

## Craigie House. Care Home Service

Main Street  
Crossgates  
Cowdenbeath  
KY4 8DF

Telephone: 01383 510505

**Type of inspection:**  
Unannounced

**Completed on:**  
20 August 2020

**Service provided by:**  
Kingdom Homes Ltd

**Service provider number:**  
SP2003001615

**Service no:**  
CS2003040561

## About the service

Craigie House is a care home located in Crossgates, Fife. It is registered to provide care for a maximum of 30 older people. The home has a pleasant garden area and accommodation is provided in single rooms over three floors. The majority of rooms have en suite toilet and shower facilities. Communal areas, including the lounge and dining rooms, are located on the ground floor with a passenger lift providing access to and from the upper floors. The service provider, Kingdom Homes Ltd, aims "to support the residents in our care to enjoy, to the greatest extent, their rights as an individual by following these key principles: privacy, wellbeing, independence, and security".

This service has been registered since 1 April 2002

This was a focused inspection, to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate.

## What people told us

We spoke to several people living in the service who spoke positively about the activities they had been doing with the new activities organiser. We could see how engaged they were with singing and exercises. One lady told us 'the food is always good!' Another said that 'the girls were all nice'.

## 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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 2 - Weak

7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic

The focus of this inspection, was to evaluate the care and support which people have received during the COVID-19 pandemic. We wanted to explore whether people's rights have been respected and whether their physical, mental and emotional health has been promoted. We also considered the ways in which people have been supported to stay connected with their loved ones and to maintain relationships. We found that the service was performing at an adequate level, with strengths just outweighing weaknesses.

It is important that people experience care and support which is compassionate and that there are warm relationships between staff and the people they support. We saw many positive interactions during the inspection and it was clear that people were well known and kindly treated by all staff on duty. People living in the home told us how the staff had 'kept them going' over the recent lockdown and spoke with affection about various staff members. On occasion, low staffing levels can have negative impact on care, with people commenting that they feel there is a long wait at times, for staff members to attend to them. An activities co-ordinator had been appointed earlier in the year and saw good evidence to show the positive value she was adding to life at Craigie House. People had been given the opportunity to take part in art, music and movement activities and we saw people enjoying a Zumba class and a singing group during the inspection. Relatives commented that they felt their loved ones were more active and engaged.

In an effort to make up for the reduced number of visitors, the service had used technology to support contact between people and their families. These included video calls, phone calls and sending photo messages via email. There was scope for these contacts to be expanded. People told us that they often found it difficult to hear their loved ones, both during phone calls and garden visits and that they found this off putting. The service could provide more individual and specific support, which would reflect people's needs and preferences and document this in their personal support plan. In this way all staff would have clear guidance in order to support people to stay in touch with their families in a consistent way and communication challenges could be overcome.

We would expect that people have regular access to drinks and fresh water throughout the day and that there is a system in place to monitor how much people drink when they become unwell or are isolated in their rooms. Although, we saw drinks being offered frequently throughout the day, records of fluid intake highlighted that some people were not being offered drinks into the evening. This meant that some people were not reaching their fluid intake target and might become dehydrated. Staff spoke of how difficult it was to attend to everyone on the occasions where staffing levels had been low. Records of how much people had to drink when they were isolated in their rooms were not being reviewed or evaluated. This meant that we could not be sure senior staff had a clear oversight of their care or were making adjustments to care practice when needed.

A sample of personal support plans were examined as part of the inspection process and we could see that there had been reviewed regularly throughout the COVID- 19 pandemic. Although, specific infection control processes were detailed in relation to COVID-19 there was little further guidance given as to how care and support might be affected during the pandemic. Staff members were able to outline the ways in which care had changed but people's choices and wishes were not reflected in individual plans. Anticipatory care plans were in place in all of the support plans we examined however, these would benefit from being more individualised in order that people receive the end of life care which reflects their wishes.

An evaluation of adequate applies. where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

## 7.2. Infection control practices support a safe environment for people experiencing care and staff

During an outbreak of COVID-19, the application of strict infection control procedures is important to make sure people are safe. We found the performance of the service in relation to infection control practices to support a safe environment, particularly during COVID was weak.

In order to keep people safe, all staff and essential visitors should have their temperature recorded and fill out a medical questionnaire relating to COVID-19 symptoms before being allowed into the care home. However, visitors were directed past the lounge area and through a corridor to the duty room prior to this being done. This put people in the service at risk of being in contact with people with COVID-19 symptoms. We provided guidance in relation to this and the process was rectified during the inspection.

We found that, in general, cleanliness was adequate however, there was not enough trained housekeeping staff available or on duty. We heard that care staff were regularly asked to pick up cleaning tasks in addition to their caring duties. This meant that staff had less time available to spend meeting people's needs. Staff were working hard and doing their best however, they lacked training or confidence in using cleaning materials to undertake these tasks appropriately. We found that the carpets on the staircase and the corridors of the first and second floor were in poor condition and appeared dirty and we were told that these were on a plan for improvement in the home that had been paused due to the pandemic. We identified that there was a lack of management oversight of daily and weekly enhanced cleaning schedules. This meant that we could not be assured that satisfactory levels of cleanliness were consistently maintained. A requirement is made. (Requirement 1)

Staff had training in infection control as well as COVID-19 specific training. We observed that staff were wearing their masks appropriately. Personal protective equipment (PPE) and hand sanitiser gel stocks were available to staff, however PPE stations were disorganised and there was no PPE available in a number of people's rooms. There were no wipes or tissues available in the lounges and dining area to support people with their hand hygiene, coughs or sneezes. PPE in communal toilets was not stored properly and toilet roll dispensers were broken from the wall. The laundry room should be better organised to ensure that clean items are not drying near soiled laundry. We discussed the importance of acting on these matters in order to minimise the risk of infection and protect people. We were assured that the provider would rectify this. We will follow this up at our next inspection.

The service had a COVID-19 audit tool in place however. it did not identify areas of practice that required improvement. The provider agreed to develop the tool to support a safe environment for both people experiencing care and staff.

Without improvement as a matter of priority, the welfare or safety of people may be compromised. Weak performance requires action in the form of structured and planned improvement, by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

## 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

We evaluated that staffing arrangements in relation to changing needs of people experiencing care was adequate.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We spoke with staff during our visit and they told us they had received training in infection control and the safe and effective use of personal protective equipment (PPE). This was confirmed by the manager and we saw that 83% of the staff team had completed this training. The service should continue to work toward full completion. Observation of staff hand washing formed part of the COVID audit ensuring that good practice in hand hygiene was maintained helping to minimise risk of infection.

Staff were able to describe the changes in practice they have had to make since the pandemic had begun including, supporting people to maintain social distancing and the use of additional PPE when supporting people. We saw that there were times where it was challenging for staff to maintain social distancing. We discussed the importance of this to help reduce the risk of infection. During the inspection, we found that all staff wore their masks appropriately.

People should expect that their support is consistent and stable because people work well together. We could see that being supported by regular staff who knew them well had benefitted residents' sense of wellbeing- humour and warm relationships were evident. Staff told us that they felt well supported by the team they worked in and described how they had pulled together to get through this challenging time.

During the inspection, there were not enough housekeeping staff available and this had an impact on staff being able to support residents quickly. We discussed the importance of having an effective contingency plan to enable the service to manage staff absences to ensure people's needs are met. This is of particular importance should the service experience an outbreak. We have restated the requirement on staffing. (Requirement 2)

## Requirements

1. In order to ensure the health, wellbeing and safety of service users, the provider must:

1. Ensure that there are sufficient trained housekeeping staff on duty and
2. Ensure that enhanced cleaning schedules are implemented

To be completed by: 14 September 2020

This is to comply with Regulation 4 (1) (a) and (d) (Welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to comply with Regulation 10 (1) Fitness of Premises Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standard 5.22 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'

2. In order to promote the health, well-being and safety of service users, the provider must ensure that the level of staffing is adequate to provide the assessed level of support to service users at all times and ensure that accurate records are kept. Deployment of staff must be accurately recorded.

To be completed by: 14 September 2020

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me. This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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

### Requirements

#### Requirement 1

In order to develop a more person-centred approach to care and provide adequate levels of observation throughout the home, the service provider must review the way in which staff resources are organised and deployed.

The result of the review must be provided by 11 January 2019 and will be re-examined as part of the next inspection of the service.

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

- "My needs are met by the right number of people" (HSCS 3.15).
- "People have time to support and care for me and to speak with me" (HSCS 3.16).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 15(a): Staffing - "A provider must, having regard the size and nature of the service, the statement of objectives, and the number and needs of service users ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users".

**This requirement was made on 17 December 2018.**

#### Action taken on previous requirement

It had proved difficult to maintain the numbers identified. This was mainly due to staff absence and people leaving employment. Whilst acknowledging the efforts made, we, again, underlined the importance of consistently maintaining safe levels of observation and providing high quality care throughout the home. Hence, this requirement has not been met and has been restated as detailed in requirement 1 under key question 7.3 ('How good is our staff team?').

**Not met**

#### Requirement 2

The provider must ensure that people who use the service have access to a reliable and efficient alarm system and that there is a prompt response from care staff. Management must ensure that there are robust and transparent quality assurance processes to monitor this.

To be completed by 02 April 2020

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me. This is in order to comply with: Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 3 March 2020.**

## Action taken on previous requirement

Not assessed at this inspection

**Not assessed at this inspection**

## Requirement 3

People experiencing care must be treated with respect and dignity at all times and their individual preferences must be acknowledged. There must be regular consultation with people and individual preferences clearly documented. Management must ensure that there are robust and transparent quality assurance processes to monitor this.

To be completed by 02 April 2020

This is to ensure care and support is consistent with Health and Social Care Standard 2.1: I can control my own care and support if this is what I want. This is in order to comply with: Regulation 4(1)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 3 March 2020.**

## Action taken on previous requirement

Not assessed at this inspection

**Not assessed at this inspection**

**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

In order to improve people's experience of care and support, the service provider should implement measures to develop a more person-centred approach to care. The measures should include promoting people's independence and more meaningful engagement with them. Attention should also be paid to developing activities that account for the need for regular social interaction and physical exercise. This will be followed up at the next inspection. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 am empowered and enabled to be as independent and as in control of my life as I want and can be" (HSCS 2.2).

**This area for improvement was made on 19 September 2019.**

#### Action taken since then

Not assessed

#### Previous area for improvement 2

The service provider should ensure that risk assessments and regular reviews of the need for pressure mats are carried out. This is in order to ensure that pressure mats are properly identified as the best measure for monitoring relevant people's movements. People using the service, their relatives/representatives, and relevant professionals should be involved with such assessments and reviews. This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: - "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17). - "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy, or may be at risk of harm" (HSCS 3.21).

**This area for improvement was made on 19 September 2019.**

#### Action taken since then

Not assessed

#### Previous area for improvement 3

In order to provide people with more person-centred care, the service provider should implement leadership structures which can support staff to develop their care practice. In doing this, it will be important for leaders to be able to facilitate professional supervision that supports staff learning through experience and reflection on practice. This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: - "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6). - "I am treated as an individual by people who respect my needs, choices, and wishes and anyone making a decision about my future care and support knows me" (HSCS 3.13). - "I have confidence in people because they are trained, competent and skilled, are able to reflect on practice, and follow their professional and organisational codes" (HSCS 3.14).

**This area for improvement was made on 19 September 2019.**

#### Action taken since then

Not assessed

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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