

Craighaven Limited

# Craighaven Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Craighaven Care Home is a residential care home providing personal care to 27 people at the time of the inspection. The service can support up to 35 people, including older people and those living with dementia.

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

Risks to people's health and safety were not always robustly assessed and used to develop effective risk management plans. Recent changes in management and a move to electronic care management systems meant some governance systems were not in place or operating effectively to monitor and improve safety and quality in care.

Staff received safeguarding training to help them identify potential signs of abuse, and when to report potential safeguarding concerns. There were enough staff to provide safe care, and feedback received from staff about staffing levels was positive. Medicines were ordered, stored and administered safely. We assured by the infection prevention and control practices. Accidents and incidents were recorded and analysed for trends or patterns.

Assessments were carried out prior to people moving to Craighaven Care Home to ensure the service could meet their needs safely. Staff received an induction and training relevant to their roles and understood how to care for people effectively. People were encouraged to eat and drink enough to maintain a balanced diet and overall, people gave positive feedback about the food provided. Staff worked closely with external health professionals in response to changes or concerns regarding people's health and well-being. Signage helped to orientate people to their surroundings, and people's bedrooms were personalised.

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.

There was a positive culture which was echoed in feedback from staff and relatives. People and relatives spoke positively about the leadership of the home. When important events and incidents occurred in the home, the registered manager understood their responsibilities to tell us, CQC, and inform people's relatives. Annual surveys were used to gather feedback from relatives to help identify and plan for improvements. The service worked in partnership with external health professionals to improve people's outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8 August 2019).

### Why we inspected

We received concerns about managing risks to people's safety, access to medicines, staffing and care quality. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

In response to our inspection the provider took immediate action to address the shortfalls and ensure risks to people were assessed and managed.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Craighaven Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Details are in our well led findings below.

# Craighaven Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection consisted of 2 inspectors 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.

#### Service and service type

Craighaven is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Craighaven is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 10 members of staff including the registered manager, deputy manager, provider's representative, senior care worker, care staff and 1 health professional. We also spoke with 6 people and 10 relatives for feedback on their experiences of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed 5 people's care records and 3 people's medicine administration records. A variety of documentation relating to the management of the service including recruitment files, policies, procedures, audits and quality surveys were also reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were not always robustly assessed and used to develop effective risk management plans. This included risks related to diabetes, skin and mobility.
- Some people had a diagnosis of diabetes, but their risk assessments did not include information on the signs and symptoms of high and low blood sugars, or what staff should do when people's blood sugars were outside of safe ranges.
- Risks to people's health were not always managed safely. For example, some people were at high risk of skin breakdown and required staff support to reposition them whilst being cared for in bed. Although we found no evidence people had been harmed, records did not contain enough information to guide staff on the frequency people should be supported to change position, or how to do this safely
- Moving and handling risk assessments did not include important information about the equipment people required such as the size of sling for hoist transfers. It is important this information is recorded as selecting the wrong sling size can increase the risk of injury.
- Environmental risks were not always managed safely. For example, during our visit there were a number of bedroom fire doors being propped open. The registered manager took immediate action to remove the props during our visit.
- People, relatives and staff felt that people received safe care. One relative said, "Yes certainly it is a safe, warm and caring environment. I can say this with confidence as [person] was moved from somewhere that wasn't safe." Another relative said, "My husband is in the safest place ever and is in no danger from anyone."
- Staff understood and were confident supporting people who became distressed or anxious as a result of their dementia. One staff member said, "I do feel confident in supporting a resident that is feeling distressed or agitated. I feel I can help them feel calm and reassured after a chat and a cup of tea, a walk around the garden can help." Another staff member said, "You have to be very calm. If I look at [person] and notice their face shows [person] is unhappy, I'll say what's the matter, let's go and have a chat together. I know when [person] needs a chat."
- Information was available to inform what assistance people would need to evacuate the premises in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training to help them identify potential signs of abuse, and when to report potential safeguarding concerns.
- Staff were confident reporting concerns to management and that these concerns would be acted on. One staff member said, "Our training helps us support people safely with dementia. We explain the best ways of doing things. Any bumps, marks, we report it."

- When potential safeguarding incidents were identified, these were reported to the local authority and us, CQC.

#### Staffing and recruitment

- There were enough staff to provide safe care. Our observations and feedback from staff and people about staffing levels was positive. Comments from people included, "I think there are enough staff yes" and, "When I need somebody, they are there. I cannot fault them."
- Staff were recruited safely. Recruitment processes included reference and Disclosure and Barring Service (DBS) checks.

#### Using medicines safely

- Medicines were managed safely. Medicines were ordered, stored, administered recorded and disposed of in line with the providers expectations.
- People received their medicines as prescribed from staff who had been appropriately trained.
- Some people needed medicines on an 'as required' (PRN) basis. Protocols were in place for staff to follow to determine when these medicines should be considered. However, where these medicines were prescribed to relieve a person's distress, more detail was needed to ensure these medicines were given consistently.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on visiting. People were supported to have visits from their friends and family safely and in line with government guidance.

#### Learning lessons when things go wrong

- Staff understood their role to report and record accidents or incidents and understood their responsibility regarding falls prevention. One staff member said, "We keep an eye on people all the time - we need to. We can't always stop falls, but we always keep an eye."
- Accidents and incidents were investigated to identify the cause and learn from them. Actions were identified which could help minimise the risk of future occurrence.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out prior to people moving to Craighaven Care Home to ensure the service could meet their needs safely.
- People's needs and choices regarding their care were identified and used to develop risk assessments and care plans.

Staff support: induction, training, skills and experience

- Staff received an induction and training relevant to their roles and understood how to care for people effectively.
- We received positive feedback from relatives about staff knowledge and experience, and staff were confident their training helped them provide effective care. One relative said, "[Person] had an episode and got agitated towards another resident. The whole situation was managed incredibly well and afterwards when [person] was upset the carers were magnificent." A staff member said, "We have positive approach in dementia training which helps us understand different ways of communicating with someone who has dementia."

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

- People were encouraged to eat and drink enough to maintain a balanced diet and overall, people gave positive feedback about the food provided. One person told us, "The food is pretty good to be honest and we usually get a choice."
- When people had specialised diets or nutritional needs, this information was recorded in their care plans.
- Information about people's dietary requirements and their food preferences was listed in the kitchen, so staff responsible for preparing meals and drinks understood whether people had specific needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with external health professionals in response to changes or concerns regarding people's health and well-being. People's health was regularly reviewed by the GP and people received timely care.
- One person explained how staff had been responsive to their recent decline in health. They told us, "They (staff) got me to hospital as they knew something wasn't right."
- Daily handover ensured staff were kept informed and updated about any changes in people's needs.
- Staff knew people well and sought medical advice when then this was needed. One staff member told us, "We know our residents very well. We would know if they were under the weather. We tell the manager

immediately and work really well with the GP."

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

- There was some signage throughout the home to help orientate people to their surroundings, and people's bedrooms were personalised.
- A courtyard garden provided opportunities to spend time outside with other people, relatives and visitors.
- There were 3 separate lounges which ensured shared spaces did not become overly crowded.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, DoLS applications had been made to the authorising body.
- The internal mental capacity assessments could be improved. They did not show how each stage of the test had been completed or evidence that all practicable steps had been taken to try and support people to make their own decisions. However, formal mental capacity assessments had been completed as part of the DoLS process.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

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

- A move to electronic care management systems meant some governance systems were not in place or operating effectively to monitor and improve safety and quality in care.
- The new system was not fully embedded and some important information had not yet been transferred from paper records. This increased the risk of staff referring only to electronic care records which were not detailed enough to manage risks safely.
- Audits and quality checks had not identified gaps in risk assessments and care plans identified during the inspection. There was no system to monitor people's pressure mattresses, to ensure these were set correctly and provide an effective means to protect people's skin.
- Fire safety practices needed to improve. Although the home was completing works to improve fire safety and systems, we observed fire doors propped open throughout the home.

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

- There was a positive culture which was echoed in feedback from staff and relatives. People and relatives spoke positively about the leadership of the home.
- Staff felt well supported, enjoyed working at the home and told us it was well managed. Comments included, "If we've got a problem you know you can go to them [management]", and "[Registered Manager] is fantastic and leads by example."
- Relatives were assured by staff approach and reported improvements in their loved one's health. One relative said, "The words I would use for everything that Craighaven delivers is thriving and is nurturing. My relative is healthier, happier and is thriving because he is loved and nurtured and it is wonderful to see." Another relative said, "They have only been in the home since Christmas but already healthier and happier because they are treated like an individual and makes their own choices. Food, drink, clothes, everything."

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

- When important events and incidents occurred in the home, the registered manager understood their responsibilities to tell us, CQC, and inform people's relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Annual surveys were used to gather feedback from relatives to help identify and plan for improvements.

- The results of the most recent survey were being analysed for themes before developing an action plan. Results were due to be shared with relatives to keep them informed.
- The registered manager was open and responsive to the inspection, and feedback on areas identified as needing improvement.

#### Working in partnership with others

- The service worked in partnership with external health professionals to improve people's outcomes.
- One healthcare professional told us, "I would say communication has much improved with the home. [Registered Manager] is very on the ball. I have no concerns at all. [Registered Manager] has really turned it around. He is a credit to the home."