

Crimond Care Home Care Home Service

Crimond Care Home
Crimond
Fraserburgh
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Telephone: 01346532025

Type of inspection:
Unannounced

Completed on:
25 October 2023

Service provided by:
Crimond Care Limited

Service provider number:
SP2021000168

Service no:
CS2021000271

About the service

Crimond Care Home is a two-storey building set within its own grounds in the small rural village of Crimond. The home is registered to provide a care service to a maximum of 53 older people. Included in the maximum occupancy number will be five places for named people under the age of 65.

All bedrooms are for single occupancy and have en suite toilet and shower facilities. There are shared lounge and dining facilities on each floor. There is an enclosed, landscaped garden that can be accessed from various points.

The provider is Crimond Care Limited, part of the Meallmore group.

About the inspection

This was an unannounced inspection which took place on 18 and 20 October 2023. 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 people using the service and two of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents .

Key messages

- The care and support people received met their needs and helped keep them well.
- People were positive about the staff and were confident in the staffs abilities.
- Relatives praised the compassion and kindness of the staff.
- The activities provision in the home had improved and people had good opportunities to pass their time with occupation or meaningful conversations.
- The links with the community had been strengthened. The local community attended events in the home and people now enjoyed trips out in the bus.
- People were very positive about the quality of meals. Staff supported people to eat well.
- Input from allied professionals was sought when people's health changed or deteriorated.
- Some improvements are needed to care plans.
- The managers and staff were improvement focused, with a determination to continually improve outcomes for people.

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?	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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

People appeared well cared for. The necessary time had been taken to support people with their washing, dressing and grooming needs. This helped people look their best.

People said they did not have to wait for care and support from staff. Buzzers were answered promptly, and staff took time with people to establish reasons for buzzing. This reassured people and they were confident that they were in the right place to get the care they needed.

The staff team was stable, and this contributed to staff knowing people well. Everyone we spoke with; said they would raise any worry or concern with the staff. People were confident that staff would follow-up on their worry. This contributed to positive and trusting relations forming. People referred to staff as being 'kind', 'affa fine quinnies' and 'just like family'.

The comfort and personalisation of bedrooms was very good. People spoke about the importance of having their special items from home available. This helped create a warm and homely feel to the home. The creation of a library and the upgrades to furniture and decor in the shared areas, showed that the service recognised the importance of creating an environment that was very comfortable.

Feedback from relatives, spoke about the compassion that staff showed when the health of their loved one deteriorated. Families praised the kindness, care and love of the staff at this very difficult time. This showed that the service was committed to ensuring that people got the right care and support at all times.

The activities provision had been strengthened since our last inspection. This had a positive impact on the variety and quality of activities on offer. The new ladies and gentleman's clubs were very popular and enabled people to socialise with their peers.

People spoke about the benefits of the bus trips. They liked being out and about in their local community and appreciated the efforts of activities staff to make the trips meaningful.

Some people had weekly activity planners in place. They had discussed with staff how they wanted to pass their week. The range of activities was linked in with their preferences and interests. This contributed to very good outcomes for those people. One person had been supported and inspired to do a presentation in the home. They said that the experience had empowered them to think about further public speaking. Staff were supporting people to reach their potential.

There was very good use of technology. Some people continued to access facetime to speak with family. One person said that this was 'so very important in keeping them happy'.

We found that the home was very calm and relaxed. This helped people living with dementia to go about their day without added stresses. We observed lovely engagement between people in the Logie Units. We felt more activity items should be made available for people to help themselves to. There were lovely seating areas throughout the home, however, there was nothing to hold the persons attention or occupy them in these areas.

Managers and staff had worked hard to improve the care homes visibility in the local community. Many events had taken place and the local community had been welcomed to attend. This had helped recognise that the people living and working in the home were valuable contributors to the community.

Relatives felt involved in home life. They could contribute their feedback via different platforms and were encouraged to join committees to help drive the changes. This inclusion helped keep people informed and valued.

Walking aids were within reach to help support people to use them. People mobilised from area to area and chose where they wanted to spend time. Physical exercise did feature in the activity's planner, however, staff should ensure that the type of exercises on offer are suitable for people living in the home.

The use of motion sensors had greatly reduced. The sensors that remained in place were specific for people who had fallen or who were at very high risk of falling. People, who chose to remain in their bedrooms had access to their buzzers which meant they could summon assistance when needed.

Falls documentation was completed to a good standard. This helped inform analysis of any contributing factors to falls that had occurred. There were good systems in place to ensure that people received the necessary levels of observations for the days after a fall. This meant that any deterioration in the health of the person would be quickly identified.

People were very positive about the quality and variety of the meals provided. Information was available in each unit of people's nutritional needs, including specialist diets or equipment. This helped people to eat well at mealtimes. Snacks and drinks were provided by staff during drinks rounds, however, it was challenging for people to help themselves to snacks and drinks outwith these times. It is important for people to be supported to make their own choices, at a time that is best for them.

The links with allied professionals were good. Referrals for specialist input were completed to ensure that people received the additional clinical input that was needed to help keep them healthy. Any recommendations from allied professionals were put in place and all relevant documentation updated to reflect the changes. This meant that people got the care they needed to keep them well.

The home used electronic notes, including care plans and risk assessments. One person who had a complex health need, that needed specific care and treatment in order to keep the person safe and well. However, there was no care plan in place that would help inform staff practice on how to support this person, in the event of a deterioration in their wellbeing. This increased the risk of the wrong decisions and actions being taken. The managers responded during our inspection to ensure a care plan was in place, however, staff should check and ensure that other people who have complex health needs, have the relevant and necessary care plans in place. **(See area for improvement 1.)**

Medication management was safe and in line with good practice guidance. Clear protocols were in place to help inform staff decision making when administering 'as required' medications. This helped people get the medication they needed at the right time.

Areas for improvement

1. Staff should ensure that when complex health needs are identified, that specific care plans are in place to help inform decision making and how best the person can be cared for in the event of a deterioration in their health.

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 good is our leadership?

5 - Very Good

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.

Managers completed a comprehensive programme of audits. These were completed appropriately, and any area of deficit or concern identified, was then used to inform the service improvement plan (SIP). It was positive that department heads were responsible for completing their own quality assurance. This ensured that leaders across the home, took ownership of the standards in their own area.

Medication audits were completed daily. This was time consuming, and this level of oversight was not proportionate to need. Managers should review the frequency of medication counts to ensure they are manageable and linked into needs of the service.

Managers and leaders working in the service were visible and accessible throughout the service. Leaders worked alongside staff. This meant that they set the expected standard and were able to identify when standards fell below expected standards.

There was very good oversight of clinical aspects of people's needs. For example: falls, wounds, and weight loss. This enhanced oversight and subsequent following up, contributed to improved outcomes.

Managers completed a daily walk around. However, this was very much process driven and not focused on outcomes and experiences. It is important for people to be involved in establishing any concerns with the quality of the care and support they experience.

The SIP was a comprehensive document and was clearly informed by the audits undertaken, meetings and from observations of practice and care standards. The SIP was updated as progress was being made in making the changes.

The management team and staff had recognised what was important to people and what they wanted. There was an improvement focused culture in the service, and a determination to enhancing people's experiences and quality of life.

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 support people to lead active and meaningful lives the provider should ensure that there are improvements in the activity provision in the home.

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' (HSCS1.25).

This area for improvement was made on 1 April 2022.

Action taken since then

The activities provision had been strengthened and this had contributed to an improved activities programme. People spoke positively about the new experiences they were enjoying. Many people spoke about the new clubs, these had helped people to form new friendships in the home. The additional support for younger adults meant that individualised weekly calendar of activities were compiled. This helped focus on their interests and recognised the necessity of age appropriate activities.

Bus trips were now taking place and this had helped people to reconnect with the community. Events that took place were inclusive of the local community and families and friends.

The improvements to the activities provision had a positive impact on the quality of people's days.

This area for improvement has been met.

Previous area for improvement 2

To ensure that the least restrictive measure is taken to support people at risk of falls, the provider should review the use of measures used to support falls management.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 1 April 2022.

Action taken since then

The use of restrictive measures to help monitor falls had reduced. These were only in place where there was an assessed need. Measures taken to reduce the risk of falls were proportionate.

The oversight of falls had improved and this ensured that analysis of any contributing factors could be identified.

The improvements made meant that this area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very 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	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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