

Mr B Hinde

Craigneil Residential Home

Inspection report

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Tel: 01524831011

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Craigneil Residential Home is a residential care home providing personal care to 14 people aged 65 and over at the time of the inspection. The service can support up to 15 people in one adapted building. The home has two lounge areas and a secure garden.

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

People told us they felt safe living at Craigneil Residential Home. Infection control processes were followed, and the home was suitably maintained to promote safety. Staff had a good awareness of people's needs and risk was suitably managed. Medicines were managed in line with good practice, however processes were not consistently embedded. We have made a recommendation about this.

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.

The provider understood the Mental Capacity Act (MCA) 2005. However, documentation did not always show the provider was working within the principles of the (MCA). We have made a recommendation about following good practice guidance related to the MCA.

People said they had access to a GP and other health professionals. Staff told us they had access to training and were supported in their roles. People said they were happy with the quality and choice of food provided at the home.

People told us staff were kind and caring. We observed staff treating people with dignity and respect. There was a light-hearted atmosphere throughout the home. Privacy was promoted. Relationships were developed and nurtured.

People told us they received person-centred care. They told us they were consulted with and able to contribute to their plan of care. Organised activities took place. No one had any complaints at the time of the visit but were confident complaints would be dealt with effectively. The registered manager understood the importance of providing person-centred end of life care.

Everyone we spoke with agreed the home was well-led. The registered manager was aware of their responsibilities and was committed to providing high-quality, person-centred care. Staff told us the home was a good place to work and morale within the home was high. Staff turnover was low. The registered manager had a system for monitoring quality and safety within the home.

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

Rating at last inspection

The last rating for this service was good (published 31 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Craigneil Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector visited the home to carry out the inspection.

Service and service type

Craigneil Residential 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. This means that they and the provider 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

Before the inspection we reviewed information we had received about the service since registration. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also sought feedback from the local authority contracts and commissioning teams, safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who lived at the home and one relative. In addition, we spoke with the registered manager, the deputy manager, two carers and a member of staff who worked as a cook and a housekeeper.

To gather information, we looked at a variety of records. This included care records related to two people, and six medicines administration records. We also looked at information related to the management of the service. These included audits, quality assurance documents and safety certification. We did this to check the management team had oversight of the service and to make sure the service could be appropriately managed.

We walked around the home and carried out a visual inspection and observed care interactions between people and staff.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely, and people received their medicines in line with good practice guidance. One person said, "They [staff] are good with our medicines. They always ask if we need anything for pain."
- The registered manager had introduced a new system for administration of medicines since the last inspection. They told us this decreased the possibility of errors being made. Staff confirmed they had received additional training to use the new system.
- Although good practice was considered and acted upon, we noted documentation in relation to medicines management was not always consistent. We found gaps upon medicines administration records for creams and ointments. In addition, hand written MAR's were not double signed to show additional checks had taken place.
- We discussed these concerns with the registered manager. They agreed to take immediate action. Following the inspection, we received confirmation that action had been taken and new processes were being introduced.

We recommend the registered manager reviews systems and processes to ensure medicines are consistently managed in line with good practice.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be implemented to keep people safe from harassment and abuse. People confirmed they felt safe living at the home. One person said, "I feel safe here."
- Posters were displayed around the home highlighting the principles of safeguarding vulnerable adults and whistle-blowing to promote awareness.
- Staff confirmed they had received safeguarding training and were aware of processes to follow, should they need to raise any concerns. One staff member said, "I've never seen anything that would be a cause for concern. If I did I would report it. It would be definitely dealt with by management and taken seriously." Another staff member said, "I wouldn't be afraid to challenge, [any bad practice.]"

Assessing risk, safety monitoring and management

- The provider had suitable systems for assessing, monitoring and managing risk. Individual risk had been assessed and plans had been implemented to keep people safe. We saw risk assessments were in place to manage the risk of falls, weight loss and people leaving the home unplanned.
- Although individual risk had been considered, we found good practice guidance relating to the safe usage of bed levers had not been consistently implemented. We highlighted this to the registered manager, who agreed to take immediate action.

Staffing and recruitment

- Staffing levels continued to meet people's needs. People and a relative told us they were satisfied with the staffing levels at the home. They told us staff were on hand when needed. One person said, "I have pressed my buzzer tons and they always come very quickly."
- Staff said they had time to carry out their duties and spend time with people. Observations made during the inspection showed staff were not rushed.
- We spoke with one member of staff who had been recruited since the last inspection. They confirmed the registered provider continued to carry out safe recruitment processes to make sure staff employed were suitable for working with people who at times could be vulnerable.

Preventing and controlling infection

- Systems and processes were established to prevent the spread of infection. The home employed a housekeeper to ensure the home was kept clean. Observations around the home showed us it was well-maintained in line with good practice guidance. One person said, "[Staff member] is great. She comes in and cleans my room. She does a great job!"

Learning lessons when things go wrong

- The registered manager had systems to ensure lessons were learned when things went wrong. Staff documented accidents and incidents when they happened. Information was then transferred to a central reporting system where incidents could be analysed. We saw when concerns had been identified by the registered manager, action had been taken to try and reduce the risk of the same thing happening again.

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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). We checked whether the service was working within the principles of the MCA.

- The provider had established systems to make sure people who lacked capacity were lawfully deprived of their liberty. Applications had been submitted to the relevant bodies detailing all restrictions placed upon people.
- Although the registered manager had a good understanding of mental capacity, we could not be assured MCA processes were consistently implemented. The registered manager routinely assessed people's capacity and held best interest discussions with key people, this was not always formally documented. We discussed this with the registered manager who agreed to review processes to bring them in line with the MCA.

We recommend the provider follow current legislation guidance on the documentation of MCA related decisions.

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

- People's needs, and choices were assessed and considered so care could be delivered in line with standards, guidance and the law.
- We saw evidence of good practice guidance being considered when assessing and delivering care. For example, when people had specific health conditions, associated good practice guidance had been referred to within the care record.
- Care needs continued to be routinely assessed and monitored after people had moved into the home. Care plans were reviewed and adapted by a senior member of staff when people's needs changed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Good health care was promoted. People told us the care was effective. They told us they had access to healthcare professionals when required. One person told us they had had a medical device fitted for four years before they moved into the home. They said the home had supported them to have the device removed and praised the positive effect this had had upon their life. They said, "My health has improved massively [since moving into the home.]"

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

- People were supported to maintain a balanced diet. Everyone we spoke with told us they were happy with the quality of food provided. One person said, "I have been in a few homes. The food is very good here."
- People at risk of unintended weight loss were referred in a timely manner to health professionals for advice and guidance. Records were kept for people at risk of malnutrition and weights were monitored to make sure care was effective.
- The registered manager was aware of the importance of promoting good oral hygiene. On the day of our visit, we observed one person being supported to attend a health appointment for a check on their well-being. The registered manager said they had considered recent guidance and were now promoting additional oral healthcare checks for people.

Staff support: induction, training, skills and experience

- People and relatives told us the staff team was skilled and trained. One relative told us, "All the staff are different, but I don't think there is one who couldn't do the job."
- The registered manager offered regular training and understood the importance of regularly refreshing staff knowledge. All staff we spoke with told us they were happy with the training provided. They told us training was completed through workbooks and e-learning training.
- A recently recruited member of staff told us they were provided with an induction at the start of their employment. This included completing training and shadowing members of staff. They said they had been satisfied with the induction programme provided.
- Staff told us they received regular supervisions which included feedback about their performance and enabled them to discuss any concerns, training and development. They told us they could ask the registered manager and deputy manager for advice and guidance in between supervisions.

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

- The registered provider continued to ensure the service was adapted and designed to meet people's needs. Two people described the home as, "home from home."
- Signage was considered and used for people who required it. For example, we saw notices had been used around the home to act as prompts for one person who was sometimes disorientated. The registered manager had reviewed good practice and had painted people's bedroom doors different colours, so people could recognise their bedroom doors.
- People had been encouraged to personalise their bedrooms to make the home homelier and more welcoming.

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Independence was promoted and encouraged. Care plans detailed people's skills and strengths and areas where assistance was required.
- The registered manager understood the importance of maintaining and developing independence. They were able to give examples of when they had worked proactively to promote people's independence. One person enthusiastically told us how they had developed skills and were now able to take themselves out for a walk independently.
- Privacy was considered and promoted. We observed staff knocking on doors before entering. When people wanted privacy, this was supported.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. They said they were treated with kindness and compassion. Feedback included, "It's nice here. We get on with staff." And, "The staff do very well. They look after us all." One relative said, "[Family member] loves talking about them. [The staff.]"
- We observed positive interactions between people and staff. There was a light-hearted atmosphere where people laughed and joked with staff. One person said, "We have a laugh. [Staff member] is good fun."
- The registered manager understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained.

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

- People told us they were able to express their views and were involved in making decisions about their care where appropriate.
- The registered manager said they no longer held regular residents meetings as these were ineffective. They said it was better for them to spend time with people on an individual basis to find out their views.
- People had been encouraged to complete feedback questionnaires to say how they felt about the service. We saw feedback was overall positive.
- The registered manager understood the importance of working with advocates when people required support to express their views and had no family members to help them.

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. This meant people's needs were met through good organisation and delivery.

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

- Personalised care was promoted. People confirmed they had choice and control within the home and care was personalised to meet their needs. One person said, "There are no rules, we can do what we like."
- People told us they were able to be involved in developing their own care plan. One person told us they had no concerns about the quality of paperwork maintained to promote their care and treatment. They said, [staff member] sat with me and went through my care plan with me, they have been excellent."
- The registered manager said they took people's individual needs into consideration before offering people a place at the home. They understood the importance of checking people's compatibility to promote happiness and contentment for people.

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.

- The registered manager was aware of the need to provide information in an accessible manner. Care records included ways in which to communicate effectively with people.

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

- The provider understood the importance of supporting people to maintain relationships. People confirmed they had made some strong friendships within the home which were highly valued. Relatives were able to visit the home at any time. People and relatives said visitors were always welcomed.
- Activities were planned and organised. People and relatives confirmed the provider organised external entertainers to visit the home and said they were supported to go on trips out including trips to cinemas and garden centres. Two people did say they would like to see more activities organised daily. This was fed back to the registered manager for consideration.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure for managing complaints. They told us the service was proactive at dealing with any concerns and had not received any formal complaints.
- People and relatives told us they were happy how concerns were dealt with by management.

End of life care and support

- Processes were in place to ensure people received high quality, end of life care. Staff had received accredited training in end of life care.
- The registered manager spoke positively about being able to provide person centred care at the end of people's lives. They said, "Hand on heart, no one ever has had any pressure sores here [whilst receiving end of life care.]"
- The registered manager confirmed they would work alongside health care professionals to provide end of life care whenever appropriate.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Continuous learning and improving care;

- The registered manager was clear about their responsibilities and had a good understanding of quality performance. As part of their role, they ensured regular quality audits within the service took place. This included auditing the medicines processes and infection control procedures within the home. This enabled the registered manager to see where improvements were required and so they could be assured they were compliant with the regulations.
- Although auditing of systems and processes took place, these were not always formalised and documented. We spoke with the registered manager about the importance of documenting auditing processes. The registered manager agreed to review processes and strengthen record keeping within this area.
- There was an emphasis upon continuous learning and improving care. Since the last inspection, the registered manager had reviewed systems and processes and had introduced technology to assist with the care planning process. This system was not yet fully embedded, and we noted records were not always clear. We discussed these concerns with the registered manager, who agreed to carry out a full audit of all records to ensure clarity and consistency.
- Staff were knowledgeable about their working roles and responsibilities. They all agreed the service was well-managed. Staff turnover in the home was low. This meant people were supported by staff who knew them well.

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

- Partnership working took place. People and relatives confirmed they were consulted with and treated fairly. A monthly newsletter had been introduced to promote communication between the home and relatives because of feedback from relatives.
- Staff told us communication was good and said they could contribute to discussions and make suggestions about the service. Staff were communicated with through daily handovers, emails and team meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People confirmed there was a positive, person-centred culture within the home. Feedback included, "I was a bit emotional when I first came here, but I have found it to be nice and homely." And, "I have been in a

couple of homes, but this is up there as the best. They treat you so well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood the importance of being open and honest when things had gone wrong.
- The registered manager worked in partnership with other professionals. They said they welcomed support and guidance from all relevant people to help them improve service delivery.