

## Crudenlea Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
14 April 2022

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2003000275

## About the service

Crudenlea is a care home that provides care and support to a maximum of 11 people with a learning disability and associated needs.

It is set in the North East coastal town of Stonehaven, which has good road and rail links to Aberdeen and Dundee.

The service states its aims "to enable people who require support to enjoy a valued life". In addition, the service's written statement of aims and objectives was developed from the provider's mission statement and takes into account the individual needs of the service users within the home.

## About the inspection

This was a full inspection which took place on 12 April 2022 between 09:30 and 16:30. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with six people using the service and three of their family members
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People were supported to be fully involved in their care and support.
- People enjoyed lots of activities and opportunities.
- People were connected with their family and friends and were involved in the wider community.
- Improvements were required in the environment to ensure the building was fit for purpose and could be effectively cleaned.
- Managers were visible and used a range of tools to help them evaluate the service and create a service improvement plan.

## 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
How good is our leadership?	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?

## 3 - Adequate

During this inspection we looked at three quality indicators under this key question. These were:

### 1.3. People's health and wellbeing benefits from their care and support

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People had personal plans that set out how their needs would be met and that reflected their wishes and choices. Peoples plans included most of the information required to help ensure they received the support they needed and that reflected their preferences. A range of professionals had been consulted where appropriate and their guidance and advice was available. This helped to ensure people were getting the support that was right for them.

Support plans needed more detail in some areas. For example, where someone is at risk of developing pressure sores, we would expect to see an assessment informing a support plan that describes the support they require to reduce the risk or the support that is required should they develop a sore. We shared guidance with the managers to provide further information in this area.

[https://www.healthcareimprovementscotland.org/our\\_work/standards\\_and\\_guidelines/stnds/pressure\\_ulcer\\_standards.aspx](https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/pressure_ulcer_standards.aspx)

Some people required support to maintain a healthy weight. Whilst monthly weights had been recorded for some people, one person had not been weighed for a number of years. People who have a learning disability are more likely than the general population to have issues with their weight and it would be of benefit to establish regular monitoring in this area. Again, we shared further guidance in this area.

<https://hub.careinspectorate.com/media/2870/the-nutritional-care-of-adults-with-a-learning-disability-in-a-care-setting.pdf>

People could choose to have an active life and participate in a range of activities. During our visit we saw people enjoying a range of activities supported by staff. Some people told us about other things they liked to do - going shopping, going to 'work', visiting family and friends and were supported to do so regularly.

People were enjoying more freedom and were planning trips to the theatre and concerts and nights away. Staff should take care to ensure documentation is up to date to reflect these good outcomes.

People were supported to remain as active as they could be. People were encouraged to walk and to take exercise - some people had the support of a personal trainer to help motivate and plan exercise. Increasing opportunities to move more was built into daily routines such as having morning tea/coffee in the dining room rather than the lounge area. This appeared to be working well and we observed a lively 'friendly tea' during our visit with lots of chat and laughter.

People benefitted from a robust medication management system which adhered to good practice guidance. People's medication was regularly reviewed to ensure it met their health needs. Where people were prescribed medication to take 'as required' there should be clear protocols to inform staff when this may be required and how to monitor the effectiveness of the medication.

Where people's care is complimented by the use of technology, there should be clear evidence of the decision around this which should be regularly reviewed to ensure it is of benefit to the person.

#### **1.4. People experience meaningful contact that meets their outcomes, needs and wishes**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People had regular contact with their families and friends where this was appropriate. Family members were happy with the information they had received around visiting and contact. They told us communication with the managers and staff was very good and they felt fully involved and up to date with the ongoing support provided for their loved one.

People could choose to have visits in the home or to go out with their family and friends. One person told us about a regular arrangement they had for visiting a friend and their friend visiting them at home.

Staff were sensitive to the needs of people who did not have any visitors and recognised where meaningful contact with people out with the home may be beneficial to people. Staff had taken appropriate action to find opportunities for people and tailored support in this area to the individual.

#### **1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure**

We evaluated this quality indicator as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

People could be confident that staff had the necessary training, skills and competence to prevent the spread of infection and support them during an outbreak of an infectious disease. Staff completed a basic infection prevention and e-learning module that was further supplemented by a course specific for care home staff that was refreshed every six months.

Managers carried out observations of practice of staff donning and doffing Personal Protective Equipment (PPE) and handwashing. It would be good practice to establish more regularity of formal recorded observations of practice and make it clearer what is being observed and any feedback provided to the staff member or from the staff member.

During the inspection we observed that staff were wearing appropriate PPE and were regularly washing their hands between tasks. There were ample supplies of PPE and alcohol-based hand rub throughout the home. It was a concern however that staff were not always following safe practice when handling used linen. This increases the risk of cross contamination for people.

We discussed how the current observations of practice could be extended to include the other standard infection control precautions such as the safe management of the care environment and safe management of linen. Staff had access to the Infection prevention and control manual for older people and adult care homes where there is clear guidance in these areas.

<https://www.nipcm.scot.nhs.uk/infection-prevention-and-control-manual-for-older-people-and-adult-care-homes/>

During our inspection we highlighted some areas where improvements were required. This included laundry cupboard doors where the veneer covering was cracked and broken, a shower room that required up grading, vanity sinks that were damaged and some divan bed bases were badly frayed. All of these areas require to be addressed to help ensure that the environment can be cleaned effectively and is safe for people. We have made a requirement. **See requirement 1.**

## Requirements

1. In order to ensure the premises are fit to be used for the provision of a care home, by the 12 May 2022, the provider must develop an improvement plan, detailing the timescales to:

- Modernise, repair and/or update the laundry, bathrooms and flooring so that they are fit for purpose and can be effectively cleaned, addressing the areas of most significant concern first.

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

It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 10 (1) - a provider must not use premises for the provision of a care service unless they are fit to be so used. (2) Premises are not fit for the provision of a care service unless they - (b) are of sound construction and kept in a good state of repair externally and internally: (d) are decorated and maintained to a standard appropriate for the care service.

## How good is our leadership?

**4 - Good**

During this inspection we consider the Quality Indicator 2.2. Quality assurance and improvement is led well. We evaluated performance as good.

Staff continually evaluated people's experiences to ensure that, as far as possible, adults living in the care home were provided with the right care and support to meet their outcomes. We saw informative records of reviews that reflected people's views and experiences. Actions agreed demonstrated that people's views had been heard and taken into account.

The managers and staff team had done well to maintain regular team meetings. Minutes demonstrated these forums were used for staff to reflect on care and support and agree consistent approaches that would benefit the outcomes for individuals who use the service. Team meetings also provided opportunities for staff and managers to consider practice issues/service issues and quality assurance processes. The minutes of meetings would be improved with an attendance list as well as actions agreed and any follow up. This would help to evidence that actions were being evaluated and that the desired improvements were being made.

Observations of staff practice had been undertaken to assess learning and competence. The managers planned to establish some regularity to these and link them into supervision and support meetings.

The manager used a range of audits and checks to help evaluate the service and the support. These included spot checks in the environment, health and safety and infection control audits.

All these activities described had helped to develop an overall service improvement plan. The manager had a comprehensive plan that considered all areas of the service and included some of the areas for improvement identified through this inspection. This will be a valuable tool to help prioritise developments and capture successes.

## 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 well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good



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