

# Cranford Care Home Care Home Service

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Telephone: 01224209760

**Type of inspection:**  
Unannounced

**Completed on:**  
23 June 2025

**Service provided by:**  
Renaissance Care (No 10) Ltd

**Service provider number:**  
SP2024000245

**Service no:**  
CS2025000037

## About the service

Cranford care home is a home for older people situated in a residential area of Aberdeen. It is close to local transport links, shops and community services. The service provides nursing and residential care for up to 38 people and there were 32 people living at the service at the time of the inspection.

Accommodation is arranged over a two storey building with units on each floor. Each unit contains a communal lounge, dining room and kitchen servery area. There are quiet lounges on each floor. The service has an accessible and secure patio area on the ground floor. There is a large library room which was front facing on the car park. There is a hair salon on site.

## About the inspection

This was an unannounced inspection which took place on 18 June 2025 between 09:30 and 15:00. A further visit took place on 19 June 2025 between 9:30 and 14:00. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

To inform our evaluations we:

- Spoke with nine people using the service and two relatives who were visiting at the time of the inspection.
- received two completed questionnaires from people using the service and their relatives. A further two relatives contacted us by email.
- Spoke with 12 staff and management and a further four staff contact us by email.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- Staff were welcoming, warm and working together to meet people's needs.
- The service had met all the requirements made since the last inspection.
- There have been a significant number of systems and processes implemented that have made some positive changes.
- Improvements were noted in how people were being responded to and how staff interacted with them.
- Quality assurance processes were more focused on proactively improving outcomes for people.
- Plans were in place to improve the environment to enhance people's quality of life.
- Consideration needs to be given to enabling people to move more freely in and around the home.
- The improvements made to people's quality of life should be maintained and further developed to ensure the positive outcomes for people are sustained.

## 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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

We received mainly very positive feedback about the service, carers and the improvements made since the last inspection. Significant improvement was noted in the oversight and management of people's health and wellbeing. The leadership team, including the interim Manager, Registered Nurses, and senior carers, were visible throughout the home and understood their roles. People said, 'I am cared for very well, no concerns' and 'they look after me well.' These improvements were beginning to impact people's experiences of care and support.

People said they were treated with kindness, compassion and understanding. People were being encouraged and supported in ways that were helpful and meaningful to them. Staff were assisting people to transfer safely and with their meals. Staff identified quickly that a person was becoming distressed by the noise in the dining room and was assisted to another quieter space to enjoy their meal. Many people were smiling when interacting with staff. Staff clearly knew people's likes and dislikes. Consequently, people were being valued and respected as individuals. A previous requirement regarding dignity and respect was met (see 'What the service has done to meet any requirements we made at or since the last inspection').

Improvements have been made to ensure meaningful activities were starting to become part of daily life in the home. A new wellbeing team were in the process of being recruited. There were daily activities and events planned. Staff need to be aware of others' activities during events. For example, someone was upset when an exercise class started in the lounge while they were happily watching television. There was a developing whole team approach, where staff were taking time to engage and interact with people. Staff were encouraged to support people to be involved in the life of the home, by helping with tasks, such as setting the tables or putting the towels away. There remained many missed opportunities for people to enhance their quality of life, many staff were adverse to people taking risks for the fear of people falling or injuring themselves. As a result, there was no focus on getting people outside into the fresh air, either with staff or independently. A previous requirement regarding people having access to meaningful activities was met, however the improvements made need to be further developed and embedded into culture and practice. (see 'What the service has done to meet any requirements we made at or since the last inspection' and area for improvement 1).

People were supported to maintain pride in their appearance and were in general well presented. Nail care and oral care was being considered. People were being offered and supported to bathe or shower regularly. However, standards were not always consistent, particularly in how people's likes or dislikes were respected, for example how people liked their hair styled. Staff need to get better at recording when people decline or refuse aspects of care, for example if a person declines to wash.

People were receiving their medication as prescribed. There was good oversight, auditing and peer review resulting in minimal medication errors. Staff had a good understanding of the medication processes and systems. There were improvements planned to ensure people's pain management was monitored and assessed effectively. This would ensure that people always receive their medication when they required it or as prescribed.

The oversight and monitoring of people's health and wellbeing needs had improved. The oversight and

communication regarding people's health and changing needs was good. Staff were prompt to obtain support from other professionals. They were working closely with these professionals to support people in the home. The advice and guidance offered was implemented into people's care and support. People were receiving the care and support that was right for them on a consistent basis.

Most people were mainly positive about the quality and choice of meals. There had been concerns that people had not liked the recent change in menus. People said "the new menus are offering more modern meals which I do not like". This was addressed by the chef. The alternative menu could be further developed. This would help staff prepare and offer suitable hot snacks or light meals. It is especially important in the evening when catering staff are not on shift. This would enable people to have meals they enjoyed and liked when they wished. We saw some very kind and caring interactions by staff to encourage and support people with eating and drinking. People's nutritional intake was monitored. As a result, appropriate action was taken quickly to address any concerns.

The core, experienced staff had an understanding of how to support people who were anxious or distressed. There were strategies in place to help with stress and distress, and the service worked closely with external professionals. However, there remained some important gaps in the information available to support people and staff. Consequently, there was potential for people's support to be inconsistent.

### Areas for improvement

1. To support people's health and wellbeing, the provider should ensure the proper provision for all service users to get the most out of life. This should include but not limited to:

- a) adopting a whole team approach to facilitate meaningful interactions and activities
- b) ensuring all areas are functional, accessible and provide a nice place for people to socialise.
- c) Enabling and supporting people to have ready access to outside spaces or activities.
- d) Provide training in Rights, risks and limits to freedom.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:6). and 'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2).

### How good is our leadership?

**4 - Good**

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

There have been a number of significant changes in a short period of time within the service. The new provider, Renaissance, interim manager and the introduction of new systems and processes have all had an impact on the outcomes for people, the staff, and families. The interim manager was very visible and approachable within the home, open and transparent. Staff said that there have been a lot of changes for the better, "I feel it is now a better place to work after the recent takeover by Renaissance" and "there is

more routine, better activities and the staff interacting more." A relative said "the new leadership seems to be making a few improvements."

Work was underway to build relationships and trust with families. All issues and concerns were being appropriately recorded and audited. All concerns or issues were being shared with staff. The 'resident of the day,' relatives and residents' meetings were beginning to be used to improve communication with families and people to establish concerns early and address them before they become issues. As a result, people and their families said they were comfortable to raise concerns or issues and that these would be addressed.

Quality assurance processes were more focused on proactively improving outcomes for people and the quality of the service. The service's improvement plan was being used effectively to identify not only areas of concern but also planned improvements. This fed into the home's service improvement plan which was used to delegate responsibilities and monitor improvements. The interim manager had supported other staff to be involved in the auditing process. As a result, there is more peer review, accountability, and responsibility to improve and address issues or concerns identified. Adverse incidents, accidents, and events were being fully investigated, reported, or discussed with appropriate parties for example, the Care Inspectorate, Adult Protection, and families. There was an open transparent culture developing. Learning and any changes in practice were discussed and shared with staff. As a result, there had been improvements throughout the whole home which were having positive outcomes for people.

These improvements should be maintained and further developed to ensure the positive outcomes for people are sustained. A previous requirement regarding the quality assurance processes was met (see 'What the service has done to meet any requirements we made at or since the last inspection').

## How good is our staff team?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

People benefitted from a staff team who worked well together. A person said, "I like the staff they treat me well and sometimes have a laugh." Staff knew people's needs well. There have been many significant changes since the last inspection. These changes aimed to improve outcomes for people and develop a culture focused on the people who live at Cranford. The staff have worked hard to put in place the many new systems and processes that effected their roles. A staff member told us 'I am very happy working at Cranford Care Home. I work with a super staff who all have the resident's best interests at heart, and we work very well in unity as a team' and "we are a happier staff team." The service has begun to use various measures to celebrate staff achievements with a focus on empowering and developing staff. For example, employee of the month and other staff recognition awards, such as supporting staff who go above and beyond. As a result, staff appeared happy and enjoyed their work.

People and their families knew the staff, and this contributed to the levels of satisfaction and confidence. The service used a dependency tool which informed management of the required staffing to meet people's needs. Dependencies were assessed taking into consideration not only basic care needs but included emotional, psychological, and social needs. Core direct care staff were allocated to each unit with oversight from the senior carer or Registered Nurse. Staff were visible within the home and did not appear rushed. The management team should improve how they share staffing decisions with families to stay open and transparent. This should consider the views and experiences people and families as well as staff.

## How good is our setting?

## 4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The home was friendly and welcoming. It was clean, tidy and clutter free. An environmental improvement plan had been developed and there were plans to upgrade parts of the home. This included new furniture and replacing flooring to bedrooms that were worn, stained, or smelt unpleasant, despite intense cleaning. The plan should consider the choice of bathing facilities. It should also support people to move freely around the home and have ready access to outside space. The management team were continually reviewing the environment, through their improvement plan, audits, and daily walk rounds, to ensure the home enhanced and promoted a good quality of life for the people who live there. A previous area for improvement regarding reviewing the design of the premises focused on orientation was met. However, the environmental improvement plan needs to be fully implemented to ensure people have a nice place to stay that enhances and supports their quality of life. (see 'What the service has done to meet any area for improvement we made at or since the last inspection' and area for improvement 1).

There was good oversight by the maintenance team. Maintenance and servicing records were in good order. Not all concerns or issues were recorded appropriately, by staff. As a result, there was a potential that repairs would not be addressed promptly. The general environment was safe and secure.

People were not supported or encouraged to move freely around the home, due to the layout of the home and the number of locked doors. A number of bedrooms were located out with the main areas of the two units. There was the risk that people living in these bedrooms may become isolated. Many staff were adverse to people taking risks for the fear of people falling or injuring themselves. There were several communal areas that people and their families could choose to spend time in, but a number of areas were not used as they were used to store excess equipment. The gardens and grounds were well maintained. However, the courtyards, were poorly maintained and inaccessible to people. A person who used to enjoy sitting in the courtyard said, "I've lost my haven." These concerns were identified as part of the environmental improvement plan. The implementation of this plan would ensure people would be able to access these areas safely and independently. People were encouraged and supported to bring in their own bits and pieces to have around them, which promoted each person's experience, dignity, and respect.

### Areas for improvement

1. To support peoples' wellbeing and to ensure people have a nice place to stay, the provider should ensure that the environmental improvement plan is implemented, giving due consideration to enabling freedom of movement.

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

The premises have been adapted, equipped and furnished to meet my needs and wishes. (HSCS 5.18) and 'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2).

I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5.24).

## How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The management team and staff had worked hard to put in place the new digital care planning system. Progress continued to be made to develop people's personal plans to ensure they were person-centred. However, the standard and quality of documentation within people's personal plans were inconsistent. People's plans did not always contain relevant information and guidance, which had a potential impact on the care and support provided. We discussed these concerns with the management to ensure that the care and support were given consistently in line with people's wishes and needs. Changes in or deterioration in people's health was fully recorded. Tools and assessments were being used to support clinical decisions or assessment. As a result, staff were able to monitor changes or improvements in people's health.

People's care was being formally reviewed on a regular basis in line with best practice. As part of the 'resident of the day' process and the 6-monthly review process, there were opportunities for people and their families to inform staff of what was working for them and what needed changing. This ensured people and their families' views were truly reflected within their personal plans. A previous requirement regarding the care plans being up to date and accurate was met (see 'What the service has done to meet any requirements we made at or since the last inspection').



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

### Requirements

#### Requirement 1

By 16 June 2025 the provider must ensure that people experience dignified and respectful care. To do this the provider must:

- a) ensure all staff understand and act in accordance with the principles of dignity, compassion, respect and choice
- b) ensure that all staff successfully complete equalities and values training, and that measures are put in place for such training to form part of the ongoing training plan for the service
- c) ensure leaders monitor and observe staff practice and take action where it does not meet expected standards.

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me' (HSCS 3.13).

**This requirement was made on 24 March 2025.**

#### Action taken on previous requirement

This requirement was met. See 'How well do we support people's wellbeing?' However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

**Met - within timescales**

#### Requirement 2

By 16 June 2025 the provider must ensure that people have access to activities of their choice to enhance their wellbeing and quality of life. To do this the provider must:

- a) Ensure that people's choices and preferences are included in their care plans
- b) Ensure staff read the care plans and are aware of people's choices and preferences
- c) Ensure that activities are provided that reflect people's individual choices and preferences

This is in order to comply with Regulations 3 and 4 (a) (b) 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:

'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 requirement was made on 24 March 2025.**

### Action taken on previous requirement

This requirement was met. See 'How well do we support people's wellbeing?' However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

**Met - within timescales**

## Requirement 3

By 16 June 2025, the provider must ensure that people are safe because quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the provision of the service.

To do this the provider must ensure, as a minimum:

- a) Routine and regular management audits are being completed across all areas of the service
- b) Regular observations of staff practice are carried out and any practice which falls below the expected standards is highlighted and addressed
- c) Supervision for staff is carried out in line with the policies and procedures of the organisation

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 (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 24 March 2025.**

### Action taken on previous requirement

This requirement was met. See 'How good is our leadership?' However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

**Met - within timescales**

## Requirement 4

By 16 June 2025, the provider must ensure positive outcomes for people by ensuring that care plans are up to date and accurate. In order to achieve this the provider must:

- a) Ensure that documentation and records are accurate, sufficiently detailed, organised and reflective of the care/support planned or provided.
- b) Ensure staff are given protected time to read people's personal plans
- c) Ensure daily recordings are evaluative and reflect people's outcomes
- e) Ensure that people's care is reviewed in line with regulatory requirements and people's views and wishes are actively sought on their care and support.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (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 (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' (HSCS 1.15).

**This requirement was made on 24 March 2025.**

### Action taken on previous requirement

This requirement was met. See 'How good is our setting?' However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

**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

In order to help people orientate in their surroundings, the provider should review the design of the premises. This should include the use of colour schemes and signage, to help people living with dementia and other cognitive impairments find their way to communal facilities and their bedrooms.

Reference to The King's Fund Environmental Assessment Tool would be useful in providing ideas for design changes.

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

'I can use a mix of private and communal areas, including accessible outdoor space, because premises have been designed or adapted for high quality care and support' (HSCS 5.1);

And

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

**This area for improvement was made on 24 March 2025.**

### Action taken since then

This area for improvement was met. See 'How good is our setting?' However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

## 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).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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