

## Cranford Care Centre Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 May 2022

**Service provided by:**  
Larchwood Care Homes (North)  
Limited

**Service provider number:**  
SP2011011695

**Service no:**  
CS2011301134

## About the service

Cranford Care Centre is owned and managed by Larchwood Care Homes (North) Limited to provide a care service for a maximum of 39 older people, where a maximum of two places may be used to provide a care service to adults with a physical disability and/or chronic illness.

The service employs a team of nursing, care, domestic and catering staff with varying degrees of skills, expertise, and qualifications. Cranford Care Centre is a traditionally-built granite house with a purpose-built extension. The accommodation is over two floors and consists of 38 bedrooms, one may be used as a double. All bedrooms have en-suite facilities of a WC and wash hand basin. One bedroom has an en-suite with shower. The home is divided into two units. Each unit has a selection of seating areas and a dining area.

The service states in its aims: "It is our objective that all service users enjoy a clean, smoke-free, and safe environment in private spaces and communal areas within the home and be treated with care, dignity, respect, and sensitivity to meet the individual needs and abilities of the service user".

## About the inspection

This was a full inspection which took place on 25 and 26 June 2022. 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 3 of their family members
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- The service had recently undertaken some refurbishments which had improved the environment.
- People were supported to maintain contact with loved ones and the service was following guidance 'Open with Care'.
- Quality Assurance processes and development plans were being progressed but needed more time to be embedded fully.
- Staff had received training and demonstrated good infection control measures.
- Staffing levels needed to be increased upstairs in order to meet the support needs of people promptly, and to enjoy meaningful days.
- Reviews and care documentation required improvement to ensure these documents were up to date and fully completed.

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

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

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People were supported by a staff team that included both permanent and temporary staff. As a result, not all staff knew people well. We felt that this had an impact overall on how people's needs were being met and the quality of people's days varied greatly between the two floors of the home. The service was actively recruiting to fill vacant posts and aimed for consistency in the use of temporary/agency staff to help promote continuity.

While some people experienced an environment that was relaxed and welcoming, for others it was rushed. This meant that while staff spent most of their time attending to direct care needs there was little time for social engagement and supervision. People had to wait a long time for their needs and requests to be met. We observed people become distressed when waiting to have their continence and pressure relieving needs met. **(See requirement 1).**

Food looked nutritious and plentiful, and people told us they enjoyed the menu choices. One lady told us 'I don't know who the chef is in here, but he is magnificent'. Alternative menu options were available should someone not fancy the hot options. This contributed positively to people having a varied and satisfying mealtime. However, although the food itself was of a good standard, not everyone received the support they needed when they required it. Some people waited a long time for their meal to be served and those that required support were often supported by more than one staff member at different intervals. We saw inconsistencies in the use of drinking vessels, one person being offered a spouted cup and another drink in a cup without a spout. We did not feel that staff always worked well as a team because they were so rushed to complete tasks. **(See requirement 1).**

Medication was managed in a way that supported people to have their medication in the way that it had been prescribed. We did, however, note that where people received medication for symptomatic relief the effect was not always documented. This helps staff monitor and assess its effectiveness and should be encouraged as good practice. Additionally some topical medication documentation failed to record the details and frequency of the medications that were to be applied. Staff need to be mindful of their accountability in terms of their code of practice in relation to documentation.

An activities person had recently been recruited to the team. It was encouraging to see their enthusiasm and focus on activities outdoors to support people to get fresh air and a change of scenery. However, we found that people were not always supported to be ready in time to join in and therefore missed out on the planned activity. Improved communication and teamwork would help improve this and enable more opportunities for people to enhance their day.

People were supported to maintain contact and relationships with those that were important to them. There were no barriers to visiting and people were supported with the use of PPE to help keep themselves and others safe. We observed one person being coached by a staff member to help them wear their mask correctly, and the importance of doing so. It was good to see relatives take their loved one out and about for walks and trips to the local café. This was having a positive impact on people's lives.

The home was generally clean and tidy with no obvious malodour. Cleaning schedules were in use and were

being audited to ensure compliance. Some areas were cluttered making effective cleaning difficult (See area for improvement 1).

## Requirements

1. By 30 July 2022, the provider must support people to have their wellbeing needs met as set out in their plan of care.

To do this, the provider must at a minimum:

Ensure staff respond timeously to support people to maintain their continence where appropriate.

Where there has been an assessed need, support people to change position to help reduce the risk of pressure damage and maintain their comfort.

Support people who require assistance with their meals in a way that promotes good practice and dignity and respect.

**This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) of The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011 (SSI/210)**

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

**'My care and support meets my needs and is right for me'(HSCS 1.19) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected.' (HSCS1.23).**

## Areas for improvement

1. To support effective infection prevention and control practice, the provider should de-clutter the environment. In particular bathroom areas, to enable more effective cleaning of the environment.

Ensure that all areas are regularly maintained, including repair of paint work on walls, doors/frames and skirting boards.

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

**'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and 'I experience and environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).**

## How good is our leadership?

**3 - Adequate**

We found some strengths in respect of this key question, but overall, they just outweighed the weaknesses. Therefore, we evaluated this key question as adequate.

There were systems in place to monitor quality assurance, which had been completed. Although protocols and daily manager walk arounds were in place, some bathrooms were overly cluttered with equipment and storage of items on or near toilets which increased risk of infection. The manager was new to the service and was developing an improvement plan, however, this needed more time to be fully embedded. **(See area for improvement 1).**

Staffing levels did not reflect the support needs of people in the upstairs unit at the time of our inspection. There were long periods of time in which there was little supervision of people in the upstairs lounge because staff were busy supporting people in other areas. This increased risks for people and delays in accessing prompt care and support when required.

The management team told us that they had increased staffing levels as a result of our findings during our feedback to the service. **(See requirement 1 in the first section 'How well do we support people's wellbeing').**

It is important that managers keep accurate records of staff competencies and training needs. We observed staff practice, and it was clear that staff were competent, and had received relevant training to their roles. The manager had completed observations of staff practice in relation to Infection prevention control (IPC), and these ensured that high standards had been maintained.

It is important that staff have regular supervision with managers in order to identify any; practice, training and support needs promptly. Staff told us that the manager was accessible and approachable, however, formal recorded supervision had yet to be carried out at the required intervals as per the service's own policies. The manager had already identified this as an area for improvement in the development plan, but this had been delayed due to the pandemic.

People told us that the manager had kept in touch during the pandemic and during periods when the service had been closed to visitors. We observed that letters had been sent to all relatives with updates and that an online meeting for relatives had recently been facilitated. Managers informed that more regular meetings were planned now that visiting guidance and restrictions have been relaxed.

We will follow up on these areas at our next inspection.

## Areas for improvement

1. To support improved experiences for people, the service should enhance its quality assurance process by focusing on the key areas for improvement highlighted in this report. In particular, but not limited to continence management, mealtime experience, documentation and personal care.

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

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

## How good is our staff team?

**4 - Good**

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

We observed kind and supportive interactions between staff and residents, and relatives told us, 'I am happy, the staff are all very good'.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff had been interviewed with employment references and protection of vulnerable group checks being undertaken.

Staff had access to training and training updates, and managers carried out checks to ensure that these had been completed. Observations of practice of staff donning and doffing Personal Protective Equipment (PPE) and handwashing were carried out by managers to ensure that high standards were maintained and that staff were maintaining their knowledge and skills. This means that people can have confidence that staff are using up to date guidance, to keep people safe.

It is important that staff have access to regular supervision and appraisals in order to address any practice issues or concerns, and to identify development needs. Staff and managers told us that supervision had not been carried out for some time due to pressures associated with the pandemic. We have addressed this in section 2.2 of this report. **(See area for improvement 1).**

People's experience of their care and support had been impacted by staffing levels in different areas of the service. Dependency levels were higher in the upstairs unit and we saw that staff had less time to interact with people. This meant people's support needs were not always met promptly. Relatives we spoke to told us, 'It has been very good, we have been very lucky with the quality of staff and are happy with the standard of care that our relative has had', however, we also heard, 'I have heard residents asking for the toilet, and having to wait', and 'I haven't seen any activities since my relative came in and there is never any staff in the day room'.

The manager of the service increased the level of staffing during our inspection and we will follow this up at our next visit.

## How good is our setting?

### 4 - Good

We made an evaluation of good for this key question as there were a number of important strengths which had a significant positive impact on people's experiences and outcomes.

The home was clean, tidy and had benefitted from recent upgrading of facilities since our last inspection. A newly appointed handyman was in post who was undertaking routine maintenance and safety checks. This helped to ensure the home was well maintained and in a good state of repair.

Some bedrooms were tired and in need of re-decoration. This meant that these areas were difficult to clean and increased risk of infection. We discussed this with the manager who assured us that these areas would be addressed as part of their on-going maintenance programme. We will follow this up at our next inspection, **see area for improvement in section 'How well do we support people's wellbeing?'**

Some en-suite bathrooms were cluttered with equipment and included the open storage of toiletries close to toilet areas, which increased the risk of cross infection. The manager told us that these would be improved and suitable storage solutions purchased where these were required. We will follow this up at our next inspection.

Overall the environment was spacious, well lit, and in good condition. All residents had en-suite bedrooms and benefitted from different areas to relax; including a secure garden for people to enjoy in warmer weather. During our inspection we saw that people were enjoying activities out in the garden.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. Improvements must be made by building on the strengths identified while addressing those elements that are not contributing to positive experiences and outcomes for people.

Care plans were in place which set out the care and support needs of people, which had in most cases been reviewed monthly by staff. Legal documentation was in place where people lacked capacity to make their own decisions about their care and support. These provided information about their representatives, and the powers that they held for them.

It is important that people and their legal representatives have opportunities to discuss and agree how they would like to be supported at the end of their lives. Anticipatory care plans were in place, including do not attempt cardio pulmonary resuscitation (DNACPR) certificates. In some cases we could not find evidence that these had been discussed with people's legal representatives. We discussed with the manager the importance of ensuring that everyone understood and agreed with end of life care and support plans.

People had access to external professional support such as GPs, opticians, speech and language therapists (SALT) when this was needed. This ensured that people were receiving regular routine health screening when this was required.

The service used weekly care booklets to record the daily care that people had received. These were incomplete, or had missing information, which meant that we were not confident that people had received the essential, and routine daily care they required. For example, in some cases oral care and showers/bathing had not been recorded for several days.

Where people had an identified need to have their food and fluid monitored it was ineffective. This was because documentation was incomplete. There was no clear guidance on what their needs were, and recording was poor, often with few entries and no evaluation or plan of how to support a better intake. This increased risks to people who may not have been achieving their dietary requirements, as staff were not clear about what they were.

Some records of topical medication were recorded as administered, however, the name and instructions for the application of these medications had not been completed. This increased risks for people especially when supported by new or unfamiliar staff.

Wound care had been carried out within stipulated timescales, however, photographs of wounds were not taken at required intervals, or were of poor quality and not documented correctly in all cases. It is important that documentation is clear so that any changes are identified early, and are clear for all staff including temporary or agency staff.

Although there was evidence of annual reviews taking place, the required six monthly reviews had not taken place in the plans we sampled. Relatives we spoke to told us that they 'couldn't remember when they had last had a review, but the staff were good at keeping us up to date'. Reviews are important as they provide

regular opportunities for people and their representatives to meet and discuss any issues promptly and make changes when required.

We saw that there were Covid-19 risk assessments in people's care plans. These needed to be updated to reflect the current situation regarding visits and any restrictions. The restrictions described were not in force during our visit as they were not required at that time. It is important to make sure information is current and accurate to prevent any unnecessary restrictions for people.

Good records of accidents and incidents were in place, which included further investigation and analysis of these where this was required. We discussed with the manager the importance of reporting all relevant incidents to the Care Inspectorate.

The manager was new and had a development plan in place for the service. This required more time to be fully actioned and embedded. Some of the issues we identified during our inspection had started to be progressed by the time we gave feedback to the service.

**(See requirement 1).**

We will follow these up at our next visit.

## Requirements

1. By 30 July 2022, the provider must ensure that plans of care and associated documentation accurately reflects people's needs and desired outcomes.

To do this, the provider must at a minimum:

Ensure that where there is a change in people's planned support needs care plans are updated to reflect this.

Where supporting documentation is in place to help meet people's needs, including but not limited to fluid balance and nutrition intake charts. These are planned, monitored and evaluated to support effective use.

Review and improve the use of wound photography to ensure it is effective in the assessment and treatment of wounds.

Maintain accurate up to date records of the application of topical medication.

Ensure that relevant accidents and incidents are reported to the care inspectorate, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

**This is in order to comply with 4(1)(a) (Welfare of users) and 5(b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011 (SSI/210)**

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

'My care and support meets my needs and is right for me'(HSCS 1.19) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected.' (HSCS1.23)

## 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

To ensure people's safety when being supported with their mobility needs, the provider should ensure clear guidance is in place for staff and that this is followed, with any changes or concerns being promptly and clearly addressed.

**This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.**

**This area for improvement was made on 28 April 2022.**

#### Action taken since then

We observed staff practice in relation to supporting people with mobility needs. A range of equipment was observed, including stand aids, wheelchairs and walking aids. We observed that staff demonstrated satisfactory moving and handling competencies during our visit. We looked at staff training records which evidenced that moving and handling training had been provided. This area for improvement is met.

#### Previous area for improvement 2

To ensure people's safety, the manager should implement a clear process to identify any medication stock shortfall, and ensure an action plan is in place to address this in a timely manner.

**This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.**

**This area for improvement was made on 28 April 2022.**

#### Action taken since then

We did a check on medication records and documentation during our inspection including stock control. We found no issues, and records were of a good standard. This area for improvement is met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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	3 - Adequate
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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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