

Cradlehall Care Home Care Home Service

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Unannounced

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Service provided by:
HC-One Limited

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CS2011300685

About the service

Cradlehall Care Home is registered to provide a care service to a maximum of 40 older people and 10 people with learning disabilities. The service has been registered since 31 October 2011 and the provider is HC-One Limited.

The home is situated in the Cradlehall area of Inverness. The purpose-built building is bright and set in its own grounds. There are enclosed gardens to the rear of building. All accommodation is on ground floor level and all bedrooms are single with en-suite facilities. The care home is divided into four separate units, designed to meet the different levels of care and support needs of people who use the service. There is a variety of communal areas in each unit and all have access to the garden although not all garden areas are enclosed.

The provider's philosophy of care is to be, 'The provider of the kindest homes in the UK, with the kindest and most professional staff, where each and everyone can make a difference.'

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

What people told us

During the inspection we spoke to four people and 14 relatives of people who lived in Cradlehall. People we spoke with told us:

- 'I really love the staff here. I've been here for 16 years'.
- 'They are often quite busy, but it's ok here'.
- 'You get a laugh here'.

Understandably, relatives shared how hard things had been for them during the COVID-19 pandemic, including the restrictions on visiting their loved ones in Cradlehall. Relatives told us:

- 'We weren't told that we could be visiting, sometimes window visiting was on, other times it was off. There wasn't any communication about it'.
- 'Window visiting was difficult, all the staff needed to do was make sure the phone was charged so we could talk to XXX. Lots of times this didn't happen, which was really frustrating'.
- 'Often when I called, the staff didn't know the answers to my questions, which wasn't really reassuring'.
- 'They made it possible for me to spend time with my sister for her birthday'.
- 'Many times our calls were not returned'.

Communication was a concern for many relatives, along with how the care home was supporting visiting.

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?	2 - Weak
How good is our leadership?	3 - Adequate

How good is our staff team?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

2 - Weak

1.1 People experience compassion, dignity and respect was evaluated as adequate, which demonstrated strengths which just outweighed weaknesses.

People, in the main were supported by staff who knew them well, in a way which was warm and compassionate. People's care plans set out how they would like to be supported, which meant the support arrangements were right for them.

Residents' meetings had not been taking place for some time. These opportunities for people to share their views, were just about to start again. Relatives would be able to attend and take part in those meetings to offer their views. The activities coordinator worked well with people, supporting them with warmth, compassion, and enthusiasm when offering activities within the care home.

People's planned care reviews were progressing well. NHS Highland was leading the reviews. People were being offered opportunities to share their feedback on how things were going. Discussions at recent reviews highlighted some issues. These issues were being considered to support improvements. This will help ensure people receive support that is right for them because their plans will be based on their needs, wishes and choices.

People are entitled to have their human rights protected and promoted and they should not face any discrimination. The service had not followed the 'Open with Care' guidance and fully supported people to have visits from loved ones. For example, a person experienced stress and distress and family or friends were not encouraged to visit to help reassure the person. Communication plans were not detailed enough to set out how individuals preferred to be supported. For example, how they wished to keep in touch with their family and friends and what the practical arrangements were around visiting or calling by phone or video call (see area for improvement 1).

1.2 People get the most out of life was evaluated as weak, which demonstrated important weaknesses with priority action required.

People spent a lot of time in lounge areas with the tv or radio on, and on several occasions, both were on. We heard the loud TV volume, competing with the radio in the dining area. People looked withdrawn or were asleep.

When the activities coordinator was there people were offered meaningful opportunities on an individual basis. This worked well for people. Relatives described the activities coordinator as "worth her weight in gold" and "gold standard". At other times people were not supported to maintain, or develop, their interests or activities in a way they liked.

There had been interactions between people living in the home which caused them harm or distress. These incidents should be reported to the Adult Protection Team and the Care Inspectorate. On occasions those referrals had not been made. This meant people and staff did not benefit from the advice and support these organisations provide when people are at risk of harm. Some comments were made from family about their relative being uncomfortable with some staff, or felt they were being rushed when supported by staff.

To ensure all staff are knowledgeable in their responsibilities and duties, we have made an area for improvement around adult protection (see area for improvement 2).

'Open with Care' guidance was published by the Scottish Government late in February 2021 to support care homes to open with care to visitors. Cradlehall had started to implement some aspects of the guidance, however arrangements were poorly communicated and the guidance was not consistently implemented. Family members expressed their concerns around visiting and about the lack of communication, which was causing them distress (see requirement 1).

1.3 People's health benefits from their care and support were evaluated as adequate, which demonstrated strengths that just outweighed weaknesses.

People overall benefited from regular health and risk-based assessments, which helped to inform their care, supporting their wellbeing. These assessments had been completed monthly. Where an assessment score indicated higher risks, these could be completed more frequently, which would mean the risks identified were being reviewed more regularly.

Residents were offered well-presented meals and snacks and there was plenty of drinks available in each unit.

When a person's health caused concern, staff may need to make referrals for additional support. There were some occasions when this could have been done sooner. There were a couple of occasions when relatives had visited recently and noticed some warning signs about their loved ones' health. We suggested to the manager they could speak with families to capture the key signs of any underlying health conditions; this could then be included within a person's care plan to help staff identify these concerns in the future. This would mean that people's future care and support needs are anticipated as part of their assessment (see area for improvement 3).

Some people had fallen on a number of occasions which increased their risk of being injured. We suggested the service implement the 'Falls Safety Cross' to visually identify and track when people were falling. This will help determine if there is a pattern, or an increasing risk. The service took steps to introduce this before our inspection completed. There may be a link between people falling and staffing levels. We have made a requirement around this under key question 3.

Requirements

1.
The provider must ensure by 31 May 2021 that people living in Cradlehall have their rights promoted and protected, around family life and visiting. To do this, the provider must:

- a) communicate to family and friends about 'Open with Care';
- b) implement Scottish Government guidance around 'Open with Care'; and
- c) support other key essential visits when these are necessary, for instance around stress and distress.

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

'If my independence, control and choice are restricted this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.4); and
'My human rights are protected and promoted and I experience no discrimination' (HSCS 1.2).

This is to comply with:

Regulations 4(1)(a) Welfare of users, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The service should take account of people and their relative's views, experiences, and outcomes in relation to supporting effective communication. Communication plans should be regularly evaluated and adapted to meet people's changing needs.

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

'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).

2. People should feel safe and be supported by a team who are knowledgeable in how to protect them from harm. The service should make sure the staff team's knowledge and understanding of adult protection is refreshed and up to date and that they are submitting all the necessary referrals to adult protection teams and the Care Inspectorate.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

3. People living in Cradlehall should be supported by people who know them well, who are able to anticipate their health needs. The staff should implement anticipatory care planning in a way which supports this.

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

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

How good is our leadership?

3 - Adequate

Quality assurance which is led well was evaluated as adequate, which meant that strengths just outweighed weaknesses.

Cradlehall had several manager changes since 2020, which had meant some challenges with quality assurance. Feedback from staff was very mixed about the management and leadership of the service. Some staff reported they felt they had been left to get on with things, and were trying to do the best they could, without any direction from their leaders.

Organisationally, HC-One used a range of audits to check procedures were being followed and people were getting the right care. For example, regular audits showed that people were supported to safely take their medication. The areas for improvement identified by this inspection highlighted that quality assurance was not always effectively used to improve the quality of people's experiences. Better use should be made of observations of staff practice, spot checks of recordings, and visual environmental audits to improve people's care (see area for improvement 1).

When carrying out observations around the care home we identified several areas which required improvements. For example, staff practices around hand hygiene and the use of personal protective equipment; damage to door surrounds which were a risk to infection, prevention; areas of the care home which were not up to standard with cleanliness.

We made an area for improvement about hand hygiene after the last inspection. The provider needs to ensure action is taken now (see area for improvement 2).

All staff with leadership roles should be involved in supporting improvement. This should include registered nurses, nursing assistants, senior care assistants, the depute and manager.

Areas for improvement

1. People living at Cradlehall should benefit from quality assurance which is led well. The service should review current audit arrangements to make sure they have an impact on improving the quality of service and environment.

This is in order to ensure that the safety and wellbeing of people was taken into account and 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).

2. The service should ensure that all staff carry out good hand hygiene practices following physically guiding people to reduce possible infection transmission between individuals.

This is in order to ensure that the safety and wellbeing of people was taken into account and is consistent with the Health and Social Care Standards which state that:

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professionals and organisational codes' (HSCS 3.14).

How good is our staff team?

2 - Weak

Staffing levels are right, and staff work well together was evaluated as weak. This meant there were important weaknesses and priority action was required.

All staff we spoke with told us staffing levels were not right to meet people's needs. This was further confirmed when exploring areas like falls and the risk of falls; how long people had to wait for their call buzzer to be answered; and when looking at staff rotas. The care home had many vacancies for registered nurses and care staff. There was not enough housekeeping staff which we were concerned about given our observations about the environment.

Staffing levels also need to take account of people's changing needs. Staff reported occasions where people were unsettled, which made it difficult to meet everyone's needs. The provider was beginning to recruit staff to be able to introduce a 'twilight' shift, which would mean greater support from tea-time up until midnight.

Overall, this meant there were not enough staff to provide consistent good quality care and support (see requirement 1).

People working in Cradlehall did not always have the right level of skills or training. For example, stress and distress training had not been rolled out to all staff, which meant staff did not have the necessary knowledge or skills to support residents who were experiencing distress (see area for improvement 1).

People should benefit from a team that works well together, however we found there was a lack of team work, and a lack of opportunities to build a strong team. For example, team meetings were not taking place regularly enough; colleagues with shared responsibilities had no opportunities to meet up to discuss how things were going, or to put plans in place to develop the unit they oversaw (see area for improvement 2).

Requirements

1. The provider must ensure by 17 June 2021, that they have taken steps to ensure the needs of people are met by the right number of staff. To do this, the provider must undertake the following:

- a) carry out an analysis of the overall support required by people who live in Cradlehall and use this to identify robustly where staffing hours are requiring increased;
- b) review their recruitment plan to ensure maximised opportunities to recruit people into the vacant posts; and
- c) ensure the skills mix of staff on shift is appropriate to meet the needs of people who live in Cradlehall, including nursing cover.

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

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

This is to comply with:

Regulations 4(1)(a) Welfare of users and 15(a) Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. 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. The provider should take account of people's needs, the quality of people's care and review staff training records. A plan should then be developed to improve on the knowledge and skills of the staff.

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

'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' (HSCS 3.14).

2. People should be supported by staff members who work well as a team, because they communicate effectively and share information. The provider should reintroduce team meetings amongst staff groups and review how communication is working, taking the necessary improvements forward.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

How good is our setting?

3 - Adequate

People experience high quality facilities was evaluated as weak, which meant there were important weaknesses, with priority action required.

People who lived in Cradlehall had a variety of areas, including outdoor space which was available to them. It was difficult at times for staff to support people to access their outdoor space due to staffing levels, and there were missed opportunities for this to happen.

Lounge areas were set out in a way which supported people keeping safe with social distancing measures for COVID-19. The environment was secure and safe for those who lived there, and staff were responsive when a call alert indicated an external doorway had opened. Call buzzers rang repeatedly through the care home and the volume was loud enough to possibly cause distress. We asked the provider to investigate this to see if they could reduce the possible impact on people who lived there.

There were certain areas which required attention and maintenance, for example door frames with large chunks out of the woodwork; some chairs in dining rooms which needed repaired; tired decoration in communal areas; flooring in a shower room which was not safe (see requirement 1).

The cleaning of the care home was not always done to an acceptable standard and this was impacted by staffing levels at times. For example, some floor areas were not clean, and the housekeeping cupboard was not clean or organised well. This meant that residents did not always experience an environment that was well looked after and cleaned properly (see area for improvement 1).

The COVID-19 pandemic response had contributed to some of the aspects identified here. For example, external contractors and the restrictions placed on them entering the care home had delayed some actions being taken. Another example was the use of soft furnishings and how some had been reduced to minimise the risk of infection. Lounges were welcoming, with photos and pictures on the walls, and people could choose to have some items at their doorway to support their recognition of their bedroom. We asked the provider to go through the Kings Fund Audit Tool, particularly in Redcastle to evaluate and assess the dementia friendliness of the environment.

Requirements

1. The provider must ensure by 30 June 2021 plans are identified to ensure the care home environment is providing high quality facilities, that are well maintained. To do this, the provider must:

- a) as a matter of priority review the environment and create a detailed plan of areas which require repair, maintenance and/or refurbishment;
- b) consider these areas identified within this review and prioritising them for action, with clear timescales; and
- c) progress with the priority action plan within a timely manner.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, 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 to comply with:

Regulations 10(2)(d) Fitness of premises, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. People should experience an environment that is well looked after which is clean and tidy. The provider should review housekeeping arrangements to make sure they have effective arrangements in place, taking action to make the necessary improvements.

This is in order to ensure that the safety and wellbeing of people was taken into account and is consistent with the Health and Social Care Standards 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).

How well is our care and support planned?

4 - Good

Assessment and care planning reflects people's outcomes and wishes was evaluated as good, which meant important strengths with some areas for improvement.

People's personal plans were being kept up to date by routine in-house review. Opportunities for people's views to be shared were improving due to planned reviews. Overall, people's plans set out their preferences and wishes, which staff followed. More detail would benefit people's care. For example their preferences around their hobbies or interests; or a personal history to support meaningful conversations with people about their past and present.

Staff handwrote personal plans, but on many occasions these documents were not signed or dated. For example, people's stress and distress plans were not signed as read by staff. It is important for information to be signed and dated as it tells us when the document was put in place and by whom. It also supports staff to decide when information is requiring to be reviewed for the person.

Generally, their plans were person centred and focused on health and care needs of people. People were supported by regular assessments, for example dietary and nutrition, pressure care and falls risks. The frequency of those assessments should be increased when the risk is high, indicating a higher chance of a poor health outcome. Good practice was observed, when one of the nursing staff was discussing with the cook some concerns about weight loss, and how this could be supported with higher calorie foods. People were supported safely with good systems in place for their medication.

Planning for people's safety and wellbeing was sometimes impacted by the overall needs of people, and staffing levels. For example, in Redcastle it was proving difficult to always have a member of staff in the lounge to support people who were there. In Redcastle there was increased risk of falls, or incidents between people who lived there. Staff being present could also support around signs of stress and distress. This was also noted within other lounges too.

Where someone had been identified as needing 1-1 care, we found records were not detailed enough to describe how the person's day had been. This view was shared with us by NHS Highland as it was difficult to evaluate the outcomes of a person's 1-1 support.

People's legal arrangements were now clearly documented, along with the evidence of the powers a legal representative had, for example, Power of Attorney, or Welfare Guardian.

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

The service should take account of people and their relative's views, experiences, and outcomes in relation to supporting effective communication. Communication plans should be regularly evaluated and adapted to meet people's changing needs.

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

'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).

This area for improvement was made on 6 October 2020.

Action taken since then

People had a plan within their care plan around communication. However, these did not fully capture the ways in which people wished or needed to be supported around communication. Friends and family expressed concerns around communication, giving examples where this had been difficult i.e. window visits when phones weren't available or charged to allow verbal communication.

This will be restated within key question 1 'How well do we support people's wellbeing?'.

Previous area for improvement 2

The service should ensure that there is information about any powers that have been delegated to someone else to make decisions about people's care.

This is in order to ensure that correct action is taken in relation to decision making and is consistent with the Health and Social Care Standards which state that:

'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.' (HSCS 2.12).

This area for improvement was made on 6 October 2020.

Action taken since then

People's plans clearly identified when there were legal representative arrangements in place, for example Power Of Attorney, or Welfare Guardianship.

This area for improvement had been met.

Previous area for improvement 3

The service should ensure that people and their relatives/representatives take part in regular formal reviews to ensure there is a focus on improved outcomes.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

This area for improvement was made on 6 October 2020.

Action taken since then

Reviews for people had not been carried out consistently, however, planned NHS Highland led reviews had begun to take place. These reviews would allow people and their family or friends to be involved and to share how they felt things were.

Therefore this area for improvement will be met once these reviews have been completed. The provider and service should continue to look at different ways to involve people in the on-going review of their care and support.

Previous area for improvement 4

The service should ensure that the records used to assess and monitor people's medication is effective in addressing their healthcare needs. Staff should be made aware of and apply best practice in relation to the repurposing of medication during the COVID-19 pandemic.

This is in order to ensure that people's medical needs are consistent with the Health and Social Care Standards which state that:

**'Any treatment or intervention that I experience is safe and effective.' (HSCS 2.17); and
'I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).**

This area for improvement was made on 6 October 2020.

Action taken since then

The service had a good system for medication management and regular medication audits were undertaken every five days. Staff were aware and had applied best practice in relation to the repurposing of medication during the COVID-19 pandemic.

This area for improvement had been met.

Previous area for improvement 5

The service should ensure that minor repairs to some areas of flooring, woodwork and handrails is addressed in order that people experience a safe and well maintained environment.

This is in order to ensure that effective cleaning can take place and is consistent with the Health and Social Care Standards which state that:

'My environment is secure and safe.' (HSCS 5.17); and '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 6 October 2020.

Action taken since then

Repairs and refurbishments within the home had not taken place, which had been delayed due to restrictions as a result of COVID-19. Visually there were a number of areas which required maintenance and/or improvements.

Therefore this area for improvement will be covered within a requirement under key question 4 'How good is our setting?'.

Previous area for improvement 6

The service should ensure that all staff carry out good hand hygiene practices following physically guiding people to reduce possible infection transmission between individuals.

This is in order to ensure that the safety and wellbeing of people was taken into account and is consistent with the Health and Social Care Standards which state that:

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professionals and organisational codes.' (HSCS 3.14).

This area for improvement was made on 6 October 2020.

Action taken since then

There were various issues observed which showed us this area from improvement had not been met.

This area for improvement will be restated within key question 3 'How good is our staff team?'.

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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	2 - Weak
3.3 Staffing levels are right and staff work well together	2 - Weak

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's outcomes and wishes	4 - Good

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