

Craig Court Care Home Service

Binghill Grove
Milltimber
Aberdeen
AB13 0HF

Telephone: 01224 863527

Type of inspection:
Unannounced

Completed on:
28 October 2020

Service provided by:
Living Ambitions Ltd

Service provider number:
SP2003000276

Service no:
CS2011300797

About the service

Craig Court is registered to provide a care home service to a maximum of 16 people with physical and sensory impairments. Six of these places are used for people requiring long-term care and up to 10 are used for rehabilitation or respite, as part of a recovery from acquired brain injury, stroke or spinal injury. The home is operated by Living Ambitions, which is a large UK-wide, provider of care services. There were only three people requiring long-term care using the service at the time of the inspection.

The centre is situated in Milltimber, a suburb of Aberdeen. It is set in large grounds, which also includes a care service for older people and residential properties. The service employs a team of registered nurses and carers, with a variety of skills, expertise and qualifications.

The service is funded by, and works closely with, the National Health Service (NHS). There is a specialist health care team in place on-site and they work closely with Living Ambitions staff to provide a comprehensive multidisciplinary rehabilitation service.

The Living Ambitions website says; "Our services give people the highly specialist support they need in order to reclaim as much independence as possible." It also says "Our team has the training and expertise to provide people with a sensitive service which takes into account their abilities and goals."

This service registered with the Care Inspectorate on 31 October 2011.

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 two inspectors from the Care Inspectorate.

What people told us

We spoke to a resident during our inspection they told us they were happy and they liked being with the carers.

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?	3 - Adequate
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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?

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We found that people who used the service were being well cared for in a homely environment. We saw that people's rights were respected and they were treated with dignity and respect. We observed warm and compassionate interactions between staff and residents. It was clear that staff and residents knew each other well. The people we spoke with told us that they were very happy with their care. The needs and wishes of people were clearly reflected in the care plans. This meant that people received consistently high levels of individualised care.

People's care and support plans were being reviewed and kept up-to-date during the pandemic. Their thoughts and wishes for their care and treatment at the end of their life was clearly detailed. Links with health professionals were very responsive to people's changing health care needs. As a consequence, they received medical attention and treatment when they needed it. Families were kept up-to-date about their relative's care which helped relieve any concerns or worries they may have. This meant that people's health care needs were being met.

Staff were supporting people to keep in touch with their families and loved ones. This is important for their wellbeing and helping to maintain relationships. Visits had begun, consideration was given to not only the safety aspects but also the impact the restrictions on visiting would have on people and their visitors.

There was a range of one to one activities, which were meaningful to people, which included pampering sessions, crafts and just spending time with the staff. People said they enjoyed spending time with staff. As a result, people were being supported to maintain their interests.

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

The service had enhanced their cleaning schedules, paying attention to areas that were frequently touched. This helped reduce the spread of infection which, in turn, helped to keep people safe. We found the home and equipment, within it, to be clean and in a good state of repair. The housekeeping staff were knowledgeable about the cleaning products and the schedules for using them. Care staff also had a good knowledge of what they could do to minimise risk. There was a waste contract with a specialist company which further ensured good infection control.

We found that personal protective equipment (PPE) was readily available. Handwashing facilities and hand sanitiser were available throughout the home. We discussed the possibility to install handwashing facilities within the laundry. The staff were fully aware of their responsibilities regarding supporting people to social distance. This contributed to ensuring possible cross infection was minimised.

Some of the processes and practices should be enhanced to ensure infection control principles are fully maintained. For example, reviewing the location and storage of PPE and the clinical waste bins, ensuring staff use the appropriate PPE during aerosol generated procedures (AGP), reviewing the use of fans with the health protection and decluttering the service of items that could not be cleaned frequently. We discussed these with the manager who acted immediately to begin to address these issues and put appropriate systems in place. **(Please see requirement 1.)**

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

We found that there were ample staff to respond to the needs of individuals. Staff told us there was good team-working and they were happy at work, whilst acknowledging there had been some hard times due to COVID-19. Staff felt well supported by the management team during the COVID-19 pandemic. The management team had recognised that working in the home during the pandemic may have an impact on the emotional health and wellbeing of staff. Staff had access to various support systems through the organisation, as well as other external organisations. This helped to increase staff confidence in supporting people during the pandemic and contribute to the positive morale among the staff team.

All staff had received training on infection prevention control, COVID-19 and the use of PPE. This meant that people were receiving support from staff who knew how to reduce the risks of spreading infection within the home.

We found that the quality assurance processes, and procedures could be further developed to reflect COVID-19 best practice. This would assist the manager in identifying areas of practice that were not in line with good practice. As a result there would be a focus on the continuing improvement of infection control practices. **(Please see area of improvement 1.)**

Requirements

1. The provider must by 9 November 2020, ensure that there are safe systems of work in place for:

- correct storage and location of personal protective equipment (PPE);
- the safe disposal of PPE;
- safely performing aerosol generated procedures (AGP); and
- the use of fans within individual bedrooms.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe.' (HSCS 5.17) and in order to comply with Regulation 4 (1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SII 2011/ 210).

Areas for improvement

1. In order to clearly identify areas for improvement the quality assurance and audit processes in relation to infection prevention and control must be further developed, ensuring action is taken promptly to address indications of poor care provision.

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

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	5 - Very Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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