

Craighaven Limited

Craighaven Care Home

Inspection report

4 Heath Terrace
Leamington Spa
Warwickshire
CV32 5LY

Tel: 01926429209

Date of inspection visit:
08 July 2019

Date of publication:
08 August 2019

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:

Craighaven Care Home is a residential care home providing personal care and accommodation for up to 35 adults aged 65 and over living with dementia. At the time of our inspection visit there were 32 people receiving care. The care home is a four-storey building and care and support is only provided in areas located on the ground and first floors.

People's experience of using this service:

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. They were supported to obtain advice from healthcare professionals when required.

People were supported to have their medicines as prescribed. Best practice had not always been followed with regard to management of some medicines. However, improvements were made straight after our visit.

Staff had training to meet people's needs and the registered manager shared guidance with staff on how to support people effectively.

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 were treated with dignity and their independence was promoted wherever possible. They were encouraged to take part in activities which interested them.

People were involved in planning their care with support from staff. People and their families understood how to complain if they wanted to. The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required. There were checks in place to ensure good standards of care were maintained.

Rating at last inspection:

The last rating for this service was requires improvement (published 18 July 2018).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

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.

Craighaven 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: There was one inspector and an assistant inspector in the inspection team.

Service and service type: Craighaven 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.

The service had a manager registered with the Care Quality Commission, they are also the nominated individual. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did before the inspection: We looked at the information we held about the service and used this to help us plan our inspection. We checked records held by Companies House. 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.

During the inspection: We spoke with four people who used the service and two visitors, who included relatives, about their experience of the care provided. We spoke with seven members of staff including the owner of the service, registered manager, assistant manager, deputy manager, senior care worker and care workers. We also spoke with a health care professional about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors. We used the 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 reviewed a range of records. This

included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Information in care plans guided staff on how to support people safely and staff understood how to reduce the risks to people's safety when supporting them. Plans included personal emergency evacuation plans, to ensure people could be supported to exit the building in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person told us they felt safe because, "Night staff come quickly if I need them."
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their obligation to report their concerns to the relevant authorities and had sent us statutory notifications to inform us of any events that placed people at risk.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed.
- The assistant manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been assessed as competent supported people with their medicines.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.
- Medicine errors were recorded, however, it was difficult to see what learning had taken place following events. The registered manager explained what action had been taken to ensure risks to people's safety were reduced and took action straight after our visit to improve recording.
- Best practice had not been followed for people who were supported to have medicine through a patch applied to their skin. Patches should be rotated around the body to minimise the risks of skin irritation, but there was no process to record where the patch had been applied. This meant there was a risk they could be applied again in the same place and cause the person to have a bad reaction. We discussed this with the registered manager, who updated their recording practices straight after our visit, to minimise any risks to people's health and well-being.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The registered manager reviewed information to identify if any changes were required to people's care needs to keep them safe.

Preventing and controlling infection

- People told us care staff wore personal protective equipment when personal care was given. One person told us, "You won't get an infection here, they (the care staff) are so clean."
- Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment. They also worked with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. One member of staff told us, "We've received extra training, for example, about new drugs and medical conditions such as anaphylaxis." The registered manager explained they regularly liaised with their external trainer to ensure staff training incorporated areas they felt staff required additional support, such as in-depth dementia training.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they received supervision and feedback on their performance from senior staff.
- Staff were encouraged to study for nationally recognised care qualifications and progress to more senior roles.

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

- People told us they received choices in the food and drinks offered. One person told us, "The food is excellent and drinks and snacks are available."
- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being.
- People received the support they needed to eat and drink at mealtimes. Meal times were relaxed and people ate in the dining room or elsewhere in the home, according to their preferences.
- The registered manager explained they had recently introduced a breakfast trolley which encouraged people to try new foods. For example, watermelon was offered in hot weather to support people to maintain their fluid levels. A member of care staff told us, "It gives people choices to eat and enjoy food."

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live

healthier lives, access healthcare services and support

- People had been referred to other healthcare professionals to promote their wellbeing, such as the GP and occupational therapist for further advice.
- A health care professional we spoke with told us they had positive relationships with staff. They explained staff were good at seeking advice in a timely way, to support people's well-being.

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

- The service was a four-storey building containing 34 en-suite bedrooms, one of which was a double bedroom, located on the ground and first floor. There were communal facilities such as, lounges and dining rooms. Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheelchairs. The upper floors were accessible by stair lift or stairs. There was a courtyard garden in the centre of the home, where people could socialise and spend time if they wished. This was accessible to everyone because it was level access with ramps.

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).

- Staff were working within the principles of the MCA. People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions.
- Best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- Staff obtained people's consent and supported people to make decisions in their best interest. One member of staff explained how they obtained consent by talking with people in a way that suited them, so they could understand the support they were receiving and this improved their wellbeing.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still 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 and their relatives told us they felt staff cared about them. Two people told us, "Staff look after people and give them comfort, they know how to support people" and "They look after you well here. I've never been left alone"
- Senior staff team explained how they had worked hard to create a safe environment where people could thrive. Staff shared the management's caring ethos and told us, "Care is based around the person, what they need and what makes them happy."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- There was a keyworker programme in place. People told us key workers knew them well and worked with them on an individual basis to support them to achieve their goals. One member of staff explained how they were supporting one person to have curtains instead of blinds in their bedroom, as they preferred.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff supported people in a discreet way and took them to a private place before helping them with personal care.
- People explained care staff helped them to remain independent. One member of care staff explained how they supported people to get ready in the morning and how they encouraged people to wash and dress themselves if they were able.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff knew them well and were positive about how responsive staff were to their needs. One person said, "Staff know what I like."
- Care plans contained personalised information and gave direction to staff that was specific to each individual.
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support.
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented and told us these were carried out regularly.

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. People's communication needs were identified, recorded and highlighted in care plans. The registered manager told us if people needed information in particular formats, they would ensure these were made available.

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 engaged in activities that were meaningful to them. One person explained how they were encouraged to exercise, they said, ""Staff do exercises with you if you want." A visitor told us, "There's plenty going on in the day."
- There were planned activities within the home, these included visiting entertainers, Zumba armchair exercises, pizza making and visiting church services. A member of care staff told us they created individual newspapers for people including quizzes tailored to people's interests, which they supported people to complete.
- Care staff explained how they tailored activities for people who were cared for in bed, for example a sensory activity such as reading to them.
- During our visit the weather was hot and staff supported some people who chose to enjoy ice-creams. The registered manager explained how staff had focussed on improving activities available for people, because it helped, "People to be more independent."

Improving care quality in response to complaints or concerns

- We viewed records of complaints made about the service. One complaint had been made in the last 12

months. The complaint had been dealt with according to the provider's policy and resolved to the complainant's satisfaction. A visitor told us, "If we have any concerns we go to the manager and they take action."

- The provider's complaints procedure was accessible to people in a communal area.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- Care staff were trained to support people at the end of their lives, when required. The registered manager explained how care staff would work alongside other organisations, such as community nurses, to provide responsive end of life care.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been improvements made since our last inspection visit. For example, events which called into question people's safety were better managed. However, changes were required in the way medicine errors were recorded, because it was difficult to see what learning had taken place following events. The registered manager explained what action had been taken to ensure risks to people's safety were reduced and took steps to improve how these actions were recorded straight after our visit.
- People were positive about the leadership of the service. One visitor explained senior staff acted if there were any issues. One person told us, "It is all managed brilliantly. It is a first-class service and I am so pleased to be here."
- Staff told us they felt supported by each other and by senior staff. Care staff told us, "The management is transparent, I know what's going on" and "We have good team work and communication with each other. We are well supported by the management team." The registered manager explained they valued staff and always passed on feedback to improve the service.
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- The registered manager understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely. The provider information return sent to us by the registered manager, reflected our findings of the service during our inspection visit.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. The most recent survey was completed in May 2019 and there had been 14 positive responses. The registered manager had shared the results with people and highlighted areas for improvement. For example, one person had complained fans used in hot weather were noisy, so new quieter fans had been purchased.

Continuous learning and improving care

- We found the provider had made improvements to the way it monitored the quality of the service. Checks were carried out by senior staff on a range of issues, including medicine records and care plans. Records showed actions were taken to make improvements to the service, following the checks.
- Staff meetings and newsletters were utilised to communicate updates and required changes to staff. Staff told us they were encouraged to make suggestions for improvements to the service. Care staff told us, "We discuss how to work with people in an individualised way, for example, personalising activities" and "The management team listen to ideas and take action to do what's best for people." All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Working in partnership with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.