audit systems to monitor and improve care plan content.

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

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)

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

It is recommended that the manager ensures there is an overview of training, supervision of staff, people's legal care status, residents' skin and health care needs and that improvement plans follow audits.

National Care Standards, Care Homes for Older People, Standard 5 – Management and Staffing.

The service could make use of the following resource:

http://www.careinspectorate.com/images/documents/2737/2016/Tool_1a_NEW_low_res

This area for improvement was made on 12 July 2017.

Action taken since then

Systems were in place to ensure an overview of staff training and supervision. Progress had been made in devising an overview of residents' legal status and healthcare needs, although some work remains in developing these and devising improvement plans following audits.

This is discussed under How good is our leadership? where we will make an amended area for improvement to reflect the findings of this inspection.

Previous area for improvement 2

It is recommended that the manager ensures that all staff have suitable knowledge, understanding and training in Adult Support and Protection.

National Care Standards, Care Homes for Older People, Standard 5 – Management and Staffing.

This area for improvement was made on 12 July 2017.

Action taken since then

The provider had implemented this recommendation.

Previous area for improvement 3

It is recommended that information on people's needs can be found easily and that this information is accurate and reliable at all times. The provider should consider revising how the current documentation is used and ensure that there is agreement on how and where information is stored.

National Care Standards, Care Homes for Older People, Standard 5 – Management and Staffing.

This area for improvement was made on 12 July 2017.

Action taken since then

The provider had not fully implemented this area for improvement. While agreement had been reached on how, and where, information was stored, we still saw examples of where confidential information was unattended in public areas.

A new care plan system had been introduced and staff had received training in how to implement this. However, the information in plans was not always accurate or reliable. This raises concerns that consistent care will not be given particularly as at the time of inspection there were changes within the staff team.

This is discussed further under How well is our care and support planned? where an amended area for improvement will be made to reflect the findings from this inspection.

Previous area for improvement 4

It is recommended that the service makes improvement to practice when using safety equipment.

National Care Standards, Care Homes for Older People, Overarching Principle – Your Right to Safety.

The management team and staff could use the following practice guidance for improvement.

http://www.careinspectorate.com/images/documents/2737/2016/Tool_13_bedrail_risk_assessment.pdf

This area for improvement was made on 12 July 2017.

Action taken since then

Some work remains in ensuring appropriate consents are in place for all equipment and accurate information is contained in care plans and risk assessments.

This is discussed further under How good is our care and support planned? where this will be incorporated into an area for improvement about care planning.

Previous area for improvement 5

It is recommended that the service ensure the environment is homely, dementia friendly and meets the needs of people with age related vision impairment.

National Care Standards, Care Homes for Older People, Standard 5 – Management and Staffing.

The service could take into account the following best practice and the service's previous action plan:

https://www.kingsfund.org.uk/sites/files/kf/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf

This area for improvement was made on 12 July 2017.

Action taken since then

Some work remains in making the service as homely and dementia friendly as possible. This is discussed further under How good is our setting? where an amended recommendation is made to reflect the findings of this inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - 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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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