

## Craig Court Care Home Service

Binghill Grove  
Milltimber  
Aberdeen  
AB13 0HF

Telephone: 01224 863 527

**Type of inspection:**  
Unannounced

**Completed on:**  
28 September 2021

**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. Presently the home was proving a service to people who had been discharged from the hospital and awaiting further care in the community. 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).

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.

## What people told us

During the course of our inspection, we spoke with relatives over the telephone to gain their views about the service. Overall feedback was generally very positive, particularly in relation to staff. However, there were some concerns raised about how the staff had been unable to support a person with their rehabilitation.

Comments included:

"The staff are just lovey; they always tell me if anything has changed."

"Mum trusts the staff, she always speaks of them like 'family', mum is much more relaxed being in Craig Court, which reassures me."

"The staff are so attentive."

"The food is usually very good, but I have no appetite."

"It is not a problem visiting, I just need to book as only two families can get in a day."

As there was an outbreak during our inspection, we had limited opportunity to talk with people living in the service.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How 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 wellbeing are supported and safeguarded during the Covid-19 pandemic.

The focus of this inspection was to establish if people's health and wellbeing were being supported and safeguarded during the Covid-19 pandemic. We evaluated the service as weak, in which strengths can be identified but these are outweighed or compromised by significant weaknesses.

Feedback we received from the people who use the service and relatives was in general very positive. They spoke about staff being warm, kind and compassionate and that communication and their interactions were good. Relatives spoke highly of the staff. People kept in contact with their families by phone or using technology. The service had yet to fully implement the updated visiting guidance. This meant that visiting had been restrictive, with only two families being able to visit the service each day through a booking system.

Staff we spoke to were caring and enthusiastic, and they appeared to know the residents well. The service was working hard to provide activities for residents on a one to one basis during the period they were in isolation due to the outbreak. The activities co-ordinator was implementing best practice advice as to how to keep equipment clean between uses to minimise the risk of infection, and all residents had been provided with items for individual use, such as pens and colouring books. Residents had weekly activity plans, and the activities co-ordinator had spent time with them to ensure that personal preferences were taken into account. This meant that residents had support to spend time doing things they enjoyed and that were meaningful to them.

Care and support plans contained some important and relevant information, but they were not kept up-to-date and there were significant gaps. Risks that had been identified at the point of the person's admission to the service had not always been captured within care planning documentation. Anticipatory care plans were not available for us to review during the inspection. This meant that the most up-to-date information regarding how to provide appropriate care and support was not available to inform and direct staff. This also increased the risk that residents' care and support may be compromised because health and care assessments were so limited and did not provide ongoing evaluation and assessment of risk, for example, in relation to wound care. Care and support plans focused on tasks and lacked information about people's individual preferences, choices and life history. Improvements need to be made with regard to support plans and promoting dignity and respect. **(Please see requirement 1.)**

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

In order to minimise the risks, it is important to make sure there is strict application of infection control procedures. During an outbreak of Covid-19, additional measures must be in place to help minimise the spread of infections. The performance of the service in relation to infection control practices to support a safe environment, particularly during Covid-19, was weak, strengths can be identified but these are outweighed or compromised by significant weaknesses.

There was an outbreak during our inspection, staff told us of the changes they had put in place to reduce the risk of transmission.

The service had enhanced their cleaning schedules, paying attention to areas that were frequently touched. However, the systems and processes had not taken into account the best practice guidance in relation to cleaning. This meant that some areas were not being cleaned to an appropriate standard. Although staff were working with the best intention there were clear breaches in relation to Care of Substances Hazardous to Health (COSHH). As a result, there was a risk to both staff and people using the service of the cleaning products and chemicals being used ineffectively and therefore there was an increased risk of spreading of infection. **(Please see requirement 2.)**

Some areas of the home and equipment were in a poor state of repair. We were informed that replacement chairs and furniture were on order and maintenance were due to redecorate some areas of the home. Good practice was not being followed in the laundries. The correct temperatures were not being used to ensure laundry was appropriately disinfected and there was no clear system in place to keep clean linen separate from dirty linen. There were no appropriate facilities to ensure that staff washed their hands within the laundry. As a result, there was an increased risk of contamination. **(Please see requirement 3.)**

Staff had become complacent in some of the processes and practices to ensure infection control principles were fully maintained. For example, staff not using the appropriate personal protective equipment (PPE) during aerosol generated procedures (AGP), the use of fans during an outbreak, no clear systems to identify those residents who were isolating and decluttering the service of items that could not be cleaned frequently. These were all concerns previously identified, that had been addressed by the organisation. However, these improvements were not sustained. As a result, there was an increased risk of possible cross infection. **(Please see requirement 4.)**

There was a lack of leadership surrounding infection prevention and control practices. The service had quality assurance processes in place in relation to infection prevention and control, however, these were not being used to ensure that environmental and practice concerns are identified and addressed to reduce the risk of harm to people. **(Please see requirement 5.)**

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

Staffing arrangements, in relation to the changing needs of people experiencing care, were weak. Where there were some strengths, it is important the provider builds on these strengths, to increase the likelihood of people having positive experiences and outcomes.

Since the last inspection there have been changes in how the service was delivered and the type of people admitted to the service. We found that staff were enthusiastic and committed to providing quality care in challenging circumstances. However, staff did not always have the skills, knowledge or understanding to fully meet the additional needs of some of the people using the service. There was a lack of permanent nurses. The service was dependant on agency registered nurses. There was a lack of senior clinical support and leadership within the home resulting in staff being overwhelmed and prior practice not being identified or addressed.

The organisation's quality assurance processes had failed to support staff, sustain previous improvements implement and support the changes made to the delivery of the service. Senior management need to review the service's aims and objectives, to ensure that they can fully meet people's specialised needs. In addition they need to identify specific staff training and support needs, as well as addressing poor practice

that is not in line with guidance throughout all areas of the home. This would contribute to there being a focus on sustaining improvement for people using the service. **(Please see requirement 6.)**

## Requirements

1. By 26 October you must ensure that personal plans are updated and contain sufficient detail to reflect people's individual needs, rights, choices and wishes. In order to improve people's outcomes, personal plans must be regularly reviewed and changed where necessary in order to direct care, based on people's current situations. In order to do this the provider must :

- a) Ensure that all skin integrity risk assessments are accurate and updated regularly.
- b) Ensure that, where necessary, food or fluid monitoring charts are completed accurately and detail the correct amounts that people have eaten and drank.
- c) Ensure that people have an anticipatory care plan (ACP) in place that reflects their wishes and where appropriate, those of their representatives.
- d) Ensure that people have a visiting plan to reflect their individual choices and preferences.
- e) Ensure that personal plans include people's individual aspirations, and outline the support that will be provided to help them to achieve this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 3.07);

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.08); and

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) – Welfare of Users.

2. By 26 October 2021 you must ensure that the care home environment should be visibly clean, free from non-essential items and equipment to help make cleaning effective, well-maintained and in a good state of repair and routinely cleaned, in accordance with the specified cleaning schedules. In order to do this the provider must ensure that the Safe Management of the Care Environment Cleaning Specification for Older People and Adult Care Homes is fully implemented into practice.

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

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

'I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24);

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

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

3. By 12 October 2021 you must ensure that used linen or infected linen is managed in line with guidance. In order to do this the provider must ensure that:

- a) There is a clear process in place for handling dirt/clean linen.
- b) Linen is washed to ensure it is effectively decontaminated at the correct temperature in line with guidance.
- c) Appropriate handwashing/hand hygiene facilities be readily available for staff.
- d) Washing power to be stored safely and securely.

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

'I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24);

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

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

4. By 12 October 2021 you must ensure that infection protection procedures are followed, and practice is sustained in line with Health Protection Scotland Covid-19 Information and Guidance for Care Home Settings. In order to do this the provider must ensure that:

- a) Aerosol generated procedures (AGP) are performed safely and staff have the appropriate PPE readily available.
- b) Appropriate fit testing undertaken for the use of FFP3 Masks.
- c) All staff are aware of and have ready access to current national infection prevention and control guidance and Covid-19 Information and Guidance for Care Homes.
- d) Fans that circulate air must be used in line with Covid-19 guidance.
- e) Clear systems implemented to identify those residents who were isolating.

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

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

'I make informed choices and decisions about the risks I take in my daily life and I am encouraged to take positive risks which enhance my quality of life.' (HSCS 2.24);

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

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

5. By 12 October 2021 you must ensure that infection protection procedures are followed, and practice is sustained in line with Health Protection Scotland Covid-19 Information and Guidance for Care Home Settings. In order to do this the provider must undertake a full infection prevention and control audit and address any practice concerns promptly.

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

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

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

6. By 12 October 2021 you must ensure that the quality assurance systems and processes in relation to infection prevention and control and care practices must be further enhanced, ensuring senior management clearly identify areas for improvement and action is taken prompt to address indications of poor care provision and to ensure improvements are sustained. In order to do this the provider must ensure that:

- a) Ensure that there is appropriate clinical leadership within the service on a daily basis.
- b) Senior management to have an oversight of the quality assurance processes and systems including monitoring of staff understanding and practice.
- c) Service's aims and objectives to be reviewed to ensure they are inline with the skills, knowledge and understanding of staff group.
- d) Address training and development needs of staff.

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

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

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d) and Regulation 15.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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	2 - Weak



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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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