

Craig En Goyne Care Home Service

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Kilsyth
Glasgow
G65 0RS

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Type of inspection:
Unannounced

Completed on:
5 October 2021

Service provided by:
Craig En Goyne Care Company Limited

Service provider number:
SP2003002414

Service no:
CS2003010561

About the service

Craig En Goyne is situated in a quiet residential area in the Kilsyth area of North Lanarkshire. The service is provided by Craig En Goyne Care Company Limited and has been registered since 2002 to provide care and support for up to 48 older people.

The accommodation is within a converted and extended Victorian house, consisting of three floors, two of which are used by residents with a passenger lift providing access to all floors. It is conveniently situated for public transport routes and is within walking distance of local shops and community amenities. There is access to outdoor seating areas depending on the weather and season.

Each floor used by residents has a lounge, dining area and pantry. All rooms have en-suite facilities and residents are encouraged to bring in their own furnishings to personalise their rooms.

At the time of the inspection there were 47 residents using this service.

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

What people told us

We sought the opinions of six residents and six relatives during our inspection visit and comments included:

"No issues at all".

"Been communicating well - they call and keep me updated".

"Very obliging staff".

"X likes to have a blether with people as they are very sociable. They did tell me that they had been to a concert one night though and really enjoyed it".

"I take a Covid test at the door and then wait in car for the results. They provide masks and tests. Turn up anytime we want as long as its not during a mealtime".

"No concerns - always plenty cleaners and care staff about".

"X has been very positive about the staff".

"Staff all so good".

"X is always immaculate, with matching clothes".

"Very approachable staff who deal with things swiftly - very caring and friendly. Manager - very reasonable".

"X's weight has been fine".

"Staff keep you up to date".

"Staff are very helpful and always got time for us if we have any questions".

"Activity staff are very good with the residents".

"Domestics do a good job".

"X adjusted well with the help of staff".

"The staff have done a great job, more so during Covid. I have no concerns about X's wellbeing".

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?	3 - Adequate
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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 well do we support people's wellbeing?

3 - Adequate

1.1 People experience compassion, dignity, and respect

Staff engaged with people during the inspection in a warm and caring way. Residents and relatives spoke very highly of the staff. Residents had been supported to keep in touch with people important to them throughout the pandemic. The service had kept family and friends informed about important information about their loved one and the service.

However, not all six monthly care reviews had been completed (See requirement 1) and some feedback from questionnaires and meetings had not been actioned. (See area for improvement 1)

Visiting was taking place in line with Scottish Government Open with Care guidance and Covid-19 guidance. People spoke positively about the visiting arrangements.

1.2 People experience wellbeing as a result of their care and support

A varied programme of activities was displayed and discussed at residents meetings. However, activity records showed that not all residents had the same opportunities to participate in activities. There was less engagement with people who were spending time in their bedrooms or were quieter in the lounges. This could cause feelings of isolation and loneliness. (See area for improvement 2)

1.3 People's health benefits from their care and support

Electronic care planning had been introduced which had helped ensure consistency in recording. Information was generally up to date, evaluated monthly and reflected people's needs and wishes. Where there had been changes to people's health, investigations and reviews were carried out promptly. Healthcare clinicians were contacted where required and any advice provided was recorded and followed.

Some of the daily recording charts had not been as well completed as others. Specific examples were given during feedback. We were pleased to see how receptive the manager was to this and their intentions to introduce checks. (See area for improvement 3)

Mealtimes were well managed and people were offered a varied diet. People were supported by staff in a respectful and discrete manner.

Medication Administration Records were generally completed well. People could therefore be confident that they always received the medication they were prescribed.

The manager was receptive to a suggestion we made about improving the protocol for a specific "as required" medication.

Requirements

1. To ensure that people experience care and support that is safe and right for them. The provider must by 6 February 2022 ensure that individuals' personal plans are reviewed as needs change or as a minimum on a six monthly basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: '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) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care.

Areas for improvement

1. Issues or suggestions made from questionnaires and meetings should be actioned or where this is not possible, the reason recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8)

2. To help to give purpose to individuals' day and support their well-being, all people living within the care home should have opportunities to take part in meaningful activities and engagement. In doing so, there should be more emphasis placed on specific activities available for people in their own rooms and people living with dementia to help them live a meaningful and fulfilling life.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: '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)

3. Monitoring charts should be completed to help demonstrate that people have received the help and support they require in relation to pressure relief, personal hygiene and oral care.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states 'My care and support meets my needs and is right for me'. SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users

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

3 - Adequate

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

Personal Protective Equipment stations were placed within units to take account of risk as well as distance travelled. We discussed how the service may want to consider increasing these at some point.

On the second day of inspection, we identified some areas of the home and some equipment that needed to be cleaned, to ensure that people living in the home were protected from harm and the risk of infection. The management team took immediate action to resolve this. Although the areas of concern had been improved by day three, we found attention to detail was still needed. We discussed the need for a further audit to review the cleanliness of soft furnishings throughout the home. (See area for improvement 1)

Records showed no issues during their "observations of practice". However, we saw some staff Infection Prevention and Control (IPC) practice which could be improved upon and residents were not supported to clean their hands before eating. (See area for improvement 2)

Quality assurance systems were not always being used effectively to support improvement. (See area for improvement 3)

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

Staffing arrangements were sufficient to meet the physical and health care needs of the people receiving care in the service.

A designated IPC champion made sure staff had a named person to discuss any issues or anxieties.

Ways in which staff could reflect and discuss their practice had improved.

The manager agreed to review the way in which staff supervisions were recorded and tracked.

Communication systems between staff could be improved upon, to ensure all teams are kept up to date with any important information. The manager was receptive to this and planned to introduce daily meetings.

Most staff had completed IPC training. The provider agreed to increase the frequency of IPC refresher training.

Training in other areas was also undertaken, to ensure that people experienced care from a competent and skilled workforce.

There was no recorded evidence of induction being completed for a member of staff who had recently joined the housekeeping team.

(See area for improvement 4)

The management team had identified several areas where they intended to make improvements and appeared committed to completing these.

Areas for improvement

1. The service should ensure the cleanliness of soft furnishings throughout the home. Where issues or concerns are identified following environmental checks, there should be a clear record of any action(s) taken. Where issues are unable to be rectified through internal maintenance, there should be a clear record of escalation.

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

2. Staff IPC practice should be in keeping with best IPC practice at all times in order to minimise the risk of the spread of infection. In doing so, staff should also ensure that residents are supported to clean their hands before eating.

This ensures care and support is consistent with the Health and Social Care Standards, which states '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)

3. The provider should ensure that audit systems are effective and identify any shortfalls and subsequent actions taken to address areas for development and improve residents' outcomes. In doing so the the auditing and monitoring of cleaning tasks or associated records should specifically be improved upon.

This ensures care and support is consistent with the Health and Social Care Standards, which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

4. Induction processes and recording should be improved upon to demonstrate that procedures are in line with the good practice guidance: 'Safer Recruitment through Better Recruitment (2016)' resource.

This ensures 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)

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

Requirements

Requirement 1

In order to ensure residents have their support and care needs fully met the provider must by 1 September 2020:

- a) Ensure there are adequate numbers of staff on all shifts;
- b) Ensure domestic hours are adequate to carry out regular cleaning of frequently touched surfaces;
- c) Ensure adequate hours are available to activity co-ordinators to provide a stimulating environment.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'My needs are met by the right number of people' (HSCS 3.15) and in order to comply with Regulation 15 - Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. This requirement was made on 6 January 2020.

This requirement was made on 8 September 2020.

Action taken on previous requirement

The service had worked hard to maintain staffing levels and continued to actively recruit in order to address vacancies.

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

Appropriate staff supports should be put in place. This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23). This area for improvement was made on 23 July 2020.

This area for improvement was made on 8 September 2020.

Action taken since then

Staff told us how they felt supported by management.

Staff supervision had taken place with the frequency outlined within the provider's policy. We suggested to the manager they consider a more accurate recording tool and they agreed this would be useful.

This area for improvement has been met.

Previous area for improvement 2

Infection prevention and control improvements should continue. This includes but is not limited to:

- a) All staff to complete appropriate training.
- b) Maintain the audit system recently introduced.
- c) Staff should be given opportunities to reflect on their practice.
- d) Infection control champions are in post.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23). This area for improvement was made on 8 September 2020.

This area for improvement was made on 8 September 2020.

Action taken since then

Training statistics relating to Infection Prevention and Control showed most staff had completed the relevant training. A designated infection control champion made sure staff had a named person to discuss any issues or anxieties. Staff quizzes had been introduced and staff supervisions undertaken to help staff reflect and discuss practice. Audits were not being used as affectively as they could be and a separate area for improvement has been made in relation to this (see area for improvement 3, Key Question 7)

This area for improvement has been met.

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

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
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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