

Mr B Hinde







Craigneil Residential Home

Inspection report

2 Seaborn Road
Bare
Morecambe
Lancashire
LA4 6BB
Tel: 01524 831011
Website:

Date of inspection visit: 10 June 2015
Date of publication: 17/07/2015

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 visit took place on 10 June 2015 and was unannounced.

When we last inspected the service we found breaches of legal requirements. This was because staffing levels were not sufficient to meet the assessed needs of people. We also found people were not supported and monitored by staff to eat and drink safely at meal times. Effective systems were not in place to monitor the quality of service provided.

The registered manager responded by sending the Care Quality Commission (CQC) an action plan detailing how they had addressed the breaches identified. We found during this inspection visit the improvements the registered manager told us they had made had been maintained and legal requirements had been met.

Craigneil is situated on Marine Road in Morecambe and facing the promenade. The home is a two-storey building and is registered to provide accommodation for a maximum of 15 people. At the time of our inspection visit

Summary of findings

there were 11 people who lived there. The majority of bedrooms were for single occupancy although there was one double bedroom for people who had made a positive choice to share. Bedrooms were located on the ground and first floor. There was sufficient communal space with two adjoining lounges and a dining room.

There was a registered manager in place. 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.

During our inspection visit we looked at how the home was staffed. We found sufficient staffing levels were in place to provide the support people required. We saw staff members were responsive when people required assistance. Call bells were answered quickly and people requesting help were responded to in a timely manner. One person visiting the home said, "My [relative] is completely safe in the hands of these wonderful staff. They are very attentive and always available when needed."

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

Care plans we looked at confirmed the registered manager had completed an assessment of people's support needs before they moved into the home. We saw people or a family member had been involved in the assessment and had consented to the support being provided. People we spoke with said they were happy with their care and they liked living at the home.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were observed by the Inspector. The people we spoke with said they were happy with the standard of hygiene in place. One person we spoke with said, "This is a lovely place to live and I am very comfortable."

We found medication procedures in place were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

People told us they were happy with the activities arranged to keep them entertained. One person said, "They are always doing something with us there is never a dull moment."

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included questionnaires which were issued to people to encourage feedback about the service they had received. The people we spoke with during our inspection visit told us they were satisfied with the service they were receiving.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Craigneil Residential 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 checked 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 inspection visit took place on 10 June 2015 and was unannounced.

The inspection was undertaken by an adult social care inspector.

Before our inspection visit on 10 June 2015 we reviewed the information we held on the service. This included notifications we had received from the registered manager, about incidents that affect the health, safety and welfare of

people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, four members of staff, five people who lived at the home and one visiting family member. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of two people, recruitment records of one recently employed staff member, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of four people.

Is the service safe?

Our findings

People we spoke with us told they felt comfortable and safe when supported with their care. Observations made during our inspection visit showed they were comfortable in the company of the staff supporting them. One person we spoke with said, "I am very happy here and trust the staff who care for me. I feel completely safe in their care." One person visiting the home said, "I am satisfied my [relative] is safe in the hands of these wonderful staff. I have never seen anything during my visits that has caused me any concerns."

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the Inspector. The people we spoke with said they were happy with the standard of hygiene in place. One person we spoke with said, "Standards of hygiene here are very good. My room is cleaned every day and is spotless. The cleaner is very good."

We found equipment in use by the home had been serviced and maintained as required. Records were available confirming gas and electrical appliances complied with statutory requirements and were safe for use. When we undertook this inspection visit the homes electricians were servicing the homes hard wire system which is a statutory requirement to ensure the building is safe. Equipment including wheelchairs and moving and handling equipment (hoist and slings) were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found water temperatures were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

Throughout our inspection visit we observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people living at the home. We saw call bells were answered quickly and people requesting help were responded to in a timely manner. For example we saw people requesting to go to the toilet were provided with assistance promptly. We noted staff were able to support people without feeling rushed and were kind and patient. People living at the home told us they were happy

with staffing levels and staff were available when they needed them. One person said, "The staff here are lovely people and cannot do enough for you. They are always available when you need them."

Observation of training records and discussion with staff members confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us the service had a whistleblowing procedure and they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. The registered manager knew what procedures had to be followed if abusive practices or concerns about poor care were brought to her attention.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before one new staff member commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks are required to identify if people have a criminal record and are safe to work with vulnerable people. The application form completed by the new employee had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions. These checks were required to ensure new staff were suitable for the role for which they had been employed. When we undertook this inspection visit the new staff member was completing their induction training.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to check that people had

Is the service safe?

received their medication as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed medicines being administered at lunch time. We saw medicines were given safely and recorded after each person had received their medicines. The staff member informed people they were being given their medication and where required prompts were given.

When we undertook this inspection visit no controlled drugs were being administered by the service. Discussion with the registered manager confirmed she had procedures in place for controlled drugs to be handled safely.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. Although a key pad was in place on the front door for security reasons most people had the combination so they could leave the home when they chose. One person we spoke with said, "The home is situated in such a lovely location with beautiful views of the bay. It's nice to be able to go out and enjoy the scenery."

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received thorough induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work they undertake. One staff member said, "I haven't been working at the home very long and I am still completing my induction training. I am really enjoying it and the manager and other staff members have been very supportive."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. Most had achieved or were working national care qualifications. People we spoke with told us they found the staff very professional in the way they supported them and felt they were suitably trained and supervised.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

We found the staff team understood the importance for people in their care to be encouraged to eat their meals

and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People in the lounges had jugs of juice within easy reach to have a drink when required. Throughout the inspection we saw staff asking people if they required a drink.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. All the meals were plated up to look attractive and different portion sizes and choice of meals were provided as requested. People who required special cutlery to eat their meals had been provided with these. We saw people were able to eat independently and required no assistance with their meal. The staff were attentive but did not rush people allowing them sufficient time to eat and enjoy their meal. We observed tables were not cleared until everyone had finished their meal. This meant people who were slow eaters did not feel under pressure and were allowed to eat their meal at their pace. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

We spoke with the cook who demonstrated she understood the nutrition needs of the people who lived at the home. When we undertook this inspection there were two people having their diabetes controlled through their diet. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook told us she was informed about people's dietary needs when they moved into the home and if any changes occurred. The cook informed us people were provided with the menu for the day at breakfast time at which time alternative meals could be requested if required.

People spoken with after lunch told us the meals were very good. One person said, "I have never been so well fed. The food is lovely and I really look forward to meal times." One person visiting the home said, "My [relative] really enjoys her meals. They get a three course meal every day, alternative meals offered and a good selection of sweets."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The

Is the service effective?

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection the registered manager had completed two applications to request the local authority to undertake (DoLS) assessments for two people who lived at the home.

This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. For example we saw on one care plan the person had regularly attended hospital appointments with support of a staff member. The outcome of the appointment was recorded on the care plan and any changes required to their care.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. One person said, "I looked around a number of homes before I chose this one. I am very happy and settled. The staff are lovely people who will do anything for you." One person visiting the home said, "The minute I walked into this home it felt so homely. I wanted the best for my [relative] and I got it. They have provided everything I expected and more. The staff are lovely caring people. It's a pleasure to visit."

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they were receiving the best possible care.

We looked at care records of two people. We saw evidence they had been involved with and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

Throughout the inspection visit we saw people had freedom of movement both inside and outside the building and were able to make decisions for themselves. We observed routines were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas.

Staff had an appreciation of people's individual needs around privacy and dignity. They told us that it was a high priority. Staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards the people in their care and treated them with respect.

Whilst walking around the home we observed staff members undertaking their duties. We noted they knocked on people's doors and waited for an answer before entering. We spoke with people about how staff respected their privacy. One person, "There are absolutely no issues whatsoever with respecting our privacy. They always knock on my door and I am always glad to let them in."

The people we spoke with told us they were able to make decisions for themselves and be involved in planning their own care. They said they were encouraged to retain their independence and do as much for themselves as possible. One person we spoke with was very clear about how they wanted their care to be delivered, which meant caring for themselves. The person said, "I cannot think of anything worse than having everything done for me. I am very independent and like to do as much as I can while I can."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person visiting the home said, “The staff have responded to my [relatives] care needs brilliantly. They look a completely differently person to the one who moved into the home. I firmly believe they have saved my [relatives] life.”

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed with them and had identified what support they required and how they would like this to be provided. We saw people had been at the centre of planning and decision making about their care and the support provided had been tailored to meet their unique and individual requirements. One person we spoke with said, “They do talk to us about our care and are constantly asking if we are happy.”

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People’s likes, dislikes, choices and preferences for their daily routine had been recorded. The care plans had been signed by staff confirming they had read them and understood the support people required. We found the care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly.

The daily notes of one person showed how the staff had responded to an identified weight loss. The person had

received a visit from their General Practitioner (GP) who then made a referral to a dietitian. The person’s records confirmed their food and fluid intake had been monitored and the person’s weight was returning to normal.

People informed us they participated in a wide range of activities which kept them entertained and occupied. The activities were undertaken both individually and as a group. These included film, music and games afternoons. In addition the service had a computer in the lounge with a built in camera. Each person had their own email account and could log on and speak to family members at their convenience. The registered manager informed us the computer was also used for reminiscence recall sessions. These included looking at areas where people had lived when they were younger and fashions including wedding dresses. One person visiting the said, “I always visit on a Wednesday afternoon when these sessions are being held. It’s fascinating listening to the conversation and laughter which is generated.”

The registered manager had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to the staff or the management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, “None of us have anything to complain about. The meals are excellent, the staff are lovely and we have really good activities to keep us entertained. There should be more homes like this one.”

Is the service well-led?

Our findings

Comments received from staff, people being supported and visiting relatives were positive about the registered managers leadership. One member of staff said, “The manager is approachable, very fair and understanding. We all know our role and what is expected of us. She makes me feel appreciated and I really enjoy coming to work.”

Another staff member said, “The manager is very organised and the home is well run. I am provided with the training and tools I need to do my job.”

People visiting the home said there was a relaxed atmosphere and they always felt welcome by the registered manager and her staff. One person said, “I have to say it is a pleasure to visit the home. The staff are very welcoming and friendly. I get on very well with the manager who I find is a compassionate and very supportive person.”

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. People told us the atmosphere was relaxed, fair, and open. One person visiting the home said, “The staff are really organised and go about their work with no fuss.”

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

We found the registered manager had sought the views of people about their care through meetings and surveys. We looked at a sample of surveys recently completed. The feedback provided was positive with comments about the care provided, friendliness of staff and quality of food. We saw in the minutes of a residents meeting held in May 2015 two new people had been welcomed into the group and informed about the various activities available to them.

Staff meetings had been held to discuss the service being provided. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. We also saw the registered manager had discussed the standards she expected from her staff team for compliance with future CQC inspections.