

Mr B Hinde

Craigneil Residential Home

Inspection report

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Tel: 01524831011

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01 April 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 June 2015. After that inspection, we received concerns in relation to staffing levels, people's safety and the management of the service. An additional concern raised was people did not have the opportunity to participate in organised activities. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those/this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (Craigneil Residential Home) on our website at www.cqc.org.uk

We carried out an unannounced focused inspection of the service on 01 April 2016.

Craigneil is a two-storey building situated on Marine Road in Morecambe and faces the promenade. The home is registered to provide accommodation for a maximum of fifteen people who require nursing or personal care. At the time of the visit, 14 people lived at the home.

The service had 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 this inspection, staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

The provider had recruitment and selection procedures in place to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service.

Staff responsible for assisting people with their medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and appropriate arrangements for storing medicines were in place.

Comments we received demonstrated people were satisfied with the care they received. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care.

People had the opportunity to participate in a range of activities.

A complaints procedure was available and people we spoke with said they knew how to complain. Staff spoken with felt the registered manager was accessible, supportive and approachable and would listen and act on concerns raised.

The registered manager was unavailable on the day of our inspection. We spoke with the registered manager after the inspection visit.

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 had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff who were aware of the assessments in place to reduce potential harm to people.

There were enough staff available to safely meet people's needs, wants and wishes.

Medicines were managed in a safe manner.

Good ●

Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider delivered activities to stimulate and maintain people's physical and social health.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Good ●

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 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.

We undertook an unannounced focused inspection of Craigneil Residential Home on 01 April 2016. This inspection was done as we had received several concerns. These related to staffing levels, people's safety and the management of the service. An additional concern was people did not have the opportunity to participate in organised activities. The team inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service responsive?'

The inspection was undertaken by one adult social care inspector.

As part of our inspection process, 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 observed how staff interacted with people who lived at the home. We observed how people were supported during meal times and during individual tasks and activities.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. At the time of our inspection there were no safeguarding concerns being investigated. This helped us to gain a balanced overview of what people experienced accessing the service.

We spoke with a range of people about the home. They included the provider, the registered manager, the deputy manager, five people who lived at the home and four staff members. We spoke with two visitors and a visiting health professional. We checked documents in relation to 14 people who lived at Craigneil Residential Home and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home. We reviewed all accidents and incidents that had occurred in the three months before we inspected. We had a walk around the home, observed the décor and

inspected how well the home was maintained. We observed a quiz taking place during our inspection and asked people about the range of activities available.

Is the service safe?

Our findings

We visited the home as we had received information of concern about people's safety and insufficient staffing levels. We arrived, unannounced, early in the morning before most people had been supported downstairs. We did this to check people were safe moving from the first floor to the ground floor.

During this inspection people we spoke with told us, they felt comfortable and safe when supported with their care. Observations made showed people were comfortable in the company of staff supporting them. One person who lived at the home told us, "They look after us ok, that's their main job. I feel safe with them." Individuals visiting the service told us they had no concerns about their friend's safety. We were told, "People are safe here. I've been in a few nursing homes, this is one of the best."

On the day we visited, we found the stair lift was broken. We were told the stair lift had broken the day before and they were waiting for an engineer to come and fix it. The engineer was due to attend that day. Several people and staff we spoke with confirmed the stair lift had broken the day before. Records seen showed the stair lift had been serviced recently. We observed staff guide people down the stairs. They walked ahead and offered verbal prompts to keep people safe. One person told us, "They won't let me go up and down on my own." We spoke with the registered manager after the day of the inspection, they told us, "Everyone who lives here is assessed to see if they are able to use stairs before they move in." On the day we visited, everyone who lived at the home were able to walk down the stairs with support. One person had chosen to remain upstairs and have breakfast in their room. The engineer attended as planned and fixed the stair lift that afternoon.

During the inspection, we undertook a tour of the home. We found the home to be clean, tidy and well maintained. We observed staff made appropriate use of personal protective equipment. For example, they wore gloves when necessary. The front door and back door had key code locks. There was an additional fire exit, which was also locked with a key code. In the event of a fire, the key codes on the doors would be automatically overridden and the doors released. There was a ramp at the back of the building, which allowed people wheelchair access into the home.

We shared with staff the concerns we had received that people had left the home unsupported and were at risk. One staff member told us, "If people go out, they go out with us, or with family." They further commented, "We even go with people when they put bread on the bird table." A second staff member said, "I don't believe people are going out alone. I don't know how they would with the codes on the door." People we spoke with who lived at the home told us they never went out alone. The registered manager told us they would support people to go out alone if they wanted to and it was safe to do so. They commented, "It can be detrimental to someone's care to keep them in."

We spoke with the deputy manager on how they managed accidents and incidents. We looked at records that related to accidents and incidents. We saw documentary evidence investigations had taken place regarding accidents. For example, one person had tests to see if there were underlying medical problems for their falls. They had visited a consultant regarding changes in their health that had resulted in several falls. A

second person had a bed sensor fitted to indicate to staff they had gotten out of bed. This allowed staff to attend to the person and minimise the risk of a fall. This showed us the registered manager had systems in place to review and respond to accidents and incidents.

We looked at staffing levels. We viewed current and previous rotas and spoke with people who received support and staff. One person told us, "We do very well on the whole. Everyone is very kind and helpful." A member of staff told us, "We have had staffing problems, with people leaving. However, we always had a full complement of staff on each shift. Everyone was doing overtime. You can't just have anyone, you've got to be careful with people's lives." A second staff member confirmed, "We chipped in and did extra shifts. There was no bank staff, our own staff know the residents better." Bank staff are staff members who work as and when required. They can work in one home or in several homes.

We found call bells were positioned in bedrooms close to hand so people who lived at the home were able to summon help when they needed to. Throughout our inspection we tested and observed the system and found staff responded to the call bells in a timely manner. This showed staffing levels were sufficient to ensure people's requirements were met.

We observed care practices within the home. We found there was an appropriate skill mix to meet the needs of people who lived at the home. Staff knew what their role was based on what shift they were on. For example, the person on the early shift supported people with their morning routine and then completed several infection prevention tasks. The person on the all day shift supported people and then administered medicines. We saw the deployment of staff throughout the day was organised.

During the inspection, we observed medicines administration and identified this was carried out safely. The medicines were locked in a secured cabinet in a locked room when unattended. The staff member we observed administered people's medicines by concentrating on one person at a time. They never left any medicines unattended or the medicine trolley unlocked. The staff member had a good knowledge of each person they administered medicines to and how best to approach them. They asked if people wanted their medicines and if they required any additional pain relief medicines. Their responses were noted straight away on their medication administration recording form.

There was a clear audit trail of medicines received and administered. Related medicine documents we looked at were clear, comprehensive and fully completed. The staff member gave everyone a fresh drink when they administered their medicines. This showed the medicines were managed and administered safely.

Is the service responsive?

Our findings

We had received information of concern people were sat in chairs all day with no opportunity to participate in organised activities. A further concern was people were inappropriately supported to travel to appointments.

During this inspection we saw people were supported by experienced and trained staff. People received personalised care that was responsive to their needs. For example, one person who lived in the home told us, "Everyone is very kind and helpful. We only have to ask and they are there to help us."

On the day of our inspection, we observed a visit from a healthcare professional. The visit was part of an ongoing assessment of one person's needs. They visited to train staff on how to complete a medical procedure. This would ensure staff were responsive and delivered the appropriate care to meet their needs.

Concerns had been raised regarding people's safety when attending appointments. We checked what procedures were in place when someone required a hospital visit. We were told staff escorted people to the hospital. This ensured appropriate support was received from healthcare professionals. One staff member told us, "The registered manager will bring extra staff in for the appointment. We go in the ambulance or hospital taxi." A second staff member commented, "I make sure I take all the documents with me to the hospital. Sometimes I need to speak on behalf of someone if they have no capacity." We book transport for the hospital appointment or sometimes a person's family may want to take them."

One person who lived at the home told us about their last visit to the hospital, "An ambulance came and picked me up. I couldn't get there myself." The registered manager told us, "Wherever possible we use patient transport. The only time we don't use patient transport is to visit the dentist." They further commented, "Most of our residents are fit and able. If we can't get someone to the dentist, there is a domiciliary dentist who will visit here." This showed the registered manager had systems in place to respond to people's healthcare needs.

We looked at care records of 14 people to see if their needs had been assessed and consistently met. We found each person had a daily plan of care, which detailed the support they required. The plans held signed permission sheets and consent to care forms. The care plans were informative, and enabled us to identify how staff supported people with their daily routines and personal care needs.

A member of staff told us about the keyworker book. People have a member of staff who were identified as their keyworker. It is the keyworker's role to speak with the person each week to ensure they are happy with their care. All the comments we saw were positive. These included, 'Happy and contented', 'I'm alright, my daughter is very happy' and 'I'm ok. I enjoy playing dominoes.' We were told, the keyworker liaised with people's families regarding any issues that may affect the person.

We asked about activities at Craigneil Residential Home. We saw there was a timetable of weekly activities which included, 'Quiz', 'Bingo', 'Film afternoon' and 'Movement and Music.' We were told a lady from the

local health centre delivered the Movement and Music class. A friend of one person told us, "I've seen the woman who does the exercise class, she is very good."

The home had two lounges and one was known as 'the quiet lounge'. We sat with a group of people in the quiet lounge and asked about activities. One person told us, "We avoid activities, I'm 98 I don't want activities." Pointing to the other lounge a second person told us, "There are lots of activities in there." We asked if they ever participated in any activities and they told us it depended what was happening. A member of staff told us people who sat in the quiet lounge took part in some activities. They told us they enjoyed baking.

The quiet lounge overlooked Morecambe bay. One person told us, "You're never bored with this view." They further commented, "We see people." As we talked, people outside stopped and waved. Everyone in the lounge smiled, laughed and waved back. They told us about one lady who put her dog on the wall outside. She walked the dog along the wall so people sat inside could see it.

On the wall in the hallway we saw photographs of people who lived at the home wearing Easter bonnets/hats. This was part of a competition and everyone had participated in that activity. We asked about film afternoon. We were told this involved closing the curtains, having a choc-ice and watching an agreed film. The last film watched was Spartacus. The registered manager told us, "The Sound Of Music is a favourite, we have watched it several times." During our inspection, we observed a quiz taking place. Prizes were available and people had previously won chocolate and homemade crafts donated by staff. One staff member told us, "Anything we do we put it in the entertainment book. We try to encourage people to participate. If they don't want to do an activity, I go sit with them on a one to one and chat." The entertainment book held a record of all activities that had taken place in the home, and who had participated. This showed the provider delivered activities to stimulate and maintain people's physical and social health.

A complaints policy was visible on the notice board. The procedure was clear in explaining how a complaint should be made. 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. Staff were able to describe how they would deal with a complaint. They told us they felt able to make a complaint to the registered manager should they be required to.