

The Tides Cragair Care Limited

Cragair 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 ●

Summary of findings

Overall summary

About the service

Craignair Care Home is a residential care home providing personal care to up to 21 people. The service provides support to older people, including those living with dementia. At the time of our inspection there were 21 people using the service. The service was based in a converted Victorian house. Accommodation was based over 3 floors and people had access to an enclosed rear garden.

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

At the last inspection we found the safety and quality of people's care was compromised. Since the last inspection, the service had undergone a change of registered manager. They had implemented an action plan to address the breaches of regulation and recommendations made at the last inspection and had made improvements to all aspects of the service.

People living at Craignair Care Home benefited from a service that was safe, effective, caring, responsive and well led.

People received their medications as prescribed and in a safe way. Medicines were administered by staff who were trained and had their competency assessed.

Regular health and safety checks were carried out to ensure the home was safe for people to live in. Risks to people were identified, managed and mitigated by staff to lessen the risk of harm to people.

Staff recruitment processes ensured staff were safe to work with people. Staff received the necessary training and support to help deliver care to people which was tailored to their needs.

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.

People told us they felt at home at Craignair and appeared calm and at ease in their surroundings. The home had undergone refurbishment to help improve the environment for people living with dementia. People and their relatives told us they were cared for by staff who were caring, kind and respectful.

The registered manager helped instil a positive culture which was committed to delivering high-quality and person-centred care to people. Staff understood, shared and practiced these values.

The service had worked in collaboration and partnership with other relevant organisations to make improvements to the service and to help achieve better and more positive outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 14 January 2020), and the service was in breach of regulations.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 November 2019. A breach of legal requirement was found in relation to safe care and treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Craignair Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Craignair is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Craignair is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We carried out an inspection of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 4 people who lived at the home, 2 relatives, the registered manager, the registered provider, the maintenance person and a senior member of care staff.

We looked at records in relation to people who used the service including three care plans, medication records and systems for monitoring the safety and quality of the service provided. We looked at staff training and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 2 members of care staff on the telephone. We also spoke with 3 relatives on the telephone to help us understand their experience of the care and support their loved one received.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines from staff who were competent to administer them. We checked medicines stocks for 3 people and found they matched with what was recorded on administration records.
- There was information to guide staff on the administration of 'when required' medicines and those with a variable dosage.
- Staff had access to policies and procedures, as well as good practice guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm and abuse. Staff had received safeguarding training and understood how to safeguard people from abuse and how to report any safeguarding concerns.
- People felt the care provided by staff was safe. One person told us, "I feel very safe living here, I would not want to be anywhere else." A relative confirmed, "Mum is kept safe, this is the best place Mum could be by a mile."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained guidance for staff to follow to keep people safe.
- Where people were at risk from the environment, appropriate equipment and aids were in place to help mitigate risks. For example, for people at risk of falls, sensor beams were used to help minimise this risk. We saw how the use of a sensor beam for a person at high risk of falls, had reduced the number of falls the person sustained.

Learning lessons when things go wrong

- Staff had received training in how to record accidents and incidents. The registered manager had oversight of accident and incidents, meaning patterns and trends were identified so appropriate action was taken to help minimise the risk of recurrence.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Most staff had worked at the home for several years. People and their relatives told us they were familiar with staff, which is important for continuity of care. One relative confirmed, "Continuity of staff is very important and they have this at the home."
- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Preventing and controlling infection

- Cleaning records were in place and there were adequate supplies of PPE which staff used appropriately. The home was clean and well maintained. A relative told us, "The home is always clean and tidy."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service facilitated visiting for people's family and friends. Visitors told us they could visit the home at any time. One told us, "I am made to feel welcome every time I visit." We witnessed visitors on the day of our inspection and saw the beneficial impact this had on people's psychological and emotional well-being.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection we recommended the provider reviewed their systems around consent, the MCA and DoLS, to ensure they were implemented effectively and consistently and to ensure the required records were maintained.

At this inspection we checked to see whether the provider had acted on our recommendations and found that they had.

- People's care records contained more consistent information about their capacity to make decisions. Wherever possible, people had consented or been properly consulted about decisions regarding their care and support.
- For people who lacked capacity, best interest decisions were made in consultation with relevant others such as the person's family or appropriate advocate. The service maintained a log of DoLS applications and a register of people who had capacity and those who did not.

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

At the last inspection, we recommended the provider consulted good practice guidance around providing a

dementia friendly environment for people who use the service.

At this inspection we checked to see whether the provider had acted on our recommendations and found that they had.

- At this inspection we found people had a choice of 2 lounges, depending on whether they wished to spend time with people or preferred a quieter environment. The décor was homely, calming and inviting. One relative described it as being 'a home from home.'
- The service had undergone some refurbishment since the last inspection. People's bedrooms had been painted and carpets had been replaced by plainer flooring to help aid people living with dementia navigate around the home more easily. A relative commented, "There's been good improvements, new floors and all new furniture in Mum's room."
- People had access to a large enclosed garden. There was also an outdoor visiting pod which had been used during COVID-19 restrictions. There were plans to transform the pod into a 'corner shop' where people could 'purchase' newspapers, sweets and toiletries, to enable people living with dementia to feel as though they were popping out to the shops and increase their feelings of independence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- At the last inspection, we found care plans lacked important information to help staff support people. At this inspection, improvements had been made. People's needs were assessed before admission and care plans had been reviewed and reflected people's choices regarding their care and support.
- The registered manager referred to best practice guidance and relevant legislation. This information was shared with staff. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.

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

- Staff supported people to ensure they received sufficient nutrition and hydration to meet their needs and preferences. Where people were assessed as having specific nutritional needs, professional guidance was sought to ensure people were prevented from the risk of malnutrition or dehydration.
- Pictorial menus were used to help people make choices about what they wanted to eat that day. Food was home cooked on the premises. People told us they had enough to eat and drink. One person told us, "The food is good, and I get a choice, I couldn't fault it at all."
- Although there were set times for meals, people were able to have choice over when and where they had their meals. For example, we saw for 1 person that communal mealtimes caused them anxiety, so staff provided the person with their meal at a later time to ease any distress.

Staff support: induction, training, skills and experience

- Staff received an induction to help introduce them to their new role. Staff were adequately trained and had the skills, knowledge and competence required for their role.
- Staff were also supported through supervision and appraisal. These processes allowed staff to discuss work related matters in addition to their own well-being. People and their relatives told us they thought staff were trained and competent. A relative confirmed, "Staff are well trained, it's 24 hours per day proper care."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 well and supported in line with their needs. We observed positive and warm interactions between people and staff throughout the day of our inspection. Staff were helpful and kind. People were actively engaged, and staff spoke with people at every opportunity.
- People and their relatives were keen to tell us how well staff treated people. People told us, "Staff are kind and they respect me. I'm happy" and "I am happy and settled, I couldn't be in a better home." Relatives commented, "I am so happy with the care here, I can't fault it and there is nothing to improve" and "Staff are lovely, friendly and I am always made to feel welcome, they have got to know [Name] so well."

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they protected people's dignity and privacy. People were supported in a way which was both dignified and maintained and encouraged people's independence.

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

- Staff supported and encouraged people to express their views and make decisions about their care and support. People's feedback regarding their care and support was sought via residents' meetings and questionnaires.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we recommended the provider reviewed their processes around care planning to ensure important information about people and their care needs was recorded to guide staff.

At this inspection we checked to see if the provider had acted on our recommendation and found that they had.

- Since the last inspection all care plans had been reviewed and updated. There was enough information to guide staff, including person centred information. Staff knew people well enough, to ensure people received care which met their needs. One person told us, "Staff know my likes and needs."
- People's care was planned to ensure it met their needs. People were referred appropriately to external professionals, to ensure they received the care and support they required. One person told us, "If I need to see the doctor or anything I can."
- Staff supported people to attend appointments if needed. A relative told us, "Mum has all the care from external professionals she needs and staff attend with Mum when I am not able to make the appointments."

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.

- Staff were trained to communicate with people in a way they could fully participate and understand.
- Most people at the service lived with dementia, we observed staff communicated and interacted with people in a warm and sensitive way.
- For people who were not able to communicate verbally, staff understood how people communicated and used appropriate methods when communicating, such as by reading and reacting to people's body language.

Supporting people to develop and maintain relationships to avoid social isolation

- The service was in the process of recruiting a full-time activity co-ordinator, as the activity co-ordinator had recently left the service. Their role was to help facilitate activities for people both as a group and on an individualised basis.
- Staff also engaged people in activities. We observed people appeared calm and where people were

restless or anxious, staff supported them in a meaningful way to reduce their level of anxiety.

- The service encouraged and facilitated visits from people's friends and relatives, which helped people maintain social relationships which were important to them and helped reduce feelings of social isolation.

Improving care quality in response to complaints or concerns

- Although the service had not received any complaints, an accessible complaints policy was in place to ensure people knew how to give feedback on their support and that any feedback would be acted on, to help further improve the quality of care and support.
- People and their relatives told us they would not hesitate to speak up if something was wrong. One person told us, "I can talk to the staff anytime and I know the manager, all is above board here."

End of life care and support

- People and their relevant others were involved in planning their end of life care. We saw evidence that peoples' needs for end of life care had been considered, in a sensitive and personalised way. This helped to ensure people received the support required to experience a comfortable and dignified death.
- The service also provided support to people's relatives and friends during the person's final days. Relatives were able to stay over and were provided with toiletries and meals, so they were able to offer care and support for their loved one.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection, we recommended the provider consulted 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.

At this inspection we checked to see if the provider had acted on our recommendation and found that they had.

- Audit processes were in place and effective at identifying any areas for improvement. Feedback from people's relatives, staff and healthcare professionals was also used to help identify areas for improvement.
- Systems and processes for identifying, capturing and managing risk were effective. Regular audits were undertaken and where issues were highlighted, adequate action plans were in place. Regular manager and provider meetings took place, to ensure oversight of the safety and quality of care.
- Accidents and incidents had been reported and analysed to provide effective learning and to help drive forward the quality and safety of care, demonstrating evidence of learning, reflective practice and service improvement.
- Legal requirements were understood by the registered manager. Both the provider and registered manager had responded positively and proactively to our findings at the last inspection and had worked hard to implement a responsive action plan to address the breaches of regulation and to make the required and necessary improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person centred, high-quality care and support

- Systems to assess, monitor and improve the service were implemented and operated effectively. Risks to people's health, safety and well-being were identified and mitigated appropriately.
- The registered manager and registered provider demonstrated their understanding of quality performance, risk and regulatory requirements.
- People's care was planned and promoted to help ensure people received person centred and high-quality care. Outcomes for people were person centred. People's care plans evidenced individualised outcomes for people and staff demonstrated a good knowledge and understanding of people's needs.
- Staff maintained records of the care and support provided to people. Where people had been assessed as being at risk of dehydration or weight loss, nutritional and hydration intake was monitored and recorded.

- Where people were at risk of gaining or losing weight inappropriately, weights were monitored, and appropriate referrals made to external agencies such as dieticians where necessary. The registered manager checked the quality of records as part of their audit.

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

- People and their significant others were involved in the development and management of the service. Feedback was encouraged from people, their relatives and staff. Relatives were also invited to provide feedback.
- The registered manager regularly engaged with staff to ensure their views were heard. The registered manager started their day shift early to provide an opportunity to talk with and be available to night staff.
- One member of staff had fed back how they wanted to spend more time interacting and talking with people, the registered manager introduced 'Brew at 2'. Every afternoon at 2 pm, every member of staff gathered in the lounge to sit and have a cup of tea, cake and a conversation with people. Staff told us how much of a positive impact this had on both them and people.
- We received positive feedback about the registered manager from people, relatives and staff. People told us they knew who the registered manager was, 1 told us, "Yes, I know who they are, I can talk to them at anytime." A member of staff told us, "The manager has made so much change since being here, changes which have benefited people and staff, the home is a better place."
- Since the last inspection the service had worked in partnership with external professional agencies such as commissioners to help improve standards in the quality and safety of care. Both the provider and the registered manager demonstrated a genuine commitment and dedication to provide high quality care for people.

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 registered manager was aware of their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.
- The registered manager demonstrated an understanding of their duty of candour, and the importance of keeping people's next of kin and relevant others informed. The registered manager encouraged feedback and adopted a transparent and open approach.