Craighaven Limited

Craighaven Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this service on 15 April 2015. The inspection was unannounced. At our previous inspection in December 2013, the service was meeting the regulations.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provides accommodation and personal care for up to 35 older people who are living with dementia. Thirty one people lived at the home on the day of our inspection.

There were policies and procedures in place to minimise risks to people's safety. Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. The registered manager assessed risks to people's health and welfare and wrote care plans that minimised the identified risks.

There were enough staff on duty to meet people's physical and social needs. The registered manager checked staff's suitability to deliver personal care during the recruitment process. The premises were regularly checked to ensure risks to people's safety were minimised. People's medicines were managed, stored and administered safely.

Summary of findings

Staff understood people's needs and abilities because they read the care plans and shadowed experienced staff until they knew people well. Staff received training and support that ensured people's needs were met effectively. Staff were encouraged to reflect on their practice and to develop their skills and knowledge, which improved people's experience of care.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was subject to a DoLS at the time of our inspection, but the manager had sought advice from the local authority head of DoLS and was in the process of applying for a DoLS for each person who lived at the home. For people with complex needs, records showed that their representatives or families and other health professionals were involved in making decisions in their best interests.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs and staff understood the importance of helping people to maintain a balanced diet.

Staff were attentive to people's moods and behaviour and understood when to implement different strategies to minimise people's anxiety. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health or when their needs changed.

People and their relatives were involved in planning and agreeing how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences and care plans were regularly reviewed.

The provider's quality monitoring system included regular checks of people's care plans, medicine administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

People who lived at the home, their relatives, staff and other health professionals were encouraged to share their opinions about the quality of the service. The provider and manager took account of others' opinions to make sure planned improvements focused on people's experience.

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.

Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The registered manager checked staff's suitability for their role before they started working at the home. Medicines were stored, administered and managed safely.

Good

Is the service effective?
The service was effective.

People were cared for and supported by staff who relevant training and skills. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards. People's cultural, nutritional and specialist dietary needs were taken into account in menu planning and choices. People were referred to other healthcare services when their health needs changed.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate towards people. Staff knew people well and respected their privacy and dignity. Staff promoted people's independence, by encouraging them to make their own decisions.

Good

Is the service responsive?
The service was responsive.

People and their families were involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes. Staff supported and encouraged people to take an interest in their surroundings and their community. People were confident any complaints would be dealt with promptly.

Good

Is the service well-led?
The service was well led.

People, their relatives and other health professionals were encouraged to share their opinions about the quality of the service which ensured planned improvements focused on people's experiences. The provider's quality monitoring system included checking people received an effective, good quality service that they were satisfied with.

Good

Craighaven Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 15 April 2015 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of residential care service.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with four people who lived at the home and five relatives. We spoke with the registered manager, the deputy manager and four care staff. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us the service was good and they felt safe. One person told us, "I feel very safe in the daytime and at night." Relatives we spoke with were confident that that their relations were safe at the home. We saw that people were relaxed with staff and spoke confidently with them, which showed people trusted the staff.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. We saw certificates for staff's safeguarding training were displayed in the hallway. Care staff told us they felt encouraged by the whistleblowing policy to raise any concerns. A member of care staff told us, "If I saw things that shouldn't happen, I would have to challenge staff and report it. I could blow the whistle to the manager or CQC." The manager had not needed to make any referrals to the local safeguarding team.

The provider's policy for managing risks included assessments of people's individual risks. In the three care plans we looked at, we saw the manager assessed risks to people's health and wellbeing. Where risks were identified, people's care plans described how staff should minimise the identified risks. For example, the manager checked risks to people's mobility, communication and nutrition and described the equipment needed and the actions staff should take to support people safely. Care staff were knowledgeable about people's individual risks and recent changes in people's needs. A member of care staff told us, "When people exhibit challenging behaviour we log it and phone their GP. People can get angry because they don't understand things." The care plans we looked at showed people's risk assessments were regularly reviewed and updated.

We saw staff recorded incidents, accidents and falls in people's daily records and kept an ongoing log for analysis. Records showed the manager analysed falls by the person, the location, time, outcome and action taken. Records we looked at showed the actions taken by the staff and manager. Any necessary changes to minimise the risks of a re-occurrence were included in the person's updated care plan.

Records showed that the provider's policy for managing risk included regular risk assessments of the premises and emergency plans for untoward incidents. The manager told us they had recently had a fire risk assessment by an external specialist. They were awaiting the written report, but had already taken action in accordance with the specialist's recommendations, to ensure emergency exits were clear. Records showed the fire alarm, water and electrical systems were regularly checked and serviced. All staff received health and safety, first aid and fire training to ensure they knew what actions to take in an emergency.

People we spoke with told us there were enough staff to support them with their needs. Relatives told us staff levels were the same at weekends as during the week, which gave them confidence their relation's needs were always met. On the day of our inspection, we saw there were enough staff to support everyone according to their physical and emotional needs. Care staff told us staffing levels ensured they had time to get to know people well, and they had time 'set aside' to do care plan reviews and training. Care staff told us, "There is always someone around to help" and "I think there are enough staff and they are reliable."

The manager showed us records of the checks they made of staff's suitability for the role before they started working at the home. The manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. This showed that staff were recruited safely, which minimised risks to people's safety.

The deputy manager showed us how they managed and administered medicines safely. We saw medicines were kept in locked cabinets in a locked cupboard. Medicines were delivered from the pharmacy in 'bio dose' pots, which were marked with the name of the person, and the time of day they should be administered. Care staff we spoke with knew which medicines needed to be kept in the fridge and they regularly checked that the fridge operated at the recommended temperature. A member of staff told us, "The biodose system works fine." Care staff told us only trained staff administered medicines and there was a named responsible person for each shift.

The medicines administration records (MAR) we looked at were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions. Staff recorded when medicines were not administered and the reason why not. For example, if a person declined to take them or the GP changed their

Good

Is the service safe?

prescription. The deputy manager told us if a person's prescription was changed, "The chemist will collect their biodose tray and change the contents and return it the same day." The deputy manager told us they checked that medicines were administered as prescribed by checking the date and time of the biodose pots in the cabinets and by counting tablets and measuring liquid medicines twice a week. The deputy manager told us, "The biodose system has reduced the time it takes to administer medicines and minimises risks of errors."

Good

Is the service effective?

Our findings

People told us the staff were very good and supported them according to their needs and abilities. One person told us, "It's brilliant." One relative told us they thought the service was very effective, because they had noticed improvements in their relation's moods, appetites and appearance since they moved into the home. We saw staff knew people well and supported them appropriately with their physical and social needs.

We found people received care from staff who had the skills and knowledge to meet their needs effectively. A member of care staff told us they had an induction programme which gave them confidence in their role. They told us, "In my induction I learnt about the standards, the call bells, medicines, had training and observed experienced staff." Records showed that staff received training that was appropriate to people's needs. Staff told us the training gave them the skills and knowledge they needed. For example, a member of care staff told us some people's moods and behaviours changed at dusk. They told us they were aware of this and knew how to respond, because they had received relevant training. A relative told us, "I especially like the fact that the home specialises in dementia care", because they were confident staff had the appropriate skills and knowledge to support their relation.

Staff told us they felt supported and were encouraged to consider their own professional development. Staff said they had regular one-to-one supervision meetings and appraisals with their line manager. A member of care staff told us, "The manager is brilliant for any problems. You can always go to [Name] or the deputy. They are really supportive." Another member of care staff told us, "I am halfway through a qualification in health and social care. The manager arranged it for me. At my appraisal she asked, 'where do you see yourself in 5 years' time?' I said 'here'."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Care staff we spoke with understood the requirements of the MCA. Staff asked people how they wanted to be cared for and supported before they provided care. A member of care staff told us, "People's capacity depends on the situation and their mood. Their GP, managers and families discuss decisions in their best interests." Two of the care plans we looked at were signed by the person's nearest relative, which evidenced that that they had been involved in discussions about how the person should be cared for and supported.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. The registered manager understood their responsibility to comply with the requirements of the Act. The registered manager told us they were in the process of applying for a DoLS for everyone who lived at the home, in accordance with advice they had obtained from the local authority head of DoLS. The registered manager said they would notify CQC if the applications were approved.

People and relatives told us the food was very good and they always had a choice. Two people told us, "The food is excellent." A relative told us, "[Name] now eats well. I have seen them eating cooked breakfasts, which they do not normally do" and "All the meals are freshly cooked and look nutritious." We saw the daily menu, with a choice of meals, was on display in the hallway, to inform visitors. The menu was displayed in words and pictures outside of the kitchen, where people who lived at the home could see it. The manager told us there was a four week rolling menu that changed with the season and could be varied according to people's preferences, moods and suggestions. The manager told us, "We play a game of 'foods we remember' to inspire menu choices" and "We try to do seasonal eating. I phone the greengrocer and take recommendations for what is in season, fresh and in abundant supply."

At lunchtime we saw the food was presented to look appetising. There was a choice of meals. When staff asked people which meal they would like, they showed people both plates, to assist their decision making. Staff were patient and gave people enough time to consider which meal they preferred. Most people ate independently, but some people needed assistance from staff. We saw there were enough staff to assist people one-to-one if they needed it. Staff sat beside those people, verbally encouraging them. The meal was unhurried and staff gave people time to savour and enjoy their meal. All the care staff we spoke with knew and were able to explain people's dietary requirements. The care plans we looked at included a list of people's food preferences, needs and allergies, to

Good

Is the service effective?

ensure people were supported to maintain a diet that met their needs. We saw that staff recorded how much of their meal people ate, so they could monitor people's appetites and nutritional intake.

The manager showed us how they were assured that food was stored, prepared and served safely. We saw staff kept records of the fridge and freezer temperatures and the temperature of food supplies on arrival and before meals were served. We saw the chef kept records to show the kitchen was cleaned according to an agreed schedule. The local environment health officer had awarded the service the top rating of 'five' for hygiene.

People told us they were supported to maintain their health. One person told us, "If we need the doctor, optician, or other services we just ask and we are well looked after." Records showed that staff kept a record of other health professionals' visits and their advice, and shared information at handover. Care staff we spoke with knew who was currently under the care of the doctor, district nurse or dietician and the advice they had given, which meant they understood people's healthcare needs. Staff told us the doctor visited the home every week, which encouraged them to share any small concerns about people's health straight away.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. They told us the staff were kind and thoughtful. One person said, "I am comfortable. I sleep well and have made new friends. The staff are brilliant." One relative told us their relation was, "Much happier and relaxed" since they moved into the home. Another relative told us the care their relation received from the manager and staff was, "Exceptional."

Care staff we spoke with were knowledgeable about people's lives and histories. Care staff told us their knowledge helped them understand people's anxieties and behaviours. We saw staff understood people who were not able to communicate verbally and supported them with kindness and compassion.

A relative told us they had been involved in care plan discussions, which enabled them to share information about their relation's life. The care plans we looked at included a section entitled, "Getting to know you", which included the person's religion, culture, personal attributes, personality traits, family and significant events. Care staff told us this helped them to understand the person and to get to know them as an individual.

Care staff told us they had training in equality and diversity. Care staff said their colleagues from different cultural backgrounds helped them to understand how to support people according to their own customs and social expectations, which supported their training. We saw staff applied their knowledge effectively so that people were addressed in the culturally respectful manner they were accustomed to and expected. A member of care staff told us, "We are here to look after people. They need to be respected."

Most people were not able to tell us how they were involved in agreeing their care plan, because of their complex needs. However, the care plans we looked at demonstrated people and their representatives had been asked how they would like to be cared for and supported. We heard staff asking people whether they wanted to be supported throughout the day. Care staff understood that some people were unable to respond verbally, but they understood people's response through their body language and facial expression. A member of care staff told us, "Because we get to know people, their body language tells us."

We saw staff respected people's privacy and promoted their dignity. For example, staff knocked on people's doors before entering and spoke discretely when offering personal care. Care plans we looked at included information about people's preferences for physical and emotional privacy, which ensured staff knew how to engage appropriately with each individual. Staff kept people's personal information and records in a locked cabinet so only staff could access them. Relatives we spoke with told us they felt welcome to visit at any time and staff treated them and their relations with dignity and respect.

Good

Is the service responsive?

Our findings

People told us they were cared for and supported in the way they wanted. They told us that care staff understood them and knew what they liked and disliked. One relative told us they were involved in care planning when their relation moved into the home. Another relative told us they were invited to a meeting to discuss how a keyworker would support their relation.

A member of care staff told us a keyworker was responsible for the person's welfare and was the main contact with the person's families or representatives. They explained, "I review their care plans, check their mobility, and their welfare. I make sure their clothes are okay. I share information with other staff about things like sore patches. I make sure families are happy with their relation's care." This meant that each person had a dedicated member of staff to speak up for them and represent their interests at home.

In the "Getting to know you" section of the care plans we looked at, we saw people's likes, dislikes, preferences, hobbies and interests were recorded. People's preferences for physical contact, such as, "Loves a cuddle" or "Not receptive to physical contact," were also recorded. Care staff told us these details helped them to understand the person and how they might respond to different approaches. Relatives we spoke with told us their relations had 'improved' since they moved to the home, because staff understood how to engage with and respond to them.

Care staff told us that some people liked to be involved in household tasks such as shopping, preparing meals and cleaning up afterwards. One member of care staff said, "[Name] likes to wash and dry up, she enjoys it." We saw staff spent time encouraging people to take an interest in their surroundings and to take part in social pastimes. During the afternoon, some people played cards with staff, some people played floor skittles and another person did a floor puzzle with a member of staff. We saw that some people were content and relaxed watching the activity in the room and another person was busy tidying up. Everyone we saw was engaged and involved according to their abilities and preferences. A relative told us, "[Name] has not been so happy. [Name] is more alert and even takes part in activities which we could not get them to do for years".

Care staff told us the information they shared at the shift handover was detailed enough to let them know how people were and whether there were any changes in people's needs and abilities. Records we looked at included information about people's moods, appetites, whether anything was 'unusual' and if visits from other health professionals were booked or had taken place.

A member of care staff told us, "We document everything and keep records of falls, hospital visits and whether people need to be charted." Records showed staff kept food and fluid charts when people were unwell, and weighed people more frequently if their appetite decreased, so they could monitor any changes and take appropriate action. The care plans and risks assessments we looked at were regularly reviewed and updated when people's needs changed.

Two people we spoke with told us they knew which staff to complain to, if they ever needed to complain. There was a copy of the provider's complaints policy and procedure in the hallway for anyone to read. We saw the registered manager had a file ready to record complaints and the actions taken to resolve them, but no complaints had been received. The manager showed us the cards and compliments they had received from more than 20 relatives and a social worker. The compliments reassured the manager that people did not have any complaints about the service.

Good

Is the service well-led?

Our findings

The people we spoke with were happy with the quality of the service. We saw a letter that one person had written to the manager, expressing their satisfaction with the service. The person had written, "The staff are lovely. I'm feeling super". Relatives told us the service was consistently good. One relative said, "The quality of care is always the same. No matter what time of day I visit."

People and their relatives were encouraged to share their views of the service. Records showed that the provider invited them to take part in an annual survey and to make suggestions for improvements. The most recent survey showed that people were satisfied with the service. However, the manager had still created an action plan to improve people's level of satisfaction. The manager planned to deliver training to improve staff's awareness of the range of pastimes that people might enjoy. They also planned to make a 'staff introduction book' so people and their visitors would have a better knowledge of the staff's roles and responsibilities.

The manager told us they had tried to arrange group meetings for people, with support from their relatives. The manager told us, "I have tried to have whole home meetings, and always ask in the survey, but families say 'no thank you'." Relatives told us they were satisfied with communications between the manager, staff and themselves. They told us they were invited to care plan review meetings.

The manager demonstrated the skills of good leadership. They told us they were not always office based, but worked on the floor with staff. They told us this was invaluable as they could observe staff and, "I can pick up problems straight away." A member of care staff told us they thought the service was well led because the manager was, "Very approachable." Another member of care staff told us, "The manager tells me when I am doing a good job. We have staff meetings and learn by listening to what other staff think."

We saw copies of memos and newsletters that the manager sent to staff with reminders about their responsibilities and guidance about delivering safe and effective care. Care staff told us they were clear about their responsibilities. One member of care staff said, "Shift leaders make decisions, check all tasks are completed, check medicines and make sure everyone and the staff are happy."

The most recent staff satisfaction survey showed that all the staff that responded to the survey thought the manager was approachable, set a good example and gave them clear instructions. Staff said they were confident to raise issues and felt their concerns were addressed appropriately. Where staff had made comments about equipment and furniture, the manager had taken prompt action to resolve the concerns. For example, some chairs had been replaced in the lounge and staff had been given up-to-date training in the use of equipment they said they did not feel confident with. Care staff we spoke with told us they liked working at the home. They told us, "It's a lovely place to work. The staff are all friendly" and "It's happy here. I like it here."

The quality monitoring system included monthly checks by the manager that care plans were regularly reviewed and that staff kept up-to-date and accurate records of care. We saw the manager shared the results of their checks with staff, so staff knew what actions they needed to take to improve. The manager checked that staff recorded accidents and incidents, which enabled them to analyse the causes. Accidents and incidents were logged by name, time and location to identify patterns or trends. Records showed the actions taken to minimise the risk of a re-occurrence and stated when they should be reported to an external agency. The registered manager had sent us statutory notifications about important events at the home, in accordance with their legal obligations.

The provider made regular quality monitoring visits to the home. They looked at records, asked staff what they thought about the home and made sure external agencies were booked to maintain the building and essential supplies. The provider checked each room of the home and made plans for part or full refurbishment work for each room to maintain the quality of the home.