

## Cameron House (Care Home) Care Home Service

Culduthel Road  
Inverness  
IV2 4YG

Telephone: 01463 243 241

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
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**Service no:**  
CS2003008463

## About the service

Cameron House is a care home for older people situated in a residential area of Inverness. The service provides residential care for up to 30 people.

The service provides accommodation over two floors, each with an en-suite toilet and wash hand basin. There are a number of seating areas and two areas for dining. There was a seating area within the entrance foyer and a well-tended garden towards the rear of the building with raised beds, a swing and ample seating options.

## About the inspection

This was an unannounced inspection which took place between 20 and 21 April, between the hours of 07:30 and 19:00. The inspection was carried out by two inspectors 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/friends/representatives. Additionally, 13 family/friends/representatives completed our survey
- spoke with nine staff and management, which included one agency staff member. Additionally, 10 staff completed our survey
- observed practice and daily life
- reviewed documents.

## Key messages

- People had a wide range of activities available that they could take part in.
- Leaders had developed strong quality assurance processes which were being used to evaluate the service.
- Staff recruitment had been a challenge for the service, which meant there were a number of staff vacancies within the care and housekeeping teams.
- People were treated with compassion, dignity and respect.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	5 - Very Good

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

## How well do we support people's wellbeing?

4 - Good

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

People's health needs were met through well-established links with other organisations. Staff were knowledgeable about health matters, and used various health-based assessments to monitor and plan for people's care and support.

During the week there were various opportunities to join in on a wide range of activities, which were primarily organised by the activities organiser. During the inspection we saw a range of activities, from morning devotions through to music and dancing. People were supported to access the garden to the rear of the care home, and we saw various areas being used there, including the garden swing. Not all family members had received updates on what activities their loved ones had taken part in. For those who said they had received this, they told us this was beneficial for them to know, and gave them something to talk about with them.

People were supported to keep in touch and to see their loved ones in a way which was right for them. Whilst the service had a visiting system in place, we were told by visitors that it was not a barrier, and did not place restrictions on their visiting. The service agreed to move away from this as it could be viewed as a restriction.

People were able to spend time away from the care home and enjoy activities with care home staff, or with their friends or family. Family agreed 100% that Cameron House staff had made visiting possible, and a family member told us "I am able to get in touch to let them know we would like to pop in and we are found a comfortable place to be with my XX to spend some time with her. Even when Covid forces more restricted visiting access, the named visitor has always been made welcome and the staff are always friendly". To continue with changes, Cameron House should continue to move away from systems which may seem restrictive.

Cameron house was clean and tidy, providing a safe environment for people who live there. Housekeeping staff were affected by vacancies, which was proving difficult for the service to recruit. Some areas could be improved upon, for instance the attention to detail and the deep cleaning of areas within the home. We discussed some ideas with the manager, who agreed to take things forward.

During our inspection a person was isolating as a precaution on the advice from Public Health. This matter was not communicated to us until the second day when we sat in on the staff handover in the morning. We were told this had been an oversight, but we need the service to be sure they communicate clearly when these situation occurs (see area for improvement 1).

### Areas for improvement

1. To support people's health and wellbeing, the provider should improve how they communicate concerns about people's health and wellbeing, in particular when someone is isolating due to an infectious illness.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

### How good is our leadership?

**4 - Good**

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

Managers and leaders were skilled in self-evaluation and had identified the necessary areas for improvement and development. They had used organisational and other self-evaluation templates to consider the service's performance. Mostly, the areas identified resulted in positive actions being taken to improve the quality of service. This was particularly strong when these actions could be taken by the local management.

People's care and support had been evaluated and assessed regularly, which meant their needs were being met, in a way which was right for them. Staff were doing this on a monthly basis.

There were safety concerns identified around the security of the perimeter for the care home garden. The main gate to the driveway had been damaged and was out of use. This had been left unresolved for a number of months, as the provider had failed to authorise the replacement. Because of the risk to people, it was necessary to ensure that people were safe and secure when accessing their outdoor space. This should include when people access areas in an unplanned or unexpected way. We discuss this further under key question 4.

### How good is our staff team?

**4 - Good**

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

People were mostly supported by the right numbers and skills mix of staff. There were times when staffing levels were lower than what was needed and this was apparent within the staff rota. Dependency assessments had been regularly updated to reflect the level of needs people had, which was linked to safe staffing levels.

Where there were gaps in staffing, this was filled wherever possible by relief or agency staff and there were good arrangements in place to minimise the number of agency staff working in the service.

Overall, staff felt they were able to meet the needs of people, but commented saying they were short at times. This was similarly apparent with the staff rota for care staff and housekeeping. Relatives mostly felt there was enough staff when they visited, but at times they recognised there were shortages, and one relative said "sometimes I have noticed they are short at the weekends". We encouraged the provider and manager to look at ways to support recruitment of staff, and to discuss this with other care home managers, to see if there are any other options to consider. Dependency levels which helped to identify the level of staff needed, were kept up to date and reviewed.

People could be confident their carers had been trained well, and staff were confident in their skills and knowledge, because they had the necessary training.

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweigh weaknesses.

People were free to move around the care home without restriction in an environment which was dementia friendly. People could access the rear garden, which was safe, colourful and inviting with various seating areas, including a garden swing.

We shared concerns around the safety of the front garden due to the gate being damaged. This meant there was a risk to people's safety, should they access the front garden in an unsupported and unplanned basis. Replacement of the gate had been delayed because authorisation of the work had not been given by the provider. We raised our concerns about this at the inspection, and the manager updated us the next day, sharing that authorisation had been given. The provider should not delay on matters which could affect the safety of people living in Cameron House (see area for improvement 1).

The provider had allocated to Cameron House a budget for refurbishment, which the service was beginning to assess and decide what they would spend the money on. The provider and manager should consult with people living in Cameron House to seek their views additionally.

## Areas for improvement

1.  
To support the safety of the environment, the provider should ensure that maintenance that has the potential to affect people's safety, is prioritised and rectified in a timely manner.

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).

## How well is our care and support planned?

### 5 - Very Good

We evaluated this key question as very good where there were significant strengths with minor areas for improvement.

People's care plan was agreed and discussed with them and/or people's legally appointed guardian. People's plans were strength based and were orientated around supporting people to maintain their independence, whilst maintaining their skills. Plans were supported by a range of health-based assessments, which helped to guide the care people needed.

Staff were good at asking the right questions to get to know the person, and this was reflected in the person centred information contained in people's plans. This meant that anyone reading the information had a true sense of the person and what interested them. Where there was a risk to a person, this was assessed in a positive way, enabled safe and appropriate risk taking.

Profiles were in place for people, which gave a snap shot into how they wished their care and support to be delivered which supported getting their care and support right.

## 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 was to review the management of records that showed how staff were supporting people with their nutrition and skin care. They were to be fully completed so they could assure themselves that they were meeting these needs.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 13 September 2019.**

#### Action taken since then

We considered a range of evidence within this area for improvement and found the service had made the necessary improvements.

#### Previous area for improvement 2

The service was to ensure that where there were significant changes in people's needs, or where people had specific wishes, they took these into account and responded accordingly.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9).

**This area for improvement was made on 13 September 2019.**

#### Action taken since then

We considered people's care and support plans as part of the inspection process and found these to be up to date, reflecting people's needs and preferences.

## Previous area for improvement 3

The provider should ensure to continue to use the quality assurance processes to lead to improvements. The service was to also self evaluate the quality of the service against the Health and Social Care standards in order to develop and implement a plan that improves outcomes and experiences for people.

This is to ensure that care and support 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).

**This area for improvement was made on 13 September 2019.**

### Action taken since then

We considered key question 2.2 and found that quality assurance processes had improved significantly.

## Previous area for improvement 4

The service was to review how they managed the use of agency staff. This was to ensure that this led to people being able to experience consistency and stability in how their care and support was provided.

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

'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8).

**This area for improvement was made on 13 September 2019.**

### Action taken since then

Protocols and arrangements were in place to book agency staff in advance where possible. This meant the service had been able to reduce the level of different agency staff, as far as was possible.

## Previous area for improvement 5

The service was to ensure that the use of the dependency tool took account of all aspects of staff management and the environment. There was to be clear information about how decisions were made with regard to planning for staffing levels that met people's needs.

This is to ensure that 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) .

**This area for improvement was made on 13 September 2019.**

### Action taken since then

We considered dependency assessments and found these were up to date, reflecting the right level of dependency for people. These had been agreed with the provider and were being updated accordingly.

**Previous area for improvement 6**

The service was to review the way the spaces in the home could be better utilised so that they could provide different experiences for people.

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

'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS 5.6).

**This area for improvement was made on 13 September 2019.**

**Action taken since then**

People had been able to use various areas of the care home throughout the pandemic, when restrictions had allowed. During our inspection we saw freedom of movement and areas of the care home being used without concern.

**Previous area for improvement 7**

The service was to ensure that the premises were secure so that the safety of people was taken into account.

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

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

**This area for improvement was made on 13 September 2019.**

**Action taken since then**

Initial actions had been taken to address this area for improvement. However, additional concerns had recently become apparent, and we make a further area for improvement under key question 4.

**Previous area for improvement 8**

It is important that people should experience care in a planned and agreed way that meets their needs, wishes and preferences. The service was to ensure that the information in care plans was person centred, with outcomes that were clear to the person and the staff. In addition, evaluations of the care plans were to detail how staff were meeting these outcomes. Overall, this would then assist with formal reviews that concentrated on assessing people's views and experiences in order to improve outcomes.

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and  
'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

**This area for improvement was made on 13 September 2019.**

## Action taken since then

We found people's care plans had improved and there was the right level of information to help inform how people preferred their care and support to be offered. This was supported by regular reviews which involved people and/or their legally appointed guardians.

## Previous area for improvement 9

The service was to review how they managed and supported people with risk taking. These were to be person centred and clearly identify the risk and control methods that were to be used to protect people's safety.

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

'I am empowered and enabled to be as independent and as in control of my life as I want to be' (HSCS 2.2) and

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

**This area for improvement was made on 13 September 2019.**

## Action taken since then

We considered risk assessment and how this had changed and found the service had improved aspects of the risk assessment process. These were completed in a person centred manner which supported elements of positive risk taking.

## 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?	4 - Good
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	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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