



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**  
**REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTIONS – JANET BROUGHAM HOUSE, MENZIESHILL HOUSE & CRAIGIE HOUSE**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: PAC3-2018**

**1.0 PURPOSE OF REPORT**

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspections of the older people care homes Janet Brougham House, Menzieshill House and Craigie House.

**2.0 RECOMMENDATIONS**

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report and the content of the inspection reports (attached as appendices 1, 2 & 3).
- 2.2 Notes the one recommendation for Janet Brougham House as noted in paragraph 4.1.6 and three recommendations for Menzieshill House as outlined in paragraph 4.2.6.
- 2.3 Notes the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers.

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 MAIN TEXT**

**4.1 Janet Brougham House**

Janet Brougham House was inspected by the Care Inspectorate on 5 October 2017. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of leadership and management	4 (good)

Previous inspections	Themes inspected	Grade
27/10/16	Two quality themes inspected	5 (very good)
26/11/15	All 4 quality themes inspected	2 x 5 (very good) 2 x 6 (excellent)
8/12/14	All 4 quality themes inspected	5 (very good)

- 4.1.1 Janet Brougham House is a care home for predominantly older people. The care home is full and cares for 24 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into three suites of eight bedrooms, with a central dining room. The home is designed in a circular layout which enables service users to walk round and find their way back to the area they live in.

- 4.1.2 The Inspector reported that ‘Most care plans we looked at provided a good level of detail to help guide and shape the care and support that people required. These were reviewed regularly and any changes made to reflect the changing needs of people for example mobility. Formal review meetings had taken place and a detailed minute was kept to reflect the discussions and agreements that had been made.’
- 4.1.3 ‘We observed warm and caring relationships between staff and people who lived in the home. Staff were attentive to people’s needs and provided support in a person centred and respectful manner. This contributed to the homely and inviting environment of the care home.’
- 4.1.4 Relatives and service users’ comments included:
- ‘The care my relative gets is brilliant and I am very happy with it.’
- ‘The staff are friendly and polite at all times and a real credit to Janet Brougham House.’
- ‘My relative is happy and well cared for and that is what we wished for them.’
- ‘I enjoyed the bingo’.
- 4.1.5 There was one recommendation in the report.
- 4.1.6 ‘The manager should ensure that the care and support plans are reflective of the support provided and that there is sufficient information to guide staff. The manager should also ensure that any consultation with other professionals and the outcome of the consultation is recorded in the persons records.’
- 4.1.7 This related to recording of information in care plans. A small number of care plans did not have up to date information regarding changes which had recently occurred with the resident. The inspector discussed some improvement measures which improve how recordings are undertaken. The manager has made some immediate changes to process and is to review this further with the staff team.

#### 4.2 **Menziesshill House**

Menziesshill House was inspected by the Care Inspectorate on 13 October 2017. The Care Inspectorate inspection report is attached as Appendix 2. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of staffing	5 (very good)

Previous inspections	Themes inspected	Grade
7/11/16	Two quality themes inspected	5 (very good)
19/11/15	All 4 quality themes inspected	5 (very good)
6/11/14	All 4 quality themes inspected	5 (very good)

- 4.2.1 Menziesshill House is a care home for predominantly older people. The care home is full and cares for 32 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into four suites with eight bedrooms in each. There is a large, central activity area and a themed reminiscence room.
- 4.2.2 The inspection report detailed that ‘the home was clean and well decorated. The atmosphere was calm, with staff carrying out their work in a relaxed and caring manner. As a result, service users appeared comfortable and secure in their surroundings.’
- 4.2.3 ‘A very motivated staff member planned and organised activities, held within and outwith the home. Their enthusiasm was reflected in the number and types of activities on offer. Service users, and their relatives and carers, were encouraged to become involved and to contribute ideas for activities.’

4.2.4 'Audit systems were in place to check on matters, such as medication administration and the occurrence of accidents and incidents. Audit results and requests for feedback, from a variety of sources (including: service users, relatives and carers, staff and visiting professionals), informed the development of the service improvement plan, which was clearly focused on the needs of service users and their relatives and carers.'

4.2.5 Relatives and service users comments included:

'The manager is "a nice person".'

'Hard to believe all these people can be so good to you.'

'Carers report it to you right away if they see my relative is not well.'

'I am actually spoiled.'

4.2.6 The service had no requirements and three recommendations:

#### Recommendation 1

'The service provider should consider making improvements to the home's environment to make it more suitable for the needs of the people with dementia and other cognitive or sensory impairments. The use of the King's Fund Environmental Assessment Tool is recommended when considering what measures would be most appropriate'.

The action from this recommendation is that the Manager will use the environmental tool suggested by the Inspector.

#### Recommendation 2

'The service provider should review the way in which care is organised to allow staff more opportunities to have meaningful interaction when providing care and support to service users. This would help improve the level of social interaction and assist in maintaining and improving service users everyday living skills.

The action from this recommendation is that a review will be undertaken of how staff are deployed across the care home. This is part of a longer term plan to increase the number of staff who are on shift and recognition that Menzieshill House cares for some of the most vulnerable older people living in Dundee.

#### Recommendation 3

'The service provider should ensure that residents and/or their representatives are consistently involved in planning and reviewing care and that their involvement is evidenced – e.g. by signing care plan documentation. Where it is not possible to involve residents and/or their carers or representatives, this should be clearly identified.

The Inspector stated whilst he considered that the standard of care planning was good, the involvement of service users and their representatives was not explicit. In addition he was not in agreement with where the plans were located in the building. The actions from this recommendation is that Manager will work with staff to ensure signatures are always on updated plans. In addition, she will work with the Resource Manager to review the location of the personal plans.

### **4.3 Craigie House**

Craigie House was inspected on 27 November 2017. The Care Inspectorate inspection report is attached as Appendix 3. The service was inspected using new inspection methodology and as a result there were no grades detailed in the final report. The Care Inspectorate are trialling this style of 'light touch' inspection for some registered services which have consistently been performing well over a number of years. The manager was informed that the grades would remain the same from the previous year's inspection.

Theme	Grade
Quality of care and support	5 (very good)
Quality of environment	4 (good)

Previous inspections	Themes inspected	Grade
25/1/17	Quality of care and support Quality of environment	5 (very good) 4 (good)
16/12/15	All four quality themes inspected	3 x 4 (good) 1 x 5 (very good)

4.3.1 The care home is in the east side of Dundee and is on one level. The care home is full and cares for 23 residents, the vast majority of whom have a diagnosis of dementia. All residents have single bedrooms with en suite toilets. Four bedrooms have en suite showers. The care home is divided into three suites.

4.3.2 The inspection report detailed that ‘During this inspection we saw that people experienced care and support that respected their individual preferences. We saw that people were offered choices and that their views and feelings were acknowledged and where possible used to shape their day to day care and support. We observed that staff treated people with warmth and compassion and people appeared comfortable in the environment and with the people around them. This contributed towards the homely atmosphere we observed during this inspection.’

4.3.3 ‘People were supported to maintain contact with family and friends whilst living in Craigie House. Family members we spoke to told us that they were always welcomed into the home when visiting and that they felt staff supported the family unit for people. One person told us ‘the care home displays a warm, caring and compassionate environment. This extends beyond my relatives needs to the wider family circle.’

4.3.4 People expressed a high level of satisfaction with the support provided. Some comments we received were:

‘It’s fine here. The staff are great.’

‘The food is very good. Plenty of it and a good choice.’

‘We are safe in the knowledge that every effort is made to ensure we are all informed of our relatives progress, health and comfort in terms of social, physical and emotional needs.’

‘My relative has come a long way from being here.’

4.3.5 There were no recommendations or requirements made following the inspection.

## 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and therefore does not require a policy decision.

## 7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

## 8.0 BACKGROUND PAPERS

None

# Appendix I



## Janet Brougham House Care Home Service

1 Banchory Road  
Dundee  
DD4 7TQ

Telephone: 01382 307190

Type of inspection: Unannounced  
Inspection completed on: 5 October 2017

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2003000476



## About the service

Janet Brougham House is run by Dundee City Council. The home is in the Douglas area of Dundee. It is registered to provide care for 24 residents. The care home is divided into three suites; each with a large spacious lounge and separate sun room, disabled access bathroom, additional toilets, and a kitchen to make drinks and snacks.

The care home is on one level. All residents have single bedrooms with en suite toilet and shower rooms. The bedrooms are large enough for residents to bring in additional furniture and to have a comfortable place to sit in.

The home has a dining room for residents to take their meals and this is where entertainment and activities are held. There is a secure garden area where residents can go for a walk or sit out. There is also a central sheltered courtyard where residents can sit in privacy.

The care home is built with features and facilities to meet the needs of people with dementia. These features include symbols and colour schemes to help residents find their way around and each suite has all the facilities residents require within their line of sight. When moving around the home, the circular layout of the home always brings residents back to their own suite.

This service was previously registered with the Care Commission on 1 April 2002 and transferred its registration to the Care Inspectorate on 1 April 2011.

## What people told us

We received three completed care standard questionnaires from people who lived in the home. Although there were no specific comments added to the questionnaires, all three were happy with the quality of care and support that they received and all three agreed that staff treated them fairly and with respect.

We also received six care standard questionnaires from relatives/carers. All responses indicated that people either agreed or strongly agreed that they were happy with the overall care and support. One person indicated that they didn't know about the homes complaints procedure. Some other comments received were:

'The care my relative gets is brilliant and I am very happy with it.'

'My relative is happy and well cared for and that is what we wish for them.'

'My family and I are more than happy with the care and support my relative receives.'

'The staff are friendly and polite at all times and a real credit to Janet Brougham House.'

During this inspection people appeared comfortable in their surroundings and we observed staff to be attentive to people's needs. People told us:

'I am happy enough here'

'Seems to be enough staff'

'I'm kept up to date with what's going on'

'I think there is enough to do'

'I enjoyed the bingo'

'We have been very happy with the care.'

## Self assessment

We did not request a self assessment prior to this inspection. We discussed the service improvement plan that is regularly reviewed and updated by the staff team to reflect areas of strengths and areas for development.

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

## What the service does well

Most of the care plans we looked at provided a good level of detail to help guide and shape the care and support that people required. These were reviewed regularly and any changes made to reflect the changing needs of people for example mobility. Formal review meetings had taken place and a detailed minute was kept to reflect the discussions and agreements that had been reached. The minutes from reviews reflected that people were happy with the care and support provided.

It was good to see that each care plan started with an introduction to the person, a little about their lives and families and what and who was/were important to them. This helped staff to find activities that people might like and to have conversations around areas of interest.

A range of assessment tools were completed and again reviewed regularly to help identify any changes in needs for example falls assessments and waterlow assessments.

Fresh juice was available in each of the lounge areas for people to help themselves. We observed that where people were unable to help themselves, drinks were placed within reach beside them. We also observed the dining experience and saw that people were supported to choose from the menu and staff were on hand to offer support and guidance over lunchtime.

There was a clear process for managing monies that were held in the home safe on behalf of people. The records of expenditure were supported by receipts and these were checked regularly to help ensure all was in order.

There had been no formal complaints since our last inspection. The manager had however maintained a record of informal concerns. The record provided a detailed account of actions taken to address concerns raised and confirmed that people were happy with the outcome or actions taken.

Resident and relatives meetings had been held regularly and a range of information provided to people. People were invited to express their views and through consultation the manager was considering priorities for developments within the home.

The manager had also started to devise a service improvement plan. The plan was based around the new Health and Social Care standards which meant that it was very clear how the plan aimed to improve the experience of people who use the service.

People told us that there were regular activities organised. Activities and events were discussed with people and their relatives through regular meetings. There was also information displayed in each of the suites. People we spoke to told us that there were activities that you could join in if you wanted to.

We observed warm and caring relationships between staff and people who lived in the home. Staff were attentive to people's needs and provided support in a person centred and respectful manner. This contributed to the homely and inviting environment of the care home.

## What the service could do better

Although we thought there was good detail in care plans we did identify some examples where information was incomplete. We highlighted examples to the manager during this inspection. These included information around pressure area care and pressure sores or ulcers, where people displayed behaviour perceived as challenging and information around supporting communication. The manager planned to review the format of care plans and consider any training that may be beneficial for staff to help improve information.

We looked at medication records during this inspection. We highlighted areas where recording could be improved - in particular where the dose to a prescribed medication has changed. We provided the manager with a copy of the Care Inspectorate publication 'Guidance about medication personal plans, review, monitoring and record keeping in residential care services' which gives further advice in relation to good practice in this area.

The manager also planned to review the medication procedure and training provided to ensure that staff were provided with clear guidance.

It was also difficult to trace who/why changes had been made as these were not recorded in contact notes or detailed records where consultations with GPs and other professionals would be recorded. Information was recorded within the seniors communication book however we discussed with the manager that this information must be recorded in the persons individual records. We have made a recommendation in relation to medication recording and recording in care and support files. (Recommendation 1)

The manager was considering how systems contributing to quality assurance could be improved. The manager should ensure that quality assurance methods are robust and that staff are confident in their use.

## Requirements

Number of requirements: 0



## Recommendations

Number of recommendations: 1

1. The manager should ensure that care and support plans are reflective of the support provided and that there is sufficient information to guide staff. The manager should also ensure that any consultations with other professionals and the outcome of consultations is recorded in the persons records.

**National Care Standards - Care homes for older people - Standard 4 - Management and staffing arrangements.**

## 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).

## Inspection and grading history

Date	Type	Gradings								
27 Oct 2016	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	Not assessed
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	5 - Very good									
Management and leadership	Not assessed									
26 Nov 2015	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>6 - Excellent</td> </tr> <tr> <td>Staffing</td> <td>6 - Excellent</td> </tr> <tr> <td>Management and leadership</td> <td>5 - Very good</td> </tr> </table>	Care and support	5 - Very good	Environment	6 - Excellent	Staffing	6 - Excellent	Management and leadership	5 - Very good
Care and support	5 - Very good									
Environment	6 - Excellent									
Staffing	6 - Excellent									
Management and leadership	5 - Very good									
8 Dec 2014	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>5 - Very good</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>5 - Very good</td> </tr> </table>	Care and support	5 - Very good	Environment	5 - Very good	Staffing	5 - Very good	Management and leadership	5 - Very good
Care and support	5 - Very good									
Environment	5 - Very good									
Staffing	5 - Very good									
Management and leadership	5 - Very good									
8 Nov 2013	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>5 - Very good</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>5 - Very good</td> </tr> </table>	Care and support	5 - Very good	Environment	5 - Very good	Staffing	5 - Very good	Management and leadership	5 - Very good
Care and support	5 - Very good									
Environment	5 - Very good									
Staffing	5 - Very good									
Management and leadership	5 - Very good									

# Inspection report

Date	Type	Gradings	
17 Dec 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
18 Jul 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
25 Nov 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Aug 2010	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
23 Feb 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
1 Sep 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Mar 2009	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Jun 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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# Appendix 2



## Menzieshill House Care Home Service

201 Earn Crescent  
Dundee  
DD2 4GD

Telephone: 01382 432955

Type of inspection: Unannounced  
Inspection completed on: 13 October 2017

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2003000477



## About the service

Menzieshill House is a care home for older people, which is situated in the Menzieshill area of Dundee. It was previously registered with the Care Commission on 1 April 2002 and became registered with the Care Inspectorate on 1 April 2011. The service is registered to provide care to a maximum of 32 older people, of which four may be short term places.

At the time of inspection, the service was piloting an intermediate care service for people who were able to be discharged from hospital, but still required elements of care and support before being discharged home. This service was still being developed and provided an enablement approach to care within a homely setting. Staff worked closely with NHS professionals to help ensure that steady progress was made towards discharge home.

The home is purpose built and designed to meet the needs of older people, including those living with dementia. It is divided into four, self-contained "suites", each with eight en-suite rooms. Each suite has its own lounge, dining and kitchen area, along with assisted bathing facilities. There is also direct access to garden areas from each suite.

Extensive communal facilities are also available to service users, including a large activities room, reminiscence style team room and hairdressing salon.

## What people told us

We spoke with seven service users and gathered comments from ten Care Standards Questionnaires. Service users were very positive in their views of the management and staff in the home and felt that the care and support provided was of a high standard. Examples of comments received were:

- "The manager is..."a nice person"
- "I like it, but it's not home"
- "Not much conversation at the table"
- "Hard to believe all these people can be so good to you"
- "I am actually spoiled"
- "Staff are very good"
- "Staff are all lovely"
- "It is a very long day"
- "The food is..."Quite ordinary - nothing extraordinary"
- "Food's fine, it's okay - one or two things not so good, others are marvellous"
- "Staff are chosen well"
- "Staff are..."Easy to talk to"
- "It gave me a new life"

We spoke with two relatives/carers and gathered comments from nine Care Standards Questionnaires. Like residents, their comments indicated that they were happy with the home and the care and support provided. Views expressed identified that relatives/carers felt involved in planning and reviewing care, and thought that the activities available within the home were very good. Examples of comments received were:

- "Have peace of mind"
- Feels involved and consulted
- Activities and relatives involvement is very good
- Positive re: staff and manager

- Food choices - "If they've got it, they'll give it you"
- "Carers report it to you right away if they see my relative is not well"
- "Good laundry"
- "Entertainment is good"

## Self assessment

The service had not been asked to submit a self-assessment prior to this inspection taking place. We were advised of the service's plans to improve the quality of care provision and how these would be taken forward.

Advice was given to the service manager about possible formats for setting out the service's improvement plan.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	5 - Very Good
<b>Quality of environment</b>	not assessed
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	5 - Very Good

## What the service does well

The home was clean and well decorated. The atmosphere was calm, with staff carrying out their work in a relaxed and caring manner. As a result, service users appeared comfortable and secure in their surroundings.

Service users had an allocated key worker, which helped ensure that their care was properly assessed and reviewed with them and/or their representatives.

There was good access to general and specialist healthcare professionals for treatment and advice regarding service users care.

Care plans were generally well organised and focused on individual care needs and personal interests and preferences. We noted that some documents were being reviewed to provide more accessible information about direct care needs and participation in activities.

The home was piloting an intermediate care service for people who could be discharged from hospital, but still needed some care and support before going home. The service was very person-centred and imaginative in its approach, with clear objectives aimed at facilitating successful discharge home.

Meals were of a good standard and special diets were catered for. Overall, mealtimes were seen as a positive experience for service users, with appropriate support being provided. However, the experience varied between suites, mainly because of differing care and support needs. The manager identified that more consideration would be given to how staff were organised at mealtimes and how tables were set out to improve social interaction between service users.

A very motivated staff member planned and organised activities, held within and outwith the home. Their enthusiasm was reflected in the number and types of activities on offer. Service users, and their relatives and carers, were encouraged to become involved and to contribute ideas for activities. Care staff were also involved in activities, however, this depended on the direct care needs of service users in their care.

Staff were supported in their practice through regular supervision and access to training and development. It was noted that the supervision system was being reviewed to improve identification of individual staff members training needs. This may help further improve the delivery of person-centred care in the home.

Audit systems were in place to check on matters, such as medication administration and the occurrence of accidents and incidents. Audit results and requests for feedback, from a variety of sources (including: service users, relatives and carers, staff and visiting professionals), informed the development of the service improvement plan, which was clearly focused on the needs and preferences of service users and their relatives and carers.

## What the service could do better

Whilst the general environment was of a high standard, improvements could be made to make it more suitable for the needs of people with dementia and other cognitive or sensory impairments. The use of the King's Fund Environmental Assessment Tool was recommended when considering what measures would be most appropriate. This will be followed up at the next inspection (see Recommendation 1).

Staff could be very busy at times, especially in the mornings when direct care needs were greatest. This impacted on staff members ability to observe service users and provide meaningful interaction with them, which may help improve and/or maintain their everyday living skills. We were informed by the manager that staff numbers were being reviewed. In doing this, it will be important to consider ways to give staff more opportunities to observe service users and also have meaningful interaction when providing care and support to them (see Recommendation 2). This would help improve the level of social interaction and assist in maintaining and improving service users everyday living skills. This will be followed up at the next inspection.

Whilst care plans were of a good standard, they were not always readily available to staff when they were providing care. This meant that key information, such as how to manage an individual's stress and distress, was not immediately to hand. Such information is important in allowing staff to deliver care and support in a consistent and appropriate manner. The manager identified that they would make care and support summary sheets available in each of the suites, which should address this issue.

The involvement of residents and/or their representatives in planning and reviewing care was seen. However, this was not consistent across the care plans examined. Such involvement is important in helping to ensure that the needs, interests and preferences of individual service users are reflected in the care and support provided to them (see Recommendation 3)

## Requirements

Number of requirements: 0



## Recommendations

**Number of recommendations:** 3

1. The service provider should consider making improvements to the home's environment to make it more suitable for the needs of people with dementia and other cognitive or sensory impairments. The use of the King's Fund Environmental Assessment Tool is recommended when considering what measures would be most appropriate. This will be followed up at the next inspection.

### National Care Standards - Care Homes for Older People: Standard 4 - Your environment

2. The service provider should review the way in which care is organised to allow staff more opportunities to have meaningful interaction when providing care and support to service users. This would help improve the level of social interaction and assist in maintaining and improving service users everyday living skills. This will be followed up at the next inspection.

### National Care Standards - Care Homes for Older People: Standard 6 - Support arrangements

3. The service provider should ensure that residents and/or their representatives are consistently involved in planning and reviewing care and that their involvement is evidenced - e.g. by signing care plan documentation. Where it is not possible to involve residents and/or their carers or representatives, this should be clearly identified. This will be followed up at the next inspection.

### National Care Standards - Care Homes for Older People: Standard 6 - Support arrangements

## 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).

## Inspection and grading history

Date	Type	Gradings								
7 Nov 2016	Unannounced	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	Not assessed
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	5 - Very good									
Management and leadership	Not assessed									
19 Nov 2015	Unannounced	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>5 - Very good</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> </table>	Care and support	5 - Very good	Environment	5 - Very good	Staffing	5 - Very good		
Care and support	5 - Very good									
Environment	5 - Very good									
Staffing	5 - Very good									

# Inspection report

Date	Type	Gradings	
		Management and leadership	5 - Very good
6 Nov 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
4 Oct 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
28 Aug 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
28 Oct 2010	Unannounced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
15 Jun 2010	Announced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	Not assessed
		Management and leadership	Not assessed
1 Mar 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
7 Dec 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
9 Dec 2008	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good
8 May 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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# Appendix 3

## Craigie House

25 Southampton Road  
Dundee  
DD4 7PN

Telephone: 01382 431106

**Type of inspection:**

Unannounced

Inspection completed on:  
27 November 2017

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2003000470

## About the service

Craigie House is run by Dundee City Council and is registered to provide care for 24 residents.

The care home is in the east side of Dundee and is on one level. All residents have single bedrooms with en suite toilets. Four bedrooms have en suite showers. The care home is divided into three suites. Each suite has:

- a lounge
- a disabled access bathroom
- additional toilets
- a small kitchen to make snacks and drinks.

The home has a main dining room for residents to take their meals and where entertainment and activities are put on. Activities are also provided in each suite. There is a large secure, enclosed garden with raised beds, a seating area and summer house.

This service has been registered since 1 April 2002.

## What people told us

Prior to this inspection we sent the Provider some care standard questionnaires to give to people to tell us what they thought about the service provided at Craigie House. We received five completed questionnaires from relatives and carers and two from people who lived in the home. We also spoke with people during the inspection and contacted more relatives.

People expressed a high level of satisfaction with the support provided. Some comments we received were:

'It's fine here. The staff are great.'

'The food is very good. Plenty of it and a good choice.'

'We are safe in the knowledge that every effort is made to ensure we are all informed of our relatives progress, health and comfort in terms of social, physical and emotional needs.'

'Sometimes there can be a long wait for the toilet.'

'On one or two occasions items of clothing have gone missing...after reporting to care staff some of the items were returned.'

'There is always a need for more staff.'

'The staff are very friendly and always keep me informed of what's happening.'

'Staff are friendly and so helpful.'

'My relative has come a long way from being here.'

'Overall the family are very happy.'

'Couldn't be any better'

'Can't praise staff highly enough.'

'Its helped to put my mind at rest.'

'Named carers have been excellent.'

## Self assessment

We did not ask the Provider to complete a self assessment prior to this inspection. During the inspection, we discussed areas for development or improvement with the management team.

## How good is the care and support and what difference is it making?

### Findings from the inspection

During this inspection we saw that people experienced care and support that respected their individual preferences. We saw that people were offered choices and that their views and feelings were acknowledged and where possible used to shape their day to day care and support. We observed that staff treated people with warmth and compassion and people appeared comfortable in the environment and with the people around them. This contributed towards the homely atmosphere we observed during this inspection.

Care plans included helpful information about a persons life and it was evident that staff knew what and who was important to the person. This enabled staff to plan activities and outings that the person would be interested in and enjoy. Information had been regularly updated to help ensure that plans were up to date and described that support was flexible enough to meet peoples needs as they changed.

We highlighted an area where information could be improved. This was where people were assessed as being at risk of developing pressure sores or ulcers. The manager agreed that where a sore or wound is present, there should be a specific plan of care to describe the treatment and interventions to aid healing. In addition, we felt it would be good practice to ensure that the interventions that staff used to help prevent sores or ulcers developing could be more clearly and consistently described.

We also asked the management team to review their assessment of peoples needs in relation to the use of motion alarms that were installed in all the bedrooms. Some staff thought that the alarms disturbed people when they were activated overnight which could impact on peoples health and wellbeing. It was not clear why some people required alarms to monitor their movements and we asked the manager to review this and ensure that alarms do not become intrusive for people who may not require them at this time.

We saw minutes of regular review meetings which included the person and where appropriate their family and other stakeholders. This provided opportunities for people to consider what was working well for people and what could be improved. This included some consultation about the wider service as well as the persons care and support.

People told us that they were happy living in Craigie House. They described staff as caring and friendly and we observed this through our own observations during our visit.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

## How good is the setting?

### Findings from the inspection

The environment at Craigie House enhanced people's quality of life by affording choice, space and good quality furnishings and equipment. This meant that people who lived there were enabled to move about independently, were safe and cared for in a warm and comfortable environment.

Individual care plans had been regularly reviewed and these included checking peoples satisfaction with the environment and what was important to them. For example, the location of bedrooms.

People had been consulted about the redecoration of the home and the selection of new furnishings. This helped to ensure that people were well informed about planned changes and that any potential disruption to peoples normal routines had been minimised. This helped to avoid any un-necessary distress that changes may have for people.

We heard how the redecoration of the different suites in the home had helped to orientate people to their own bedrooms and smaller lounge areas and kitchens. We discussed the potential for further consideration around how the environment could be used to promote independence where appropriate. The manager advised that 'enablement training' was planned for the staff group which might influence this in the future. This could present further opportunities for people to maintain their independence.

People had a choice of where they spent their time. Smaller lounges provided a quieter more intimate place to sit and we saw people reading, watching TV or playing dominoes. Some people told us that they would like staff to have more time to sit and chat with them as sometimes they felt that there was little else to do than watch TV or read.

Other people chose to spend time in the main dining area and we saw friendly 'banter' between staff and people who were enjoying their meals there.

People were supported to maintain contact with family and friends whilst living in Craigie House. Family members we spoke to told us that they were always welcomed into the home when visiting and that they felt staff supported the family unit for people. One person told us 'the care home displays a warm, caring and compassionate environment. This extends beyond my relatives needs to the wider family circle.' This helped to give families 'peace of mind' where they could relax and enjoy spending time with their relative knowing that they were well informed about the care and support that was provided.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0



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

There were no previous requirements.

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

There were no previous recommendations.

**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).

**Enforcement**

No enforcement action has been taken against this care service since the last inspection.

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