

## Cradlehall Care Home Care Home Service

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Cradlehall  
Inverness  
IV2 5WD

Telephone: 01463 794 885

**Type of inspection:**  
Unannounced

**Completed on:**  
11 November 2022

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300685

## About the service

Cradlehall Care Home is registered to provide a care service to a maximum of 40 older people and 10 people with learning disabilities. The service provider is HC-One Limited. There were a number of vacant bedrooms when we inspected.

The home is situated in the Cradlehall area of Inverness. The purpose-built building is set in its own grounds, and each unit has access to gardens to the rear of building.

All accommodation is on ground floor level and all bedrooms are single with en-suite facilities.

The care home is divided into four separate units, designed to meet the different levels of care and support needs of people who use the service. There are a variety of communal areas in each unit and there are some local amenities, including a shop, in the immediate vicinity of the home.

## About the inspection

This was an unannounced follow up inspection, which took place between 9 and 10 November 2022, between the hours of 08:20 and 20:15. 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 11 people using the service and five of their family members;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with two visiting professionals.

## Key messages

- Improvements and developments had been made by the provider, which meant requirements from the last inspection have been met.
- People's experiences had improved and we identified further improvements the service could make to continue this.
- Activity support need to be improved.
- Health and well-being needs were being met better.
- Staffing recruitment remained difficult and the service continued to use a significant level of agency staff.

## 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 well is our care and support planned?	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

At this follow up inspection we evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People's support around their health and well-being had improved. This was because the service had made improvements in the following areas:

- personal plans and risk assessments had been reviewed more regularly;
- health-based assessments had informed people's personal plans and were being reviewed regularly;
- staff training in health and well-being areas had improved; and
- care and support was planned better and was responsive to people's changing needs.

People's experiences had benefited from these improvements.

The managers and leaders of the service needed to continue to involve people to assess how their experiences were going. This should continue with routine engagement with people living in the care home, their family and friends and staff to review what improvements or developments were needed. We suggested routine observations should be used to help assess this as well (see area for improvement 1). Some comments we received from people about these areas were:

- 'Things have improved since the new manager started'.
- 'There is more stability now'.
- 'I am comfortable with his care'.

Activities offered to people had reduced. A long standing member of staff had retired and the service had been unable to recruit new activities staff. This meant at times people were missing out on regular opportunities to lead meaningful and active days (see area for improvement 2). Some comments we received from people about this were:

- '(they) enjoyed exercise class, but all this has stopped now'.
- 'I manage to go out daily on my own'.
- 'It can be a bit restricting here'.
- 'There is enough to keep me busy'.

Staff had taken part in several training courses which enabled their skills and knowledge to improve. The improvements in training need to continue to raise the achievement levels higher (see area for improvement 3).

People benefited from an environment which was kept clean and tidy. Improvements should be made around how the laundry is being handled. People told us some items went missing and there were delays in laundry coming back to people. When we looked at the laundry we found a number of unclaimed items and many items with poor labelling, which could lead to confusion and mistakes being made (see area for improvement 4). Some comments we received about this were:

- 'Clothing is an issue, sometimes wearing someone else's clothes'.
- 'There is always a delay in stuff coming down'.

## Areas for improvement

1. To support people's health and well-being experiences, the provider should continue to improve the ways in which they evaluate key aspects of people's lives. In particular, they should continue to carry out observations, engaging with people living in the care home, their family/friends and the staff to assess if things are continuing to improve.

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).

2. To support people's health and well-being and improve the quality of their day, the provider should improve how they support people to keep active. They should review the activity support to create more routine opportunities for people to take part in meaningful activities. These opportunities will have to be led by care staff until activities staff are recruited.

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

3. To support people's health and well-being and improve their experiences, the provider should continue to promote and enable staff to keep up to date with their training. This needs to continue as a focus for improvement and development; and will need to be routinely reviewed.

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

4. To support people's experiences around their belongings, it is important for staff to handle their laundry in a way which ensures that items return to the correct person, in a timely manner. The manager should review how laundry is being handled to identify ways to improve this, in particular around labelling and unclaimed items (but not exclusively).

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).

## How well is our care and support planned?

**4 - Good**

At this follow up inspection we made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

We found there had been improvements within people's personal plans which had a positive impact on their experiences. Health and well-being needs were better planned for and we found most documentation was being reviewed regularly.

At times evaluation logs contained changes to people's plan of care and we found that sometimes these changes were not reflected back into the actual care plan. People's care plans needed to reflect the most up to date information to guide staff. We highlighted one person's plan where information was recorded in a way which was judgemental, and some aspects of their plan suggested the person had not been involved. These were some of the improvements which were still needed within people's personal plans (see area for improvement 1).

## Areas for improvement

1.

To support people's health and well-being, the provider should continue to improve how they update and evaluate people's care and support documentation. They should consider when it is appropriate to re-write a care or support plan, when there has been a fundamental change. Additionally, they should consider how things are written, ensuring these are respectful to the person. Finally they should ensure that people are involved where possible, including their legally appointed guardians where appropriate.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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' (HSCS1.15).

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

## Requirements

### Requirement 1

By 22 August 2022 the provider must review their management of skin integrity for people who reside in their care. This is to ensure that the skin care needs of people are assessed on an ongoing basis. In order to do this you must:

Ensure that staff have appropriate training to fully understand about management of skin integrity and wound care.

Regular updates of the training should be provided.

Be able to demonstrate that skin care assessment, planning, risk assessments and interventions and evaluations are in place to support people at risk of developing skin care conditions. This should include daily assessments with actions taken if there are any changes.

Wound care plans must follow best practice. This should also include supporting people with pain analgesia and any potential stress and distress prior to and during wound care being carried out.

Ensure clinical oversight of skin integrity care plans, wound care plans, and clinical practice to monitor compliance.

This is in order to comply with:

Regulations 4(1)(a) Welfare of users; and Regulation 5 Personal plans; and Regulation 15(b)(i) Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 5 July 2022.**

### Action taken on previous requirement

We found the service had made improvements around the areas detailed within this requirement and we concluded this requirement had been met.

We decided this because:

- staff had completed training in the management of skin integrity and wound care;
- skin care assessments, planning and risk assessments had led to improving skin integrity for people living in the service;
- skin integrity had improved for people living in the care home;
- management oversight arrangements were in place and the plans around reviewing people's skin integrity had improved; and
- pain management plans were in place and were effective.

There needed to be a continued focus around training of staff and we will include this within an area for improvement under key question 1.

### Met - within timescales

## Requirement 2

By 22 August 2022, in order to ensure service users' health, safety and well-being needs are met, the provider must ensure that quality assurance for the service is responsive to people's needs, and is carried out effectively. This must include, but is not confined to:

- oversight systems that are robustly implemented, and ensures that leaders are clear about their responsibilities for the monitoring and oversight of people's care and support;
- audits and other processes for monitoring and checking the quality of service, must be regularly and accurately completed, findings followed up, and must lead to any action necessary to achieve improvements or change, without unnecessary delay;
- improvement plans must accurately reflect findings from audits, feedback from stakeholders, as well as findings from external scrutiny, and provide evidence that actions taken have resulted in improved experiences for people using the service, and are sustained.

This is in order to comply with:

Regulations 3 (Principles) and 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 (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 5 July 2022.**

### Action taken on previous requirement

We found the service had made improvements around the areas detailed within this requirement and we concluded this requirement had been met.

We decided this because:

- overall management oversight had improved, which meant the leaders in the service had developed a detailed and effective improvement and development plan;
- the improvement and development plan was supported by a range of comprehensive audits, which had demonstrated improvements;
- feedback received from staff, people living at Cradlehall and their family had told us things had improved;
- external stakeholder feedback received, indicated improvements had been made; and
- our observations within the service demonstrated a more calm and planned response to people's care and support needs.

There needed to be a continued focus around people's experiences and we will make an area for improvement under key question 1.

**Met - within timescales**

## Requirement 3

By 22 August 2022, the provider must ensure that they have taken steps to ensure the needs of people are met by the right number of staff. To do this, the provider must undertake the following:

- a) complete a comprehensive analysis (which includes engagement with the staff team and observations) of the overall support required by people who live in Cradlehall, and use this to identify the staff they need to deliver good quality care;
- b) review their recruitment plan to ensure maximised opportunities to recruit people into the vacant posts;
- c) ensure the skills mix of staff (including nurses, carers, housekeepers, catering and maintenance staff, administrative and activity workers) on shift is appropriate to meet the needs of people who live in Cradlehall;
- d) ensure robust planning and oversight of staffing arrangements by leaders in the service;
- e) develop a strategy that will support staff retention.



This is in order to comply with:

Regulations 4(1)(a) (Welfare of users) and 15(a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure 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) and

'People have time to support and care for me and to speak with me' (HSCS 3.16).

**This requirement was made on 5 July 2022.**

#### Action taken on previous requirement

We found the service had made improvements around the areas detailed within this requirement and we concluded this requirement had been met.

We decided this because:

- observations during our inspection evidenced that people's needs were being met;
- the care home appeared calm and people's care and support was being planned;
- the provider had taken proactive steps to increase their ability to recruit;
- occupancy levels within the care home were lower, which meant the staffing was more appropriate to people's needs; and
- agency usage had decreased slightly, but still remained significant.

We raised some areas for continued improvement. These were around how the service moves forward when new people come to live at Cradlehall. Nationally and locally there are difficulties recruiting staff. This meant Cradlehall may continue to find it difficult to increase their staffing levels. On that basis we asked the provider and NHS Highland to work together on a safe and appropriate admission plan, with the view to not destabilising the staffing situation.

**Met - within timescales**

#### Requirement 4

By the 22 August 2022, the provider must ensure that leaders and staff use care plans to deliver care and support effectively.

To do this, the provider must, at a minimum:

- a) ensure that all personal plans are reviewed and clearly updated, as people's health needs or risk level changes;
- b) ensure people who are at high risk, in areas such as (but not confined to) mobility, tissue viability, stress and distress, have an appropriate risk assessment completed, and appropriate support is planned and implemented to reduce the risk;
- c) ensure that people, or where appropriate their representatives, are included in planning and reviewing care.

This is in order to comply with:

Regulations 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 requirement was made on 5 July 2022.**

## Action taken on previous requirement

We found the service had made improvements around the areas detailed within this requirement and we concluded this requirement had been met.

We decided this because:

- the majority of personal plans we considered were up to date and had been recently reviewed, with the exception of one. We highlighted who this referred to, so the manager could ensure this was updated;
- health-based assessments were up to date, and we had found improvements as reported under requirement 1, which were relevant to this requirement;
- risk assessments were up to date, including where there was a choking risk to people; and
- reviews had been taking place and people were being appropriately involved, including their legally appointed representatives.

We raised some areas for continued improvement and these were:

- one care plan was written in a way which was not respectful of the person and there was evidence they had not been involved in all of their plan, even although the person had full capacity; and
- there was a risk that when changes are noted in the evaluation/review part of the care plan documents, these could be missed if the original plans aren't updated to reflect these changes.

An area for improvement will be made under key question 5.

## Met - within timescales

### Requirement 5

The provider must ensure that people who require support to manage catheter care have this appropriately carried out to ensure their health care needs are met.

In order to achieve this, the provider must:

Ensure that all staff have training in catheter care in line with best practice. The training is evaluated, and staff are deemed competent in their practice. Regular updates of the training should be provided.

Ensure there are appropriate detailed catheter assessments, plans and risk assessments in place to enable staff to follow each person's identified needs.

Ensure there are appropriate hydration plans in place where required to monitor people's input and output.

Ensure that all appropriate recordings are done timeously.

Ensure audits are undertaken to monitor compliance and action any concerns without delay.

To be completed by: 22 August 2022

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 28 July 2022.**

## Action taken on previous requirement

A complaint investigation concluded in July 2022 and this requirement was made as part of that investigation.

We found the service had made improvements around the areas detailed within this requirement and we concluded this requirement had been met.

We decided this because:

- staff training in catheter care had improved and more sessions were planned in November;
- catheter plans were in place as well as accompanying risk assessments and we found documentation to be up to date; and
- fluid balance charts were up to date and in place and these were being reviewed routinely by the manager.

## Met - within timescales

### Requirement 6

The provider must demonstrate they have a robust medication system in place to ensure the health and well-being of people who experience care.

In order to do this the provider must:

Review the current medication delivery system to ensure people who experience care and are prescribed medications, such as antibiotics (but not limited to) are obtained and administered without delay.

To be completed by: 22 August 2022

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 28 July 2022.**

## Action taken on previous requirement

A complaint investigation concluded in July 2022 and this requirement was made as part of that investigation.

We found the service had made improvements around the areas detailed within this requirement and we concluded this requirement had been met.

We decided this because:

- local pharmacy arrangements had been reviewed, which now meant a local pharmacy was being used for those urgent prescriptions;
- evidence in relation to a recent urgent prescription demonstrated there was no delay in getting medication for this person; and
- an external GP was able to confirm arrangements and how the service worked with them to get prescriptions issued quickly.

## Met - within 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

To ensure people's overall health and medical needs are consistently met, the provider should ensure people's topical medication needs are administered as prescribed and intended. To achieve this, the provider should ensure that staff have the necessary training and knowledge to carry this out, and that detailed records are being maintained to evidence administration, and support oversight and evaluation .

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS )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 area for improvement was made on 5 July 2022.**

### Action taken since then

We found the service had made good progress around this and the area for improvement had been met.

We decided this because staff training levels had increased; documentation we reviewed demonstrated an improvement within this evidence. There had been regular medication audits completed with improvements identified and followed up.

### Previous area for improvement 2

The service should further enhance their capacity to support everyone living in Cradlehall to choose an active life and participate in a range of meaningful social and physical activities and conversations every day. To do this, the service should;

- a) Recruit additional activities staff to promote and enable people to get the most out of life;
- b) Ensure there is someone available to cover the role of activities co-ordinator in their absence;

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

'People have time to support and care for me and to speak with me' (HSCS 3.16);

'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 5 July 2022.**

#### Action taken since then

We found the service had made limited progress in this area and because of this we have decided to follow this up under key question 1.

### Previous area for improvement 3

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

The provider should take account of people's needs, review staff training needs, and implement a plan to develop staff knowledge and skills. As a priority training in maintaining skin integrity, preventing pressure ulcers, wound care, stress and distress should be arranged. Staff knowledge about specific health conditions relevant to people's support needs, for example, Parkinson's, or associated with the needs of people with learning disabilities should also be considered.

This is to ensure 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).

**This area for improvement was made on 5 July 2022.**

#### Action taken since then

We found there had been progress in this area. Further improvements were still needed and this will be reported under key question 1.

### Previous area for improvement 4

To ensure that people can benefit from high quality facilities the provider should:

- a) progress, and complete, all works identified as requiring repair;
- b) evaluate the premises, and use the findings to influence a refurbishment plan that will enhance the experience of people living in the service;
- c) implement processes that will maintain the premises to a high standard.

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).

**This area for improvement was made on 5 July 2022.**

## Action taken since then

We found that an appropriate level of improvement had been carried out and that this area for improvement had been met.

We discussed some areas that needed addressed, and the provider fed back to us that these areas were being improved within the next month.

## Previous area for improvement 5

People should experience an environment that is well looked after which is clean and tidy. The provider should review housekeeping arrangements to make sure they have effective arrangements in place, taking action to make the necessary improvements.

This is to ensure that the safety and wellbeing of people was taken into account and is consistent with the Health and Social Care Standards 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).

**This area for improvement was made on 5 July 2022.**

## Action taken since then

We found the service was visibly tidy, cleaner and was fresh in its appearance, therefore we concluded this area for improvement had been met.

We highlighted an area where review and improvements were needed and this was within the laundry. We will make an area for improvement under key question 1.

## Complaints

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

As part of this follow up inspection we reviewed some requirements from a complaint investigation and we report on these within this report.

## 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 well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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