

Mr & Mrs S Neale

Craignair E M I Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 24 August 2015 and was unannounced. Craignair EMI Residential Care Home provides accommodation and personal care for up to 21 older people with dementia. The home is owned by Mr and Mrs S Neale and is situated in Blundellsands near Crosby.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home and were supported in a safe way by staff. Families that we spoke with also told us they thought the home was safe and they were happy their relative was there. We observed staff interacting with people throughout the day and

Summary of findings

asking them if they were ok or needed anything. The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. Staff we spoke with confirmed they had received adult safeguarding training.

An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access. This procedure included a flowchart to help staff with the reporting process.

Staff had been recruited appropriately to ensure they were suitable to work with vulnerable adults. People living at the home, families and staff told us there was sufficient numbers of staff on duty at all times.

Staff told us they were well supported through the induction process, and had regular supervision and appraisal. They said they were up-to-date with all of the training they were required by the organisation to undertake for the job. Staff told us management provided good quality training. The registered manager was in the process of introducing all staff to the new care certificate, and we saw evidence of completed modules of this in staff's files.

Various risk assessments had been completed depending on people's individual needs. Care plans were in place and complete and they reflected people's current needs, with particular reference to health needs if they had any. The risk assessments and care plans were reviewed on a monthly basis or more frequently if needed.

There were safeguards in place to ensure medicines were managed in a safe way. Medicines were administered by one allocated member of staff per shift. The administration took place in one of the front rooms. The staff member who administered the medication wore a red overall to highlight they must not be disturbed while giving out medicines. The building was clean, homely and dementia friendly. The provider was in the process of making the home more dementia friendly, such as painting doors a different colour and replacing the patterned carpets. There were measures in place to monitor the safety of the environment and equipment.

People were supported to access a range of external health care professionals when they needed to. People's care was personalised and diverse.

People told us they were satisfied with the meals. The food looked appetising and tasted nice. We observed people had plenty of encouragement and support at meal times.

People and their families described management and staff as caring, respectful and approachable. The families we spoke with had regular contact with the registered manager and the owner.

Families said the service was well managed and a family member told us they had recommended the home to other people. Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living at the home and staff throughout our inspection.

A full and varied programme of recreational activities was available for people to participate in and this was displayed in pictorial format in the hallway. Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority.

The culture within the service was open and transparent. Staff and people living there said the management was both approachable and supportive. People told us they felt listened to and involved in the running of the home. Staff we spoke with were aware of the whistle blowing policy and said they would not hesitate to use it. There was a complaints procedure in place, and this was on display in the main part of the building. Quality assurance systems in place by the registered manager clearly showed continuous improvements being made in the delivery of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Relevant risk assessments had been undertaken which had taken into account each person's individual needs.

Staff understood what abuse meant. They were able to explain what action to take if they thought someone was being abused.

There were safeguarding measures in place to ensure the safe management of medicines.

There were procedures in place to regularly check the safety of the equipment and the environment.

There were enough staff on duty. Recruitment checks had taken place to ensure staff were suitable to work with vulnerable adults.

Good



Is the service effective?

The service was effective

The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

Staff arranged appointments for people with external health care professionals when people needed them.

Staff said they had an induction before they started working in the home, received on-going training and were required to attend regular supervision and appraisal.

People told us they liked the food and got plenty to eat and drink.

A refurbishment programme had already begun to ensure the environment was developed in a dementia friendly way.

Good



Is the service caring?

The service was caring

We observed positive engagement and interaction between people living at the home, their families and the staff

Staff had a good knowledge of people's personal preferences.

Staff treated people with respect and dignity.

Good



Is the service responsive?

The service was responsive

People's care plans were regularly reviewed and reflected their current and individual needs.

A full and diverse programme of recreational activities was available for people living at the home to participate in and these were on display in the hallway.

Good



Summary of findings

We observed peoples suggestions being responded to in a timely way.

There was a process for managing complaints in place, people and families we spoke with were aware of the process.

Is the service well-led?

The service was well led

Staff spoke positively about the culture within the home, referring to it as open and transparent.

People spoke positively about the manager and the owners of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Quality Assurance processes were well established and used within the home

Good



Craignair E M I Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection of Craignair EMI Residential Home took place on 24 August 2015. The inspection team consisted of an adult social care inspector, an inspection manager and an expert by experience with expertise in services for older people. An expert by experience is a

person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. This usually includes a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted a PIR. We looked at the notifications and other information the Care Quality Commission had received about the service.

During the inspection we spent time with three people who lived at the home and four family members who were visiting people who lived at the home at the time of our inspection. In addition, we spoke with the registered manager, one senior carer, three care staff, and the owners of the home. We looked at the care records for four people living at the home, four staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including some people's bedrooms, bathrooms, dining rooms and lounge areas.

Is the service safe?

Our findings

People who were able to communicate their views to us told us they felt safe living at the home. One person said, "Oh, I feel safe here - definitely safe." The same person also told us, "The staff look after all of my medication." We observed people walking around the communal rooms, engaging in conversation with staff and other people who lived at the home.

We spoke to families of people living at the home. One family member told us, "She's [person living at the home] safe and well looked after. I couldn't fault it." The same person told us she felt being in the home had "probably prolonged the life" of their family member. Another family member told us, "She [relative] needs care twenty four /seven. I wouldn't want her to go anywhere else. I'm happy she is ok here."

Staff confirmed they had received adult safeguarding training. The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. We observed the local area contact details for reporting a possible safeguarding concern was displayed on the notice board in the office. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access.

The care records we looked at showed that a range of risk assessments had been completed and were regularly reviewed depending on people's individual needs. The records we looked at for each person included a needs assessment, admission procedure, a task risk assessment – which showed what level of support the person needed for particular tasks, a mental health risk assessment, diet and fluid charts and weight charts. People who were at risk of falls or malnutrition had additional risk assessments completed which explained what support that person needed and highlighted the impact of the risk the person could be exposed to.

We looked at the personnel records for four members of staff. We could see that all the required recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes were

retained on the personnel records. Disclosure and Barring Service (DBS) checks had been carried out, identification was obtained and we could see a record of the interview was kept on file.

We could see during the course of our inspection that there were enough staff on duty in the home. For example, we could see non one looked rushed or under pressure and staff were walking around checking people were ok. The owner and the registered manager explained to us that they never use agency staff as the staff in the home have regularly covered all the shifts. The registered manager explained she had also taken on shifts in the home when needed. We observed that staff were not rushed or under pressure in the home when they were supporting people.

The registered manager and the senior care worker provided us with a description of how medicines were managed within the home. There were established processes for the disposal of medicine, for receiving medicine and for stock monitoring. Medicines were held within two locked trolleys in the front room of the home. Medicines were administered individually by the senior care assistant who was distinguishable because they were wearing a red overall vest. The manager explained this was to ensure other members of the staff did not disturb them when they are completing the medication round. We looked at MAR (medication administration records) and could see they were not missing any signatures and were filled out correctly. We saw medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range.

For the safe storage and management of controlled drugs, we saw there was a double locking box in place and a controlled drugs book, which had to be signed by staff when any controlled drugs were administered. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Nobody was prescribed controlled drugs at the time of the inspection. A small number of people were prescribed topical medicines (creams) which were also stored securely and documented on the MAR sheet.

We had a look around the home and we could see that it was clean, tidy and the atmosphere was pleasant. The home was in a good state of repair. Following an external infection control prevention assessment recently, the home achieved a score of 100% compliance.

Is the service safe?

A range of regular environmental checks were in place. For example, fire equipment was checked in August 2014, the alarm/detection system was checked in May 2015, the emergency lighting was checked in January 2015, the electrics were checked in January 2015 and the gas was checked in April 2015. The certificates for these tests were all in place and had been checked by an external company.

A Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home and the method of assistance required had been personalised to meet the need for each person. There was a fire and emergency plan displayed in the hallway.

Is the service effective?

Our findings

Some people living at the home were unable to verbally share their views with us due to their medical condition. Families we spoke with were happy with the care their relative received in relation to their health and personal needs. One relative told us, "If there is anything happening, they'll let me know what's going on. I've had input into her (relative) care plan."

From our conversations with staff it was clear they had a good knowledge of each person's health care needs. People's care records informed us they had regular input from professionals if they needed it, including the dentist, optician, chiropodist and GP. There was a document included in each person's care file which recorded the date when they been visited by another healthcare professional and the outcome of the visit.

We spoke with a member of staff who had been working at the home for the last eighteen months. They described their induction process and explained that this included shadowing more experienced members of staff and spending time reading peoples' care plan's to get to know them.

We looked at the training matrix for the staff who work in the home and the contents of the training courses. We could see all training was in date and was all mandatory training such as medication, fire safety, food hygiene, health and safety and first aid had been completed. People we spoke with told us they felt staff had the right skills for the job.

The staff we spoke with confirmed they had been supervised and had had an appraisal. We looked at a document which showed all staff members dates for their supervisions and appraisals and we could see they were all in date. The manager confirmed they had taken place and the staff we spoke with told us they had regular supervision.

We spent time in the dining room with people when they were having their lunch. There were 11 people eating lunch. We observed a disagreement which took place between two of the people who lived at the home. We saw that a member of staff intervened and calmed the situation down straight away. Other than this, lunchtime was calm and there was no sense of any people being hurried. There was no one who required physical help with eating their

food, but the staff did regularly ask if people needed support to cut up food. Staff offered a choice of drinks to people. People told us they enjoyed the food, and we saw the staff asking people what food they would like to eat.

We saw capacity assessments and relevant processes had been followed in relation to The Mental Capacity Act (2005) and best interests. We observed staff consistently seeking people's consent before providing care and helping people around the building. Throughout the day we observed and heard staff encouraging and prompting people to be included and to make their own choices when possible. For example, asking them which activity they wanted to engage in or if they wanted to go out into the garden.

The registered manager advised us that applications in relation to Deprivation of Liberty Safeguards (DoLS) had been submitted to the Local Authority for each of the people living at the home. The registered manager confirmed that some people had been assessed by the Local Authority and had a standard authorisation in place; the registered manager was still waiting for others to be assessed.

The registered manager confirmed that the staff team had received training in the Mental Capacity Act (2005). The staff we spoke with confirmed they had received training and they demonstrated a good understanding of The Act.

The home was working towards improving the dementia friendly environment. The registered manager had a good knowledge of dementia and how the environment should be for people. We observed old pictures and a reminiscence board which were on display on the wall in the downstairs corridor. Some of the doors had been re-painted as they had all the same colour. The manager told us this was to reduce the risk of people being disorientated and confused. Directional signage was in place and toilets were clearly identifiable with picture signs on the doors that lead to them. The registered manager explained that further refurbishment was planned to make the home more dementia friendly and there was clear evidence this had begun.

People's rooms were personalised with their own furniture and photographs. All of the communal areas in the home were clean and well decorated. The garden area was spacious, well maintained and secure. There was easy access to the garden area and we observed people enjoying the garden throughout our inspection.

Is the service caring?

Our findings

Some of the people living at the home were not able to verbally express their views to us with regards to their care and what their experiences were like at the home. The people who we did speak with were very positive about the care they received. One person told us, "All of the staff are nice, they're all approachable, I'm treated very respectfully." Another person who lived at the home told us, "All of the staff are very, very helpful. You can't fault them. They pay attention to you." The same person said, "I can see [manager] if there is anything on my mind." Another person told us, "The staff are first class, they're kind and caring. They speak to me by name and listen to what I have to say." The same person said, "They're very respectful, they knock on my door before coming in."

As some of the people who lived at the home were not able to verbalise their views, we spent time during the day observing how staff on duty were interacting with them. We saw people were comfortable and relaxed in the home, and the staff were frequently engaging with people and including them in activities. For example, we saw one person who was standing in the communal lounge and there was music on. One of the staff members asked this person if they would like to dance, and this person accepted and happily joined in.

We observed staff speaking to people discreetly in a way which respected their privacy. For example, we saw one member of staff supporting a person to walk to the toilet. We heard the member of staff reassuring the person to "take their time" and reassuring them they (the staff member) was there if they needed them.

Family members we spoke with during the day were positive about the care their relative was receiving. One

family member told us, "The staff are very good, very kind and caring." The same family member told us, "She (relative) just asks and they'll help her to her room." Another relative told us, "The staff are brilliant, they can't do enough for her." A family member told us, "They're very positive, very accommodating."

Staff we spoke with displayed a good knowledge of people's likes and preferences and came across as passionate about their jobs. The staff demonstrated they had good knowledge of people's care plans and their routines when we asked them. One staff member said, "It's lovely working here"

When the manager showed us around the home we observed them respecting people's privacy by knocking on bedroom doors before they entered. We consistently saw staff throughout the day speak to people with respect and asking them if they would like anything.

There was a 'memory wall' downstairs in the main hallway, which contained all significant events from the past. There were projects which the care staff and the people who lived at the home had participated in and they were also displayed on the walls. We observed photographs on the wall of fundraisers the home had been involved in.

During the time of our visit the weather was very warm, and we observed people being encouraged to use the garden. In the garden there was plenty of furniture for people to relax in, and staff were regularly bringing drinks out for people and making sure people either wore hats in the sun or stayed in the shade.

We were told by the manager that when it is someone's birthday they will have a cake bought for them, and there will be a singer arranged. When we spoke to family members they confirmed this.

Is the service responsive?

Our findings

Throughout our inspection we continuously heard staff addressing people who lived at the home in a respectful and person centred way, which took account their views and preferences. One person who lived at the home told us, "I do what I want, go to bed and get up when I want." People we spoke with were very pleased with the care they were receiving and there was evidence the staff and the manager were being person centred in their approach to care. For example, one person who smokes outside told us, "I asked for a bin, for cigarette butts, and they got me one straight way." This demonstrated to us that the service was listening to people and dealing with their requests and wishes in a responsive way. The same person also told us they had asked the manager if they could have a blind on their window as they preferred blinds instead of curtains. They were told by the manager, "Of course you can – it's your home and we want you to enjoy it."

We observed people being asked if they wanted their slippers or shoes on. One family member told us, "They always make sure he's got his proper clothes on. He likes to wear a shirt and tie and is always well dressed." Another family member told us, "We're always welcome to visit - they always make us feel welcome."

A weekly programme of recreational activities in a pictorial format was displayed on the wall in the corridor outside one of the communal lounges. It showed a full and varied week of activities. There were photographs around the home which showed people engaging in these activities. The manager told us the priest visited the home every week to give holy communion to those who wanted it. When we looked the activity board this was clearly displayed. We also saw movie nights, sports nights and bread making were taking place in the home.

The manager told us there were some people in the home who had different levels of need and explained how they support these people. For example, one person who lived at the home had a one to one every week with a carer of their choice. The one to one consisted of a coffee or a meal out somewhere away from the home. The person confirmed this happened and spoke positively about this. They told us, "Every now and then one of the care staff takes me out. We might just go for a walk or lunch or coffee."

The care plans we looked at contained information about people's past as well as their medical and health conditions. Everyone had undergone the home's initial assessment process before being offered a place at the home. We could see some of the people who lived at the home used to have day visits to the home whilst they were still living in the community and had chosen to live at the home once there was a vacancy.

The information regarding people's health needs were available in the files. The manager showed us a Kardex file which was used daily by staff which contained all relevant information and was up to date. We could see that care plans and risk assessments were regularly being reviewed by the registered manager, the person and their families. There were signatures on the documentation to show this was happening.

There was a complaints procedure in place. There had been no complaints about the service since 2012 and when we spoke to people who lived at the home they confirmed that they knew how to make a complaint if they needed to. The complaints procedure was on display in the hallway by the entrance to the home.

Is the service well-led?

Our findings

There was a registered manager in the home who had been in post since 2013.

Families we spoke with told us they were very happy with the way in which the home was run. One family member told us, "The home is well organised and well run, everyone who has come to visit her [relative] are surprised by how nice it is." Another family member said, "We know the manager and the owner, they're very approachable. Everything runs to schedule- there's a proper regime in place."

Staff we spoke with said the registered manager was supportive and they would recommend the home to their families and friends. Staff told us the culture of the home was open and transparent and it was clear the manager and the owner of the home were 'hands on', led by example, were clearly proud and compassionate about the home and cared about the staff and the people living there. One person who lived at the home told us, "I love it here. I was in two other homes before I came here it's so much better." We were also told by one person, "The manager is lovely." A family member said, "(the manager) does a great job." Another person told us, "The manager is very good here, they couldn't do any better, I'm happy here - I feel well looked after."

The manager showed us how they are encompassing the principles of the new care certificate into their training for both new and existent members of staff.

We were advised by the registered manager that they had volunteered to be involved in the chip innovation pilot programme. This meant there was a laptop available in the home where staff and people who live at the home can have video calls with trained nurses and doctors out of hours if they are feeling unwell or need to obtain advice regarding an injury or medication. The manager explained the staff member or the person could speak face to face with the medical professional, and show their injury or medication to the professional over the video link.

As part of the training process the manager also showed us how they ensured the staff understood the Care Quality Commission (CQC) inspection process and what it meant for them. We looked at documents completed by staff where they had filled out information sheets explaining what they understood about CQC. The manager told us by asking the staff to do this they would get a good understanding of what areas the staff were unsure of and the manager planned to create training based around this.

We saw evidence that meetings for people who lived at the home had taken place and there were clear actions for the manager and owner drawn up from what had been discussed at the meetings.

We looked at quality assurance processes and found they were being used effectively. For example, the manager had drawn up questionnaires which encompassed the five CQC inspection domains. These questionnaires asked people if their care was safe, effective, caring responsive and well-led. We could see that 20 people who lived in the home had responded and there was no concerns raised. We enquired about the overall quality assurance system in place to monitor performance and to drive continuous improvement. A range of up-to-date audits or checks were in place in relation to the environment, equipment and cleaning. A system was in place for auditing the process of medicines management. Equally, risk assessments and care plans were subject to a review each month by the registered manager to ensure their currency. .

The registered manager ensured that CQC was notified appropriately about events that occurred at the home. Our records also confirmed this.

The registered manager and the owner of the home told us they had a good network with the local school and the children were regularly invited come into the home and visit on special occasions such as Christmas. The school sports day had in the past taken place in the garden of the home and the people who live there were invited to watch.