

## Craigielea Care Home Care Home Service

French Street  
Renfrew  
PA4 8DG

Telephone: 01418 863 365

**Type of inspection:**  
Unannounced

**Completed on:**  
3 November 2022

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2020379132

## About the service

Craigielea Care Home is registered to provide nursing care and support for up to 85 people, 20 adults with a physical disability and 65 older people. The provider is Holmes Care Group Scotland Limited. There were 84 people living in the home during the inspection. The home is currently not accepting new residents.

The service is based in a purpose-built care home, with single ensuite accommodation on two floors and four individual units. There are lounges and dining rooms in each unit and a hairdressing salon. The care home has a car park to the front and a large enclosed garden and patio area to the rear which provides a pleasant and private space for residents. The home is situated in a residential area of Renfrew and there are shops and other facilities nearby. The aims of Craigielea Care Home include 'providing a quality service tailored to individual needs'

## About the inspection

This was an unannounced inspection visit which took place on 3 November 2022. This was a follow-up inspection to report on the progress made with requirements previously issued in September 2022. Two requirements had due dates of 31 October 2022 and these were the requirements we reviewed during this inspection. The two requirements were in relation to medication and infection prevention and control practices. The findings from the inspection are detailed in "What the service has done to meet any requirements made at or since the last inspection"

The inspection was carried out by 2 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 staff and management
- observed practice and daily life
- reviewed documents

## Key messages

- The service had made progress with both Requirements
- Infection prevention and control practices had improved and the home was visibly cleaner.
- Medication management had improved in some areas
- To support the service to fully meet the requirements, both requirements were extended to 30 November 2022

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

### Requirements

#### Requirement 1

By 31 October 2022, the provider must ensure people receive medications safely to maintain their health and wellbeing. To do this, the provider must, at a minimum ensure:

- a) Medication administration and practice is in line with 'Guidance about medication personal plans, review, monitoring and record keeping in residential care services (Care Inspectorate, 2012) and 'Professional guidance on the safe and secure handling of medicines (Royal Pharmaceutical Society, December 2018).
- b) All as required medications have a clear protocol in place.
- c) medication audits take place as per the company policy
- d) Actions from medication audits are followed up, documented and communicated clearly with all staff who administer medication

This is to comply with Regulation 4 (1) (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24). '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)

**This requirement was made on 8 September 2022.**

#### Action taken on previous requirement

We saw that the guidance documents and the companies medication policy was available in each unit. There were different versions of the policy available (dated 2016 and 2021) and guidance for care at home services as also available.

The manager agreed to re issue the recent service medication policy ( 2021) and "Guidance about medication personal plans, review, monitoring and record keeping in residential care services" (Care Inspectorate, 2012) for reading by staff who administered medication, to refresh their familiarity with the correct documents.

We did see that medication administration and practice was more aligned to the guidance. For example, hand written MAR sheets (Medication Administration Recording) had two signatures as per guidance and there were fewer instances of missed recordings. The recording of topical medications still showed recording gaps meaning that we could not be assured that people were receiving this prescribed treatment.

Medication records we sampled showed that as required medications had a protocol in place. The protocol did not detail the symptoms or signs where as required medication would be indicated and we asked that the protocol contain this level of detail.

Medication audits had taken place. The manager advised that these would be carried out monthly. We could see from the audits that the auditors had identified areas that required further improvement to improve consistency. A new 10 point check document had been introduced to check that medication processes were signed off once a day.

Completed actions from the medication audits were not easy to track in the format in which they were recorded. We advised that some narrative was needed to show what actions had actually taken place and what improvement these had made.

We could see that the service had made progress to meeting this requirement, therefore we have extended the requirement due date to 30 November 2022

**Not met**

## Requirement 2

By 31 October 2022 the manager must ensure that staff's infection prevention and control practices in the home comply with best practice guidance : to do this the manager must, at a minimum:

- a) ensure that all staff receive training/ education on the Care Home National Infection Prevention and Control Manual appropriate to their role
- b) produce a schedule of planned observations of staff practice to ensure that staff are putting the above training/ education into practice.
- c) ensure that staff understand and practice good hand hygiene as per guidance.
- d) ensure that infection prevention and control audits are undertaken and actioned with sufficient regularity to maintain IPC practice in line with best practice guidance.

This is to comply with Regulation 4 (a) and ( d) (Welfare of Users) of the Social Care and Social Work Improvement Scotland ( Requirements for Care Services) Regulations 2011 ( SSI 2011/210)

This is to ensure that support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This requirement was made on 8 September 2022.**

**Action taken on previous requirement**

We saw some specific improvements based on feedback from the last inspection, for example, shared equipment now had records of cleaning attached to the equipment itself, handrails had been sealed by being painted and laundry was being transported safely. These actions had reduced the likelihood of cross infection.

We were advised that staff had completed refresher e learning on IPC (Infection Prevention and Control) and some small group sessions had taken place with staff in relation to IPC in relation to their role. These were not complete.

During the inspection the manager had produced a planner for observations of staff practice in relation to the training, though no observations were yet planned. We discussed the benefits of testing staffs understanding of the training provided. This would provide more assurance that people would benefit from robust IPC practices because staff had understood and could apply the training in practice.

We saw that staff understanding and practice of good hand hygiene was supported by the eLearning refresher training and observation of practice. During the inspection we observed staffs practice with hand hygiene had improved, specifically the unnecessary use of gloves.

We saw that the cleanliness of the communal and private areas of the home had improved and there were a number of additional and frequent checks in place. While these seemed to be effective in improving the cleanliness of the home they were dependent on the home manager, depute and nurses carrying these checks out. We discussed that the frequency between checks and audits needed to allow for actions to be completed and should be sustainable.

We could see that the service had worked hard to make progress with this requirement therefore we have extended the requirement due date to 30 November 2022

**Not met****Requirement 3**

By 30 November 2022, the provider must ensure that each person's care plan and daily recording reflects their current individual care and support needs. To do this, the provider must, at a minimum ensure:

- a) The home has completed the transition of all peoples care plans on to the electronic care plan system, including any training on the care planning system that may be needed.
- b) Documentation is sufficiently detailed and reflects the care planned or provided.
- c) Appropriate documented Risk assessments are in place
- c) Care plans must be evaluated to ensure the care and support remains effective.
- d) Any changes to care plans should be clearly documented, not only recorded in the evaluation
- e) All new residents have a personal plan completed within 28 days.
- f) Processes should ensure all personal plans are reviewed at a six-month interval or if a significant change in need occurs.
- g) Care plans and daily recording is outcome focused, and written in a person-centred manner, taking account of all the needs of residents, not just health concerns.
- h) Records for personal care, food and fluid, positional changes, skin and wound care are accurate and completed in a timely manner by the staff delivering the care.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards 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 1.15).

**This requirement was made on 8 September 2022.**

#### Action taken on previous requirement

Not assessed at this inspection

#### Not assessed at this inspection

### Requirement 4

By 30 November 2022 the provider must ensure that the quality assurance systems in use in the home are effective in improving outcomes for people: To do this the provider must, at a minimum:

- a) ensure there is sufficient management capacity in the home to conduct the range of quality assurance activity expected by the company, best practice guidance and legislation
- b) data collected in relation to residents health needs and information about the service's performance should be sufficiently analysed. The analysis should identify, but is not limited to, learning points, actions to be taken and risk assessments where appropriate. The analysis should also identify the impact of these actions on improving outcomes for the people living in the service.
- c) ensure that actions identified from quality assurance activity should be prioritised, planned and implemented effectively and in a timely manner

This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

This is 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)

**This requirement was made on 8 September 2022.**

#### Action taken on previous requirement

Not assessed at this inspection

#### Not assessed at this inspection

## 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 that staff development improves outcomes for people, the service should develop a system whereby training activity can be analysed to identify gaps or deficits in skills and knowledge in order to inform a comprehensive training plan. This should include, but is not limited to, having training information on individual staff, staff teams and staff by designation, providing clear direction on how training completions should be prioritised and providing training where gaps or deficits in skills and knowledge have been identified.

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

**This area for improvement was made on 8 September 2022.**

#### Action taken since then

Not assessed at this inspection

#### Previous area for improvement 2

To ensure people are supported by staff who are confident in their role and who have the opportunity to reflect on their practice, the manager should recommence a schedule of staff supervision in line with the organisations policy. Supervisions should be planned, tracked for completion, documented and include reflections on practice.

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

**This area for improvement was made on 8 September 2022.**

#### Action taken since then

Not assessed at this inspection

#### Previous area for improvement 3

The provider should offer regular structured person-centred activities appropriate for each resident irrespective of their health and well-being needs. The programme should promote the choices and aspirations of each resident. Resident involvement in activities should be recorded in an outcome focussed way to enable evaluation of the activity.

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

'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)

This area for improvement was made on 3 February 2021.

## Action taken since then

Not assessed at this inspection

## Previous area for improvement 4

The provider should ensure that all equipment used by residents is clean, intact and fit for purpose.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My environment is secure and safe' (HSCS 5.17) 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22) '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 3 February 2021.

## Action taken since then

Not assessed at this inspection

## Previous area for improvement 5

The provider should introduce quality assurance systems that help address any practice issues which are not aligned to current guidance and promote ongoing workforce development.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "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 3 February 2021.

## Action taken since then

Not assessed at this inspection

## 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).

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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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