

Mr & Mrs S Neale

# Craignair E M I Residential Care Home

## Inspection report

3 Blundellsands Road West  
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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

The inspection took place on Monday 13 November 2017 and was unannounced.

Craignair is a residential 'care home' which provides accommodation and personal care for up to 21 older people living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 20 people living at the home.

Accommodation is located over three floors; there are two TV rooms, a large social room and dining room. There is a large garden to the rear of the building and a car park at the front. The home is owned by Mr and Mrs S Neale and is situated in Blundellsands.

At the last inspection, which took place on 24 August 2015 the service was rated 'Good'.

At this inspection we found the service remained 'Good' and continued to meet all of the essential standards that we assessed.

There was no registered manager for the service at the time of the inspection. 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. We were informed by the owner of Craignair that they were currently recruiting for a registered manager and were ready to appoint a successful candidate.

We reviewed care plans and risk assessments and found that they contained up to date and relevant information in relation to the support needs of people who were living at the home. Care plans were person centred and reflected people's individual wishes, choices and preferences.

Medication was safely managed and only administered by staff who had received the appropriate training. Medication records were accurate, regular medication audits were undertaken and people received all medication which was prescribed to them.

Safeguarding procedures were in place. All staff were able to explain their understanding of what 'safeguarding' meant and the actions they would take to safeguard people in their care.

We reviewed health and safety audit tools which were in place to monitor and assess the quality and standards of the home. There was a variety of different audits/checks conducted which meant that people were living in a safe, clean, well maintained and hygienic environment.

Recruitment was safely and effectively managed. Suitable and sufficient references as well as a disclosure and barring system check (DBS) were in place for all staff. DBS checks ensure that staff who are employed to care and support people are suitable to work within a health and social care setting.

The home operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We reviewed information in relation to capacity assessments and processes which needed to be in place to make decisions in a person's best interest. Staff had received the necessary MCA/DoLS training. Peoples care plans and risk assessments contained current information in relation to their capacity and restrictions which were in place.

Staff were supported in their roles and completed the necessary training in order to effectively provide the care and support which was required.

We received positive comments about the standard and quality of food being provided. People had different options they could choose from and staff were familiar with specialist needs which needed to be supported.

There was a formal complaints process in place at the home and people informed us that they knew how to make complaints if they ever needed to. At the time of the inspection there were no complaints being investigated.

The home operated an 'open door' policy and the culture was supportive, caring, compassionate and respectful. People living at Craignair, staff and relatives we spoke with all provided us with positive feedback about the care being provided.

## 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 remains safe.

### Is the service effective?

Good ●

The service remain effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remain well-led.

# Craignair E M I Residential 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 Monday 13 November 2017 and was unannounced.

The inspection team consisted of one adult social care 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 care service.

Before the inspection visit we reviewed the information which was held about Craignair. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were living at the care home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give us key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with both owners of the home, assistant manager, five members of staff, the cook, maintenance co-ordinator, four people who lived at the home, and four relatives.

During the inspection we also spent time reviewing specific records and documents. These included three

care records of people who lived at the home, four staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

# Is the service safe?

## Our findings

We received positive feedback from all relatives we spoke with during the inspection which indicated that people were still receiving safe care. Some of the comments we received included "I'm really happy with the care and so is my [relative]", "My family are really grateful to everyone [staff] here" and "[Relative] is so well looked after."

We also reviewed some of the comments which were returned in the 'relative' questionnaires which had been undertaken during September, 2017. Relatives expressed "Staff are very attentive, nothing is too much trouble", "It's exceptional care" and "I'm so glad we chose Craignair as [relatives] new home".

Care plans and risk assessments we reviewed contained the most up to date and relevant information in relation to the support needs people had. Care plans and risk assessments were regularly reviewed and staff were familiar with the people they supported.

Medication management processes were safely managed. Medication was only administered by staff who had received the relevant medication training. All medication was stored safely and securely in a locked cabinet, temperature checks were being completed on a daily basis and regular medication audits were always conducted.

Medication records indicated that people had been administered their medication as prescribed and there was the relevant PRN medication ('as and when' needed) protocols in place. PRN protocols demonstrate that there is a plan in place to guide staff about when this medication should be given.

Staff were familiar with safeguarding and whistleblowing procedures. Staff we spoke with explained how they would report any concerns and the importance of doing so if they were aware bad practice was taking place. Staff had also received the necessary safeguarding training.

The home was clean and well maintained. We reviewed a number of health and safety audits which were routinely completed as well as internal checks and rota's. These were in place to maintain the standard and quality of the environment. Audits and checks which were conducted included fire safety and prevention, water temperatures, maintenance audits, as well as infection prevention control audits.

Records also confirmed that gas appliances and electrical equipment complied with statutory requirements. We also saw evidence of people having their own Personal Emergency Evacuation Plan in place (PEEP) which meant that each person could be safely evacuated from the building in the event of an emergency.

We reviewed four staff personnel files during the inspection. Records confirmed that there were safe recruitment practices in place at the home. Application forms had been completed, confirmation of identification was evidenced in files, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

Staffing levels were assessed to ensure sufficient numbers of staff were available and able to provide the level of support which was required. Typical staffing levels throughout the day included three care staff until early afternoon, three care staff until early evening, two 'wake-in' night staff, one assistant manager, full time cook and a housekeeper.



# Is the service effective?

## Our findings

People continued to receive effective care. It was evident from the feedback we received from both relatives and staff that adequate training was provided and people received the most appropriate care based on their support needs. One relative commented "[Relative] is well looked after here" and another relative said "I'm very happy [relative] is here."

The Mental Capacity Act (MCA) 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 make 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were appropriately assessed to determine their level of capacity, assessments were decision specific and the necessary DoLS applications had been submitted to the local authority. We also saw evidence of how the necessary people were involved in 'best interest' decisions.

All staff we spoke with could explain their understanding of the legislation surrounding the MCA and the associated DoLS. Staff were also able to explain how the home ensured that people were encouraged to make choices and to actively make decisions in relation to their care and support.

Staff expressed that they felt supported in their role and had been receiving regular supervisions and annual appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. One member of staff said "I've received lots of training" and another member of staff expressed "There is enough training, we get lots of support in relation to training."

Communication systems which were in place enabled staff to keep up to date with any significant changes to care plans or risks. There was a number of different handovers which took place on a daily basis and staff expressed that they felt well informed of changes to people's care needs in a timely manner. There was evidence of handover books which contained pertinent information as well as the day to day support needs which had been provided.

We reviewed how the home promoted partnership working with other services and organisations. We saw evidence of external healthcare appointments, healthcare professionals visiting the service, appropriate referrals taking place and the necessary guidance being followed. Care records confirmed that people were receiving support from external services such as GP's, community district nurses, chiropodists, dieticians and opticians. This meant the people were receiving a holistic level of safe care and support which could help with their overall quality of life.

We reviewed how people's nutrition and hydration needs were assessed and met. Care records contained information in relation to nutrition and any specialist dietary needs which needed to be supported. People expressed that they were happy with the standard and quality of food which was prepared for them and relatives expressed "The food seems really good."

# Is the service caring?

## Our findings

People continued to receive a good level of care. During the inspection we observed staff providing kind, compassionate and dignified care. Staff were familiar with people's different support needs and were able to express what level of care was needed for the different people who lived in the home.

Many of the people living at the home were not able to verbally express their views in relation to the care they were receiving. However, the relatives we spoke with were very complimentary about the care which was being provided. Comments included "The care my [relative] gets is wonderful", "They [staff] have got to know all [relatives] likes and dislikes" and "The staff really do love [relative]."

Staff were observed promoting a culture of warmth and kindness and it was evident that all staff were committed to delivering safe, effective and compassionate care.

We reviewed how people's privacy and dignity was maintained and preserved. One staff member expressed "We are all here 100% for the residents, we all work together to make sure people receive the best care." We observed staff knocking on bedroom doors before they entered as well as staff engaging people in a dignified and respectful manner.

Staff expressed that they encouraged people to remain as independent as possible within their abilities and to do as much as possible for themselves as they could. Staff described how they would encourage people to choose their own food for the day, how they encouraged people to get involved in social activities as well as asking people specific questions about their day to day support. For example, we observed a staff member asking a person where they would like to sit after lunch, different options were provided and the person was able to make a choice. This level of care and support meant that staff did not just treat everyone the same and provided people with different choices that they could independently make.

Staff understood the importance of keeping information secure and protecting people's confidentiality and we saw no evidence of any sensitive or confidential information being made available for others. This meant that people's sensitive information was respected and was not unnecessarily shared with others.

We observed how the home provided different levels of support to people who were living with dementia. The home was able to demonstrate how they were able to accommodate different levels of support in relation to equality and diversity needs. For example, there was visible signage throughout the home which illustrated different rooms people could access, bedroom doors were painted in different colours to help people identify their own bedrooms and hand rails were painted in a different contrasting colour to the walls.

At the time of the inspection there was nobody being supported by a local advocate. Advocacy support could be provided to people who had no family or friends to represent them.

## Is the service responsive?

### Our findings

People continued to receive responsive care and support. Staff were observed being responsive to the people they supported and demonstrated their understanding, knowledge and awareness of the different levels of support that people needed. Staff supported people in the most appropriate way and offered a level of care which was regarded as "wonderful". For example, we spoke with one relative who explained that their loved one did not like to be on their own. We saw evidence that the person had been offered tailored support to ensure they did not feel isolated.

We reviewed three care files and saw that each person had been appropriately assessed before they moved in to the home. Care plans had been created in conjunction with the pre-assessment information and risk assessments had been appropriately formulated based on the level of risk which needed to be supported. Different care plans reviewed included medication, personal care, continence, nutrition, social activities and human rights, diversity and choice. Care plans were regularly reviewed and risk assessments were updated accordingly.

People who lived at Craginair were generally supported with personal care and different stages of dementia and not 'End of Life' care. 'End of Life' care is provided in a specialist way in an environment which can accommodate people who are at the end stages of life.

For people who received support from the community district nurse, there was a record of support plans and risk assessments in place to monitor and manage their health and well-being. For example, we saw evidence of specialist diet and skin vulnerability care plans as well as fall risk assessments, waterlow assessment tool (which assess risks of people developing pressure ulcers) and blood pressure monitoring. This meant that people received a good level of responsive care and support based on their individual need.

There was a complaints policy in place and the procedure was clear. People were made aware of how to make a complaint if they needed to. The owner explained that there were no complaints at the time of the inspection and people and relatives would usually raise any concerns in an informal manner. We observed a suggestion box in the main foyer of the home which encouraged people to share their thoughts, opinions and views in an anonymous way.

There wasn't a dedicated activities co-ordinator at the time of the inspection but we were informed that the all staff were responsible (as part of a rota) to organise different activities for people living in the home. We saw evidence of different activities which had taken place.

There was a 'picture board' in the main entrance hallway which contained pictures of an 'animal day' which had been arranged, we also saw evidence of an external activity which took place to commemorate Armistice Day and there was a poster which invited people to a 'Sherry, shandy and nibble' afternoon. We were also informed that the home always endeavours to celebrate different annual events which take place such as Mother's and Father's Day, Christmas, Easter and Halloween.

## Is the service well-led?

### Our findings

There was no registered manager at the time of the inspection. The previous registered manager had voluntarily de-registered in January 2017. There was an assistant manager at the home and we were provided with evidence of the recent recruitment drive which had taken place to recruit a registered manager. The owner of the home was fully aware of the responsibility they held in relation to regulation compliance and was able to demonstrate their understanding of the provision of care which needed to be provided.

We reviewed the different quality assurance systems which were in place to ensure that all aspects of care were well maintained and people's safety was not being compromised. All audits and checks were regularly completed and we saw evidence of continuous improvement. For example, we reviewed a 'Building' audit tool which focused on the environmental aspects of service. It had been identified that the home needed to have a 'walk-in' wet room to help accommodate people who had significant mobility issues. This had been identified as an area of need and was recently completed. Another example of required improvements included new carpets which had been fitted as well as new over-bed lighting which had been purchased for one of the bedrooms. These examples demonstrated that the environment was being well maintained and the quality of care being provided was always being monitored and assessed.

During the inspection we observed an open, supportive and caring culture. All staff and relatives we spoke with were positive about the care which was being provided and it was evident throughout the inspection that all staff were passionate and committed to their roles. Staff told us it's a great home and they enjoy working there. They believe people are very well cared for.

We reviewed 'satisfaction surveys' (questionnaires) which had been circulated to staff, relatives and external visitors. The results of the surveys enabled owners and management to explore and review the opinions of others in relation to the care and support which people were receiving. Some of the feedback we reviewed from relatives included, "Care home staff are very enthusiastic", "Staff are friendly, efficient and welcoming" and "Exceptional care and attention from all staff."

There were up to date policies and procedures in place at the home. Policies we reviewed included complaints policy, safeguarding, medication, whistleblowing and supervision policies. Staff explained their understanding of such policies as well as explaining where they could access the policies if they ever needed to.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people. Statutory notifications were also submitted in accordance with regulatory requirements. Statutory notifications are documents which inform the CQC of the incidents/events which affect the safety and well-being of people who are living in care home.

