

Craigarran Limited

Craigarran Care Home

Inspection report

Cinnamon Drive
Trimdon Station
County Durham
TS29 6NY

Tel: 01429880550

Date of inspection visit:
21 February 2023
22 February 2023
24 February 2023

Date of publication:
03 April 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Craigarran Care Home is a care home which provides nursing and residential care for up to 44 people. The service provides support to older people living with dementia, mental health conditions and physical disabilities. The accommodation is provided across 2 floors. At the time of our inspection 42 people were using the service

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

The governance and management systems in the home were not fully effective in identifying and addressing some of the concerns identified during our inspection. This included concerns around the recording of people's ability to make decisions about their care and the accessibility and accuracy of care records, People found the provider and clinical lead were approachable, knowledgeable and worked hard to ensure the service effectively met people's needs. Staff felt the registered manager needed to be more supportive and present within the care home.

People living at the service were supported safely. Their independence was encouraged and risk assessments were in place to support this. Staff had a good understanding of how to protect people from the risk of abuse. People's medicines had been administered safely. However, some medicine protocols needed improving. We have made a recommendation around 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.

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 20 February 2020).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

As a result, we undertook a focused inspection to review the key questions of safe 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

well-led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Craigarran Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report. We have made a recommendation around protocols for 'as required' medicines.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Craigarran 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 was carried out by 2 inspectors.

Service and service type

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

Inspection activity started on 21 February 2023 and ended on 27 February 2023. We visited the service on 21, 22 and 24 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service 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. 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 8 people who used the service and 3 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, the clinical lead, the business owner, 1 nurse, 2 senior care practitioners, 1 care practitioner and 1 cooking assistant.

We reviewed a range of records. This included 4 people's care and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Protocols for PRN medicines (as required medicines) were not always robust enough. Protocols were in place; however, they didn't always have all the information required to guide staff to administer these medicines safely.

We recommended the provider follows best practice guidance around PRN protocols.

- Medicines administration records (MARs) were up to date and accurate. Stocks were monitored to ensure people had their medicines available when needed.
- Medicines were stored safely and in line with the appropriate guidance. Checks of room temperatures and fridges were completed. Controlled Drugs were stored correctly and securely, records in relation to Controlled Drugs were completed in line with requirements.
- The clinical lead closely monitored medicine management and when needed made improvements. For example, they noted stock counts were inconsistently recorded and had taken steps to resolve this issue.

Assessing risk, safety monitoring and management

- Staff knew people well and understood their risks and how to manage them safely. People had risk assessments in place for risks, such as choking, falls or skin damage, but records were not always easily located. This was due to shortfalls with their electronic records system, which led to the need to work with paper care plans also.
- There was a system in place for reviewing care plans and risk assessments. Any changes in a persons' needs were shared with staff during handover meetings which were documented. Relatives told us they were updated if there were any changes to their loved one's care. One relative said, "They keep me updated, they even call me to let me know [person] is upset and I'll come straight down".
- Regularly checks of equipment were undertaken to ensure everything was working correctly and safe to use. For example, pressure mattresses and hoists were checked monthly.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Records demonstrated where abuse was suspected, investigations were completed and effective actions taken.
- Staff had received safeguarding training and knew how to escalate concerns both within the organisation and externally. Staff were clear about signs and behaviours which might suggest a person was at risk or was being abused.
- People told us they felt safe at the home. One person said, "Yes, I feel very safe here and I am looked after

really well."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- However, the electronic care records contained pre-populated statements outlining what capacity was and if the person lacked capacity for every area of care. These did not actually support staff to complete individual capacity assessments and at times led to relevant information about how to meet people's needs not being contained in the electronic care plan. We discussed this issue with the management team who undertook a review the system and had already put paper capacity assessment's in place due to this.

Staffing and recruitment

- Sufficient staff were deployed to meet people's needs. Staffing numbers were determined using a dependency tool. This is a tool used by some services to determine the minimum staffing levels required.
- Staff were recruited safely to the service. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.
- Nurses were registered with the Nursing and Midwifery Council.

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

- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.

Learning lessons when things go wrong

- Incidents were reviewed as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible. Staff said they were kept updated on any incidents and what changes had been implemented to lessen the risks and keep people safe.

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. Leaders and the culture they created did not always support the delivery of 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

- There was an audit system in place to monitor the safety and quality of the service. The registered manager carried out monthly audits to identify any shortfalls within the service. These audits had not identified a number of issues we found during the inspection.
- People's care records and risk assessments were not always easily found for staff to review. Care plans and risk assessment were available but on speaking to staff there was lack of knowledge as to where information around people's care and risks were kept. This meant there was a risk that staff may not consistently be aware of any changes in people's risks.
- Care plan reviews could be recorded on a portable electronic device; however, this didn't upload to the laptop version of the care plan unless approved which wasn't always happening promptly. This made it difficult for staff to confidently share accurate information in a timely manner. This meant there was a risk that staff would not always be aware of any changes made to care plans.
- The clinical lead told us they had identified issues with the electronic care plan system and developed work arounds using paper-based care plans, so all information was available. However, on speaking to staff, they were unable to navigate the electronic care plan system and didn't make any reference to paper based care plans.
- There was a management structure in place. Nurses and care staff understood their responsibilities to meet regulatory requirements however staff told us they did not always feel supported by the registered manager. One staff member told us, "I feel like [registered manager] needs to be out on the floor more, [registered manager] seems to be in the office all the time, I'm not sure exactly what they do". Another staff member said, "[registered manager] is nice but feel like they sit back a bit, don't think [registered manager] approaches things like you should."
- Throughout the inspection there were mixed messages around wearing masks within the home and there was no consistency with staff or visitors wearing them. Staff told us they were unsure why they were wearing masks as government guidance had changed. The clinical lead later confirmed that this was their own policy and all staff were required to wear masks.

The provider and registered manager had failed to have effective oversight of the quality assurance systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were in place to obtain and respond to feedback. People told us they were confident issues would be addressed if they raised them.
- The provider and staff promoted and ensured people received personalised care and support. People told us they were happy living at Craigarran Care Home, and we saw they were relaxed and happy with staff.
- Relatives spoken with described a caring, relaxed environment. One relative said, "What I like about the home, you walk in and you have a good feel about it, they have a heart and there is warmth."

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

- The management team understood their regulatory requirements and responsibilities. Relatives were kept informed of any events or incidents that occurred with their family member.
- Staff gave honest information and suitable support if something went wrong and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with staff and people. Staff meetings were held monthly. Staff were given updates about people who used the service as well as reminders about training.
- People and relatives spoke positively about the staff at Craigarran Care Home and felt able to raise any issues with them. One relative said, "[Staff member], [staff member] and [staff member] are great, they listen to what I say about [person] and are on the ball."
- Staff worked in collaboration with other health and social care professionals effectively. Information was shared and advice followed. Records showed evidence of good communication between professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have oversight of the quality assurance systems. Regulation 17 (1)