

The Tides Craignair Care Limited

Craignair Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Craignair Care Home is a residential care home providing personal care to 21 older people, living with dementia at the time of the inspection. The service is provided from a large adapted domestic-style property, with several communal areas and provides people with their own private bedrooms. There are two shared bedrooms. The service can support up to 21 people.

People's experience of using this service and what we found

The service had experienced a period of instability with the management of the service. A new registered manager and deputy manager had been appointed and had been in post for around three months at the time of our inspection. They were working to make improvements to all aspects of the service. Feedback from people's relatives confirmed this and confirmed they had already seen improvements. The registered manager recognised the importance of the improvements required and was committed to seeing them through.

We have made a recommendation about ensuring the effective operation of systems to assess, monitor and improve the quality of the service provided. The registered manager engaged with people, their relatives and staff through face to face meetings. The management team understood their responsibilities and had made improvements to the organisation of the service.

People's medicines were not always managed safely and properly. The registered manager was addressing inconsistencies in risk management. The provider had systems to protect people from abuse and recruited staff safely. The registered manager used accidents and incidents as opportunities to learn and make improvements to the service.

We have made a recommendation about the service's application of the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation about ensuring care planning is fully reflective of people's needs and circumstances. We have made a recommendation about providing a dementia friendly environment for people who use the service.

We have made a recommendation around care planning and ensuring important information about people and their care needs is recorded to guide staff. The service put people at the centre of the care they received. Staff used assessments to identify people's needs and preferences and worked with people and their relatives to ensure people were happy with the care they received. If people were not happy, they were confident they could speak with staff to make improvements. The service made sure people were supported to communicate and planned activities to enhance people's wellbeing.

People were cared for by staff who were well supported. The registered manager had a plan to address gaps

in staff training. Staff supported people with their healthcare needs and worked well with external healthcare professionals. The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service supported people to be as independent as they were able. We received positive feedback about the caring approach of staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 05 December 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Craignair Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Craignair Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people's relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, care workers, maintenance person and the chef. We spent time observing interactions between people who lived at the home and staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We reviewed a variety of records related to the management of the service, including policies and procedures, safety checks and quality checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed updated paperwork, meeting minutes and training data the registered manager sent to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely and properly. We found medicines stocks for two people did not match what was recorded on administration records. The registered manager told us there should be count-down records for these medicines, but they were unable to provide them. Additionally, we found there was a lack of information to guide staff on the administration of 'when required' medicines and those with a variable dosage. This information is particularly important when people are unable to communicate their needs.

The provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines from staff who were competent to administer them. The registered manager ensured staff received training to administer medicines and regularly assessed their competence.
- The provider had safe systems for the receipt, storage and disposal of medicines.

Assessing risk, safety monitoring and management

- Risks to people's safety were not managed consistently well. Staff assessed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans. However, we found staff had not assessed risks for some people. They did not always have information to guide them to reduce risks, for example, in relation to behaviour which may challenge.
- The registered manager responded to our feedback and made immediate improvements to information available to staff. They ensured these risks were assessed and introduced guidance for staff to enable positive outcomes for people.
- The provider ensured the environment and equipment were safe. We saw the premises were suitably maintained. The registered manager ensured equipment was inspected and serviced when it needed to be.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The registered manager had systems to record, report and analyse any allegations of abuse. Most staff had received training to recognise abuse and training was planned for the remainder of the staff team. Staff we spoke with knew what action to take to keep people safe, including reporting any allegations to external agencies. A relative told us, "As a family, we're more than happy knowing they're safe."

Staffing and recruitment

- The service was staffed sufficiently. Relatives told us there were always enough staff on duty. One said, "Yeah, there's enough staff. They will always take time out to talk to you." Another said, "The staff seem much better organised now since [registered manager] came." Staff told us they felt there were enough staff deployed to meet people's needs and to keep them safe. We observed staff were readily available and responded to people promptly during the inspection.
- The provider followed safe recruitment practices and kept all the records, as required by law.

Preventing and controlling infection

- People were protected against the risk of infection. Most staff had received training related to infection prevention and control. Training was planned for the remaining staff. We observed staff followed good practice in their work. We saw them wearing personal protective equipment, such as disposable gloves and aprons, to help protect people. A relative joked, "It's spotless. [Family member] would be the first to say if it wasn't."

Learning lessons when things go wrong

- The registered manager used a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the registered manager reviewed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Everybody who lived at the home was subject to an authorisation under DoLS and conditions were being met. Staff told us they offered people choice and control with day to day decisions and relatives confirmed this. However, staff had not consistently assessed people's capacity to consent to and make decisions about their care. The registered manager sent us documents after our inspection to show capacity assessments had been completed for one person who we identified during our inspection and gave us assurances the remaining assessments were underway.
- Relatives we spoke with told us they were consulted by the registered manager to ensure any decisions about people's care were made in their best interests. However, staff had not ensured these decisions were recorded consistently.

We recommend the provider reviews their systems around consent, the MCA and DoLS, to ensure they are implemented effectively and consistently and to ensure the required records are maintained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs and involved them, or other acting on their behalf in care planning. This helped to ensure their choices and preferences were considered and their needs were met effectively.

However, we found some people's care plans lacked important information to guide staff in how best to support them. Staff knew people's individual needs and preferences well, but this information was not always recorded in detail.

- The service was in the process of introducing a new care planning system. The new system was more structured and prompted staff to record more information. The registered manager told us they felt this would address the issues around the lack of detail in some people's care plans.
- The registered manager used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.

Adapting service, design, decoration to meet people's needs

- The service was adapted to be safe, accessible, comfortable and homely. Communal areas provided space for people to relax and were homely in character. The provider ensured the premises were maintained.
- The provider had not fully considered good practice guidance around dementia-friendly environments. We saw some adaptations, such as signage and information boards to guide people. However, we also saw the layout of communal areas was not designed to facilitate conversation and interaction, with chairs laid out around the outside of the rooms. Additionally, the carpets in the hallways and communal areas were heavily patterned, which could be confusing for someone living with dementia.

We recommend the provider consults good practice guidance around providing a dementia friendly environment for people who use the service.

Staff support: induction, training, skills and experience

- Staff received an induction when they started to work at the service and were supported to carry out training on a variety of subjects to enable them to meet people's needs effectively. We reviewed the service's staff training data and found there were gaps in training. However, the registered manager provided us with a training plan to address the gaps over the coming months. We observed staff were competent in their roles and relatives we spoke with told us they felt staff knew how to support their loved ones effectively.
- Staff were well supported by the management team. Staff were supported through day to day contact, regular supervision and annual appraisals of their performance. Staff had opportunity to discuss any concerns, issues, work performance and development with the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked closely with services such as people's GPs and specialists. Staff incorporated professional guidance into people's care plans.
- The service supported people to live healthier lives. The cook was very knowledgeable about people's needs and prepared healthy foods and adapted meals to ensure people's needs were met. Staff supported people to access healthcare services, so their healthcare needs continued to be met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff understood the importance of valuing people's individual backgrounds, cultures and life experiences. People's relatives were complimentary about the approach of the staff team. They told us, "The staff are brilliant, very patient. Nothing is ever too much trouble." And, "They are very caring and kind."

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people, or where appropriate, others acting on their behalf in decisions about care and support. The registered manager used several methods to gain people's views including daily interaction, regular reviews of people's care and resident's meetings. The registered manager was working to improve how they recorded people's involvement in care planning.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People's relatives gave us positive feedback about the caring approach of staff.
- Staff respected people's right to privacy and ensured, when delivering personal care, for example, doors and curtains were closed and people's dignity was maintained.
- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. For example, prompting people to support them with personal care, rather than taking over and doing the task for them.
- The service protected people's private information. Information was stored securely and was not left visible, for example on desks or noticeboards.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people or, where appropriate, others acting on their behalf in regular reviews to ensure planned care continued to meet their needs.
- We found some care plans lacked important information about people and how staff should care for them. Staff were able to tell us exactly how they cared for people and supported them, but this was not always recorded. The service was in the process of transferring to a new system for risk assessments and care planning. The registered manager told us this would be addressed during the transition.

We recommend the provider reviews their processes around care planning to ensure important information about people and their care needs is recorded to guide staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with and supported to participate in activities to help maintain their social health. We saw staff supported people with activities in the home, such as games and sing-alongs, visiting entertainers and trips out to local attractions. People's relatives told us they had seen an improvement in activity provision over the last few months, since the new registered manager had started in post. They told us they had seen the positive impact this had on people who lived at the home. One said, "Entertainment has improved, they are putting more activities on. Singers come in every so often now and you should see the difference that makes!" Another said, "people are happier", since activity provision had improved.
- People were supported to maintain relationships with those close to them. Relatives we spoke with told us there were no restrictions on when they were able to visit and they were always made to feel welcome.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received one complaint since the last inspection. We saw the complaint was handled and responded to appropriately. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.
- People's relatives and staff all told us they would have no hesitation in speaking with the registered manager or any staff if they had a concern or complaint. They were confident any issues would be resolved swiftly.

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, they were not supporting anyone at the end of their life. The service had begun to follow best practice guidance in relation to planning end of life care. Staff had recorded some people's end of life decisions, their preferences and any spiritual needs. The registered manager confirmed they were going to continue work in this area, to ensure, where possible, they had explored and recorded end of life decisions, preferences and any spiritual needs for each person who used the service.
- Staff had not received training in end of life care. The registered manager confirmed training would be provided to members of the staff team as part of their training plan. This would help ensure staff had the skills and knowledge to support people effectively at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Improvements were being made to how the service continued to learn and improve care. The registered manager had introduced a variety of audits and checks to help them assess, monitor and improve the quality of the service provided. They also used feedback from people's relatives, staff and healthcare professionals to identify areas for improvement.
- The registered manager had already identified some shortfalls in practice we found during our inspection. For example, medicines management, and had produced action plans to address them. However, there were other shortfalls in practice the registered manager had not identified, such as inconsistencies in information around risk management.

We recommend the provider consults good practice guidance around quality assurance systems, to ensure the effective operation of systems to assess, monitor and improve the quality of the service provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had experienced a period of instability of management. The registered manager and deputy manager had only been in post for around three months at the time of our inspection and had begun to drive improvements. We received feedback from people's relatives and staff that they had seen lots of positive changes and improvements over the last few months. This included organisation of staff, activity provision, care planning and governance of the service. The registered manager recognised improvements in the culture of the service would not happen overnight and were committed to seeing through improvements.
- The registered manager had started to create a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. Comments from relatives included, "It's 150% better." And, "It seems to be better now [registered manager] is here. It's much more organised than before."
- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability. The registered manager was very responsive to our findings during the inspection and took immediate action to make improvements.
- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people

they supported. Staff were enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide high-quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had begun to engage with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings to gain feedback about the service. We saw various topics about the service were discussed in meetings where people were able to influence decision making about the premises, food provision and activities, for example.
- The registered manager had begun to engage with staff. Staff meetings were held, along with individual meetings with the manager. This gave staff the opportunity to influence how the service was delivered to people.
- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safe and proper management of medicines. 12 (1) (2) (g)