

Craigielea Care Home Care Home Service

French Street
Renfrew
PA4 8DG

Telephone: 01418 863 365

Type of inspection:
Unannounced

Completed on:
14 March 2023

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 75 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 en-suite accommodation on two floors and four individual units. There are lounges and dining rooms in each unit and a purpose-built hairdressing salon. The care home has a car park to the front of the building 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 a follow up inspection which took place on 13 March over two days. 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 seven people using the service and two of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

The service had met the three requirements.

Medication management had improved in most areas.

Care plans needed to be further refined.

Quality assurance had improved to include actioning points within a reasonable timeframe.

To support the service to fully meet the requirements, one requirement was made with a timeframe of 6 June 2023.

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

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

Three requirements were made at the inspection on 5 December 2022. These were in relation to medication administration, care planning and quality assurance. From this visit we could see that the spirit of each requirement had been met though elements remained to be improved upon. The service had made sufficient improvements to meet most components of the medication administration requirement. Those parts that were still to be met in relation to the requirements have been reframed into a new requirement (see requirement 1). (see 'what the service has done to meet any requirements we made at or since the last inspection').

Requirements

1. By the 6 June 2023 the provider at a minimum must:

Ensure people receive medications safely to maintain their health and wellbeing. To do this, the provider must, at a minimum, confirm that medications are recorded in line with prescribed instructions and be recorded into the individuals care plan accurately and on time. Establish clearly that 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). '

This requirement was made on 13th March 2023.

Areas for improvement

1. 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

2. 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

3. 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

How good is our leadership?

3 - Adequate

We saw during the inspection evidence of extensive quality assurance in compliance with company policy. This was followed with analysis and action plans to address the audits. Actions were noted clearly throughout however we felt that they could have been addressed and implemented sooner.

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

Requirements

Requirement 1

By 28 February 2023, the provider must ensure people receive medications safely to maintain their health and wellbeing. To do this, the provider must, at a minimum, ensure that 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).

This requirement was made on 5 December 2023.

Action taken on previous requirement

The service had shared an action plan prior to the inspection to address the previous requirements. During the inspection, the provider was proactive in addressing the issues we presented. We discussed workarounds to enable all staff to input onto the system. The provider evidenced clear discussions with the electronic system provider to address any remaining issues with making the system user friendly and improving outcomes for people using the service. There were some issues with topical medication recording as the electronic care planning did not support this. During the inspection the provider addressed this issue and provided a way to record in a timeous fashion the administration of the topical medications though some recording remained inconsistent. The provider demonstrated that auditing of medication was regular and actions from them were followed up by a specified person.

Met - within timescales

Requirement 2

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 people's 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.

It was extended to 28 March 2023.

This requirement was made on 8 September 2022.

Action taken on previous requirement

We saw that every person using the service had their care plan transferred onto the electronic care planning system. During the inspection visit there was further training on the system being delivered for all care staff. There were super users of the system on each shift and a guide had been produced to help staff use the different elements of the system.

The electronic system had a task view where care staff could see what tasks were required for each resident, such as food and fluid needs, personal care and positional changes and make notes on the electronic system on completion of the task. We noted that some tasks were showing as overdue, meaning that people had not received the care in line with their care plan or that the information had not been recorded. The previous requirement highlighted that care notes in relation to tasks should be recorded at the time.

We saw good clear information had been captured within the care plans we sampled. This included the appropriate legal documentation, reviewed risk assessments and all care plans had photographs in the front page.

Met - within timescales

Requirement 3

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.

This requirement was extended to the 28 March 2023.

This requirement was made on 8 September 2022.

Action taken on previous requirement

We saw during the inspection evidence of extensive quality assurance in compliance with company policy. This was followed with analysis and action plans to address the audits. Actions were noted clearly throughout however we felt that they could have been addressed and implemented sooner. The quality assurance paperwork we sampled demonstrated improved outcomes for people using the service.

Met - within timescales

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	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	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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