

Inspection report

Croftbank House Ltd Care Home Service

98 Old Mill Road
Uddingston G71 7JB

Inspected by: Beth Lynagh
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 14 January 2009

Service Number

CS2008172862

Service name

Croftbank House Ltd

Service address98 Old Mill Road
Uddingston G71 7JB**Provider Number**

SP2008009685

Provider Name

Croftbank House Ltd

Inspected ByBeth Lynagh
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

14 January 2009

Period since last inspection

5 months

Local Office AddressPrinces Gate
60 Castle Street
Hamillton
ML3 6BU

Introduction

Croftbank Care Home is provided by Croftbank House Limited and was registered by the Care Commission on 16 April 2008 to provide care to a maximum of 69 adults some of whom may have a physical or a learning disability. The service previously operated under Balmer Care Homes PLC since it was originally registered with the Care Commission on 1 April 2002.

The building is a single story premise in Uddingston. Local shops, train station, main bus routes and all other amenities are within walking distance. All bedrooms are single and have ensuite facilities. The home also has a hairdressing/beauty room, light sensory room, residents' smoke room and a garden room with a private enclosed garden area. A coffee bar is situated in the centre of the home for service users and their visitors.

The stated aim of Croftbank Care Home is to deliver the 'highest quality of individual care to all in a relaxed and happy atmosphere'. Some of the objectives are to promote and encourage individuality, dignity and freedom of choice.

Based on the findings of this inspection the service has been awarded the following grades:
Quality of Care and Support - 5 - Very Good
Quality of Environment - 4 - Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

This report was written following an unannounced inspection by Care Commission Officers Beth Lynagh and James McAuley on 14 January 2009 between 9.15am and 5.20pm. Feedback was given to the Home Manager and one of the Directors at the end of the inspection.

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form

The manager submitted a self assessment form. This contained information about how well the service was performing and how things could be improved. It also included information on how service users participated in the process.

Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care

Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

During the inspection evidence was gathered from a number of sources.

A review of a range of policies, procedures and other documentation was undertaken including the following:

- participation strategy
- minutes of meetings for service users, carers and staff
- sample of five personal plans
- accident and incident records
- complaints log
- sample of five staff training records
- supporting evidence from the up to date self assessment
- public liability insurance certificate
- registration certificate

discussion took place with the following:

- care home manager
- 4 service users
- 3 staff members
- 1 carer

Observation of practice and a general review of the environment and equipment also contributed to the findings of this inspection.

All of the above information was taken into account during the inspection process and was reported on.

The inspection also took account of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09
Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:
<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer

report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection

There were no requirements made at the previous inspection.

Comments on Self Assessment

A fully completed self assessment document was submitted by the service prior to the previous inspection. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development.

View of Service Users

Four service users were spoken with informally and spoke positively about the service

View of Carers

One carer was spoken with during the inspection and general comments indicated that they were very happy in terms of the environment and staff.

‘Very well cared for’

‘observe good practice by staff, good manner and interaction with service users’

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 5 - Very Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

As the service had achieved a grading of 'good' at the previous inspection, not all aspects of this statement were looked at during this inspection.

Since the previous inspection the service had developed a participation strategy which determined a range of methods which were used to ascertain service users' and carers' views.

Action plans had been collated following service user consultation exercises. Since the previous inspection, more emphasis had been placed on carers' awareness of these and outcomes of issues which had been raised.

A residents' group had been developed which enabled residents to discuss any issues or topics relating to life within the home. Minutes from these meetings were taken by one service user and the information was passed to the home manager to be actioned.

Minutes from frequent service users meetings were reviewed. These contained clear information in terms of issues raised by service users and associated actions that had been put into place to address the issues that had been raised. There was clear evidence noted from issues which had been raised by service users being communicated through the daily heads of department meetings such as menu portions and choice.

Service users were invited to take part in the staff recruitment process and one r service user was involved in the induction process for new staff which gave them the opportunity to discuss what life is like from a service user's perspective.

Areas for Development

The resident's group meeting had hand written minutes only. Discussion took place with the manager surrounding the formalising of these into a typed format which would also cover matters arising.

The service should continue to develop its very good practice in relation to service user and carer participation.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

Statement 2: We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential

Service Strengths

As the service had achieved a grading of 'good' at the previous inspection, not all aspects of this statement were looked at during this inspection.

Since the previous inspection, the service had developed consultation processes in which to ensure that it meets and supports the preferences and needs of the service users in relation to all aspects of their care, This included the development of a specific care plan relating to the individual's preference of gender of carer and another for the specific use of equipment for service users who were sensory impaired.

There was evidence that additional support services had been organised to meet the needs of the service users such as the awareness raising of advocacy services.

Several choices were offered at meal times. Meals were well prepared and presented and portion sizes were according to service users' choice.

A sample of care plans were reviewed and indicated activities which had been undertaken by the individual service user. They also contained good evidence pertaining to service users' preferences and how these would be maintained or supported to meet their needs such as activities, food, spiritual preferences and people and who they wanted to be involved in their reviews.

Risk Assessments had been completed within the care plans to help ensure that individual needs of service users were being met while enabling them to carry out as fulfilling a day to day life as possible.

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Areas for Development

The service should continue to develop its very good practice in relation to service users' individual choices and potential.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service Strengths

There were examples of views of service users being sought in relation to the quality of the environment.

Service users were invited to bring their own furniture in to the service on admission and there was evidence of furnishings being changed at the request of service users.

Areas for Development

No separate recommendations were made under this quality statement. See areas for development identified under quality statement 1.1

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We make sure that the environment is safe and service users are protected

Service Strengths

As the service had achieved a grading of 'good' at the previous inspection, not all aspects of this statement were looked at during this inspection.

The service had revised the laundry area layout and set out an exclusion area to reduce the risk of cross contamination between clean and dirty laundry.

The layout of the premises enabled service users to move around easily. There were quieter areas available which could be utilised while still able to be monitored by staff.

The environment within the home was of high standard and public areas and corridors were kept in good decorative order with furnishings clean and well maintained. Housekeeping staff ensured the home was clean and hygienic. Measures to control offensive odours were ongoing and had a positive effect.

A range of audits were reviewed which helped ensure that high standards of practice were maintained.

Each service user's care plan contained a section headed 'assessments of risk in my life' which indicated how the individual would be supported and protected from risk of environmental harm without inhibiting them'. Sensors are fitted to all external doors and all visitors were required to sign the visitors' book.

Accidents or incidents were documented and were subject to monthly audit by the manager.

Areas for Development

One service user was observed being moved by means of an underarm technique by staff. (see Requirement 1).

The decking within the external courtyard was noted to be very slippery and could be accessed by service users. (see Requirement 2

CCO Grading

4 - Good

Number of Requirements

2

Number of Recommendations

0

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 0 - Not Assessed

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 0 - Not Assessed

Regulations / Principles

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

There were three recommendations made at the previous inspection

1. The service should develop an appropriate participation strategy to reflect how service users and relatives will be involved in the development of the service.

A participation strategy had been developed therefore this recommendation has been actioned.

2. The service should ensure that it meets and supports the preferences and needs of the service users in relation to all aspects of their care,

Care plans had been developed for service users with hearing impairments and another to establish service users choice of carer gender and staff had been reminded of these issues through staff meetings therefore this recommendation has been actioned.

3. The service should ensure that policies are reviewed on a regular basis in order to reflect most up to date best practice.

A policies group had been developed although had not yet met to discuss reviews and updates therefore this recommendation has been partially met and as there are plans in place to address this recommendation it will not be repeated.

Requirements

1. The provider must ensure service users are mobilised and moved appropriately by use of recognised manual handling techniques

This is in order to comply with SSI 2002/114, Regulation 4 - welfare of service users.

Timescale for implementation: within 24hours of the publication of this report.

2. The service must ensure that the covering on the decking within the internal courtyard is reviewed to reduce the likelihood of slippage..

This is in order to comply with SSI 2002/114, Regulation 4 - welfare of service users.

Timescale for implementation: within 6 weeks of the publication of this report.

Recommendations

Beth Lynagh

Care Commission Officer