

## Craigie House. Care Home Service

Main Street  
Crossgates  
Cowdenbeath  
KY4 8DF

Telephone: 01383 510505

**Type of inspection:**  
Unannounced

**Completed on:**  
16 November 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 toilets 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 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 and advisers from the Care Inspectorate and Healthcare Improvement Scotland.

## What people told us

Throughout the inspection the service had a major outbreak of COVID-19 and most people were isolating in their bedrooms. The Care Inspectors did not enter people's bedrooms in order to adhere to social distance guidance. Our findings are based on observation of the environment and staff practice.

## 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?	1 - Unsatisfactory
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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?

### 1 - Unsatisfactory

#### 7.1 People's health and wellbeing 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 a weak level, which means priority action is required. This is because there were not enough preventative measures in place to reduce the risk of transmission of COVID-19.

People were being supported to stay both physically and mentally well during the current situation. We could see from records that regular contact with family and friends through telephone calls and video chats were being carried out. People's temperatures were being monitored to support early detection of any infection.

The service currently has a large outbreak and the majority of people were isolating in their rooms therefore we were unable to speak with anyone. Our observations confirmed people were being offered regular drinks and snacks in between mealtimes. Examination of records confirmed the service had contacted the dietitian for support where they felt it was necessary to ensure they were providing the proper support for people's nutritional needs and fluid intake.

A sample of personal support plans were examined as part of the inspection process and we could see that these 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.

We could see that the service continued to be responsive to people's physical ailments during the pandemic. There was evidence of input from external professionals to support people with non-COVID-19 related issues. It was also clear that staff were considering possible COVID-19 related symptoms that people presented with and were discussing these with the relevant people. We were able to confirm that testing was considered as part of this approach. This helped people to get the treatment and support they required.

Examination of medication administration records identified medications were always available however, we found several missing signatures on the charts. It is important that when there are any errors/omissions in medication administration that these issues are fully discussed with medical staff (GP/NHS 24) at the time of concern. This is to ensure any health impact on a person is monitored. We also found staff had transcribed GP's instructions onto the MARs and not signed or dated these. (See requirement 1).

We found that the service had been responsive to both local and national guidelines for restricting non-essential visitors to the home during the pandemic. In response to this, the provider had developed guidance around supporting people during end-of-life care. We heard how family members were supported to be with their relative during this period and the service understood the importance of this compassionate approach.

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

We evaluated how well infection control practices support a safe environment for people experiencing care and support. We concluded that people's welfare and safety was compromised by risks which could not be tolerated, and that immediate action was required. We issued the provider with a letter of serious concern following our first unannounced visit on 10 November 2020. During our subsequent visits on 12 and 16 November 2020, we determined the provider had not taken sufficient action to meet the requirements. We therefore issued the provider with an improvement notice which included several requirements as outlined in this report.

The systems and processes in place to deliver and provide assurance that the home was cleaned to an acceptable standard to minimise the risk of transmission of COVID-19 from exposure to the environment were not robust. This was evidenced by the level of environmental dust noted on each of the three inspection days. Some furniture including bed mattresses and seat cushions were contaminated with body fluids. Several containers of skin cleansing foam on each of the inspection days were contaminated with faeces. (See requirement 2 (a) and (b) which are included in the improvement notice issued to the provider on 19 November 2020).

The systems and processes in place to deliver and provide assurance that all equipment used for the care of residents in the home is cleanable and clean at the point of use to minimise the risk of infection, including that of COVID-19, were not robust. Enhanced cleaning schedules and infection prevention and control measures were not in line with all Public Health and Health Protection Scotland guidelines. This meant nobody was taking responsibility for checking the standard of cleanliness required and applied throughout the home. And areas for improvement were not being identified. (See requirement 2 (c) and (d) which are included in the improvement notice issued to the provider on 19 November 2020).

The storage of PPE was discussed on the first day of the inspection and clear plastic drawers were purchased and put in place the same day to be used as PPE stations. However, other items of PPE were seen to be inappropriately stored on each of the three days of inspection. This meant some PPE could be handled by other residents before use. Other PPE was inappropriately stored in bathrooms where it was potentially exposed to splashing from the sink and/or toilet. (See requirement 4 (a) which is included in the improvement notice issued to the provider on 19 November 2020).

All clinical waste must be appropriately stored out of public access in accordance with HSE (Health and Safety Executive) and NIPCM (National Infection Prevention and Control Manual) guidance to minimise the risk of exposure to infection. The clinical waste storage bins used by the home were overflowing on the first day of the inspection and were not locked thereafter. We were told management were not aware that the locking mechanisms on the bins were broken and a request was made to rectify this on the final day of the inspection. We were also informed that the bins were shared with their sister home across the driveway and they shared a key. This introduced a risk of transmitting COVID-19 whilst passing the key between homes. (See requirement 4 (b) which is included in the improvement notice issued to the provider on 19 November 2020).

The laundry facilities in the care home were poorly configured with inappropriate storage being used for clean items. At our request, the storage of clean linen and people's clothing was changed to protect it from contamination. There was no system in place to minimise the risk of contamination of clean items from infectious/used linen being brought into the laundry. At our request, a one-way system was put in place. Staff responsible for the laundering of items in the home were unable to demonstrate whether the washing machine programmes in use reached thermal disinfection temperatures and hold-times. We requested that the manufacturer be contacted to provide instructions to the home to ensure that staff undertaking laundry

work knew that required temperatures and hold-times were achieved by using the appropriate programmes. A manual for this purpose was put together and placed in the laundry on the third day of the inspection. We made a requirement regarding laundry management which was included in the serious concerns letter issued on 10 November 2020 (below). By the time the inspection was concluded this requirement had been met. We will look at how standards are being maintained at the next inspection.

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

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes. During this inspection we found there were major weaknesses in critical aspects of performance, which required immediate attention to ensure that people were protected, and experiences enhanced.

We found there was no clear evidence of a transparent system for assessing and setting safe and effective staffing levels. The service used a dependency tool; however, we found this was limited for informing appropriate staffing. For example, it did not consider the size and layout of the building, or additional requirements linked to the pandemic, such as the increased time needed to undertake effective infection prevention and control practice. By the second day of the inspection a decision had been made to close the top floor and move the residents, with their consent, to the lower floors. The redeployment of staff meant an increase in numbers of staff to care and support the residents on the remaining two floors which was a positive step. However, we were not assured that those who live in the service were supported by staff who were knowledgeable about minimizing the risk of transmission of COVID-19. There was no evidence of ongoing training or staff being updated on current guidance specific to the pandemic. We conclude that poor training management had contributed to the ineffective measures to minimise the risk of infection within the home, placing those who live and work there at an increased risk of harm. (See requirement 3 which was included in the improvement notice issued to the provider on 19 November 2020).

Personal Protective Equipment (PPE) was available in several locations throughout the home. However, as well as the inappropriate storage (please refer to 7.2), it was not always being worn or changed appropriately which increased the risk of spread of infection. We were told that on several occasions some managers had not worn masks whilst walking around the home, including entering residents' bedrooms. This was a further example of poor outcomes for people due to the lack of effective leadership within the home. Our findings are relevant to requirement 3.

The home had suffered a huge temporary depletion of staff due to self-isolation as a result of the pandemic. This meant that the organisation's management team needed to deliver care and support to residents and carry out domiciliary tasks. The outcome of this was a lack of governance within the home due to being overstretched. There was no clear contingency plan in place for accessing staff during the pandemic should the depletion of staff be higher than 30 per cent. This development of a clear contingency plan is vital should another outbreak or crisis occur. (See requirement 5).

### **12 November 2020- Follow up visit to assess progress on requirements from serious concern letter issued on 10 November 2020.**

#### **Requirement:**

The care home was observed to be unclean.

Due to the severity of the concern you, the provider, must take the following action immediately:

Starting immediately but to be completed within 48 hours you must: ensure that enhanced cleaning

schedules are developed and implement a programme of deep cleaning throughout the care home. Ensure that all clinical waste is stored outside the building appropriately until uplift in accordance with Health and Safety Executive guidance.

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).

This is 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).

## **Action taken:**

We found improvements had been made to the overall cleanliness of the home. However, the improvements were insufficient to minimise the risk of transmission of COVID-19. We extended the timescale of the requirements in the serious concerns letter to 16 November 2020 to enable further improvements. When we returned to the home on this date, again, the improvements were insufficient to minimise the risk of transmission of COVID-19. This requirement had not been met and an improvement notice was served to the provider on 19 November 2020.

## **Requirement:**

People experiencing care were not appropriately protected because the laundry facilities within the care service were not being managed in a safe way.

You must ensure that all laundry items are appropriately segregated, stored and laundered in accordance with all appropriate Public Health guidance and Health Protection Scotland guidance of 04.08.20 entitled "Covid-19 Information and Guidance for Care Home Settings".

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).

## **Action taken:**

By the third and final day of the inspection we found there had been significant improvements in the laundry management. A one-way system had been put in place. Contaminated and non-contaminated items were appropriately segregated. Appropriate storage for clean laundry items had been installed.

This requirement was met.

## **Requirements**

1. By 30 November 2020 you must ensure medication is managed in a manner that protects the health and wellbeing of service users.

In order to achieve this, the provider must:

- ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine; and
- ensure that all handwritten entries are signed by two members of staff and reference is made to the prescriber.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

2. By 26 November 2020 you must ensure that service users experience a safe, clean and well-maintained environment. In particular, the service must be staffed, resourced, and led in a manner that will ensure that:

- a) all surfaces such as walls, ceilings, floors, doors, equipment, and furniture are not damaged and are cleaned or disinfected effectively;
- b) all service users have a clean and well-maintained mattress and clean furniture within their room and throughout the care service;
- c) there is a cleaning schedule in place and that the cleaning schedule is implemented with regular quality assurance checks to ensure that the environment is consistently safe and well maintained; and
- d) all policies relating to the cleaning of the care service, and infection prevention and control, is up-to-date and in line with all Public Health and Health Protection Scotland guidelines.

This is in order to comply with Regulation 4(1)(d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 26 November 2020, you must ensure that service users experience a service with well-trained staff. In particular, you must develop an up-to-date training record for all staff based on a training needs analysis. This analysis should include, but need not be limited to including, training on the correct use of PPE and training on infection control and prevention in order to keep service users safe during the Coronavirus pandemic. In addition, you must demonstrate how the training received is being implemented in practice throughout the care service.

This is in order to comply with Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. By 26 November 2020 you must ensure that safe infection control practices are always followed. In particular, you must:

- a) ensure that infection prevention and control policies regarding the use of Personal Protective Equipment (PPE) are adhered to and take account of the most up-to-date guidance from Health Protection Scotland; and
- b) ensure that clinical waste is stored safely and in a manner which takes account of the most up-to-date guidance from Health Protection Scotland.

This is in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

5. By 30 November 2020 you must ensure that there are, at all times, enough suitably qualified and competent members of staff working in the care service to meet the needs of service users. You must also demonstrate that there are arrangements in place to ensure that the care service is always adequately staffed.

This is in order to comply with Regulation 15 (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 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.

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

#### Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because we would expect that adequate numbers of trained housekeeping staff are available throughout the day to undertake cleaning duties. We examined cleaning records and staffing rotas and found that this was not always the case at Craigie House.

During this inspection we saw domiciliary hours had been increased, however the cleaning schedules in place were not being implemented effectively or monitored. This requirement has been carried forward and is included in the improvement notice issued on 19 November 2020.

**Not met**

#### Requirement 2

In order to promote the health, wellbeing 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)

**This requirement was made on 22 October 2019.**

#### Action taken on previous requirement

This requirement was made as a result of a previous inspection. It was made because we examined staff rotas and found that records showed that staffing targets were not met on a regular basis. Staff have previously told us the negative impact this has on their ability to meet the needs of individuals living in the home.

The home had suffered a huge temporary depletion of staff due to self-isolation as a result of the pandemic. This meant that the organisation's management team needed to deliver care and support to residents and carry out domiciliary tasks. The outcome of this was a lack of governance within the home due to being overstretched. There was no clear contingency plan in place for accessing staff during the pandemic should the depletion of staff be higher than 30 per cent. This development of a clear contingency plan is vital should another outbreak or crisis occur. This requirement has been addressed in the application of requirement (5).

**Not met**

### Requirement 3

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

During this inspection we noted the call alarm system to be in good order. Call alarms were being answered timeously and a process was in place to check the system routinely.

**Met - within timescales**

### Requirement 4

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

We did not assess this requirement during this inspection.

## Not assessed at this inspection

### Requirement 5

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.

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 22 October 2019.**

## Action taken on previous requirement

This requirement was made a result of a previous inspection. It was made because the service needed to examine how staff were organised and deployed in all areas of the home. The ability of the service to provide person-centred care and adequate levels of observation on all three floors of the home had to be reviewed.

During this inspection we found a decision had been made to close the top floor and move the residents, with their consent, to the lower floors. The redeployment of staff meant an increase in numbers of staff to care and support the residents on the remaining two floors which was a positive step. Management stated this will be under continuous review.

## 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

In order to ensure that maintenance and environmental improvements are addressed the provider should develop an environmental improvement plan. This plan should include, but not be limited to, improvements which would benefit infection control.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22)

**This area for improvement was made on 17 September 2020.**

#### Action taken since then

This area for improvement has been addressed in the application of requirement 2.

#### Previous area for improvement 2

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 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 17 September 2019.**

#### Action taken since then

We did not assess this area for improvement during this inspection.

#### Previous area for improvement 3

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 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 17 September 2019.

## Action taken since then

This area for improvement was made as a result of a previous inspection. It was made because there was extensive use of pressure mats to monitor people's movement from bed. Whilst this was appropriate for some people, we saw situations where people had actively avoided standing on the pressure mat. Therefore, increasing the likelihood of falls. Furthermore, risk assessments had not always been reviewed to account for these actions.

During this inspection we examined care plans and risk assessments and found that consents for the use of pressure mats had been obtained. The service carried out regular reviews of their use and update risk assessments accordingly.

This area for improvement was met.

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	1 - Unsatisfactory

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