

Craigarran Limited

# Craigarran Care Home

## Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Craigarran Care Home is a residential nursing home providing personal and nursing care to older people and people living with a dementia. It can support up to 44 people across a single, purpose-built and adapted site. There were 38 people using the service when we visited.

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

People were happy at the service and spoke positively about the support they received. Staff treated people with dignity and respect.

Risk to people were assessed and addressed. Clinical risk assessment and monitoring needed improving, and the registered manager told us how this would be done. Staffing levels were monitored to ensure they were safe.

We have made a recommendation about the management of some medicines.

Care plans were personalised and regularly reviewed. Further improvement was needed in some monitoring records. People were supported to access activities they enjoyed. Clear complaints processes were in place.

Staff received regular training, supervision and appraisal. 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. People received appropriate help with eating and drinking.

The registered manager and provider carried a number of audits to monitor and improve standards. Feedback was sought and acted on. We received positive feedback on the management and leadership of the service.

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 and update

The last rating for this service was requires improvement (published 22 November 2017) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

There was also an inspection on 18 September 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

### Why we inspected

This was a planned re-inspection because of the issue highlighted above.

#### 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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 Care Act 2014.

#### Inspection team

An inspector, a specialist advisor nurse and an Expert by Experience carried out this inspection. 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

Craigarran Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. 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 spoke with nine members of staff, including the registered manager, nominated individual, deputy manager, clinical, care and kitchen staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and five medication records. We looked at five 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 the inspection on 22 November 2017 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 safely and securely stored, and people received them when needed.
- Administration records were completed without errors or unexplained gaps for most medicines. However, we found some issues with records and administration of topical medicines. The registered manager said immediate action would be taken to address this.

We recommend the provider consider current guidance on giving managing topical medicines and take action to update their practice.

### Assessing risk, safety monitoring and management

- Staff were knowledgeable about risks to people and managed these safely.
- Care records contained information on risks to people. However, some people lacked risk assessments and monitoring guidance around specific clinical risks. After our visit the service sent us an update on how this was being addressed.
- The premises and equipment were monitored to ensure they were safe to use.
- A range of emergency plans and procedures were in place. This included regular fire drills and a business continuity plan.

### Preventing and controlling infection

- The premises were clean and tidy, and staff were knowledgeable on the principles of infection control.

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

- People were safeguarded from abuse and told us they felt safe.
- Staff received safeguarding training and said they would be confident to raise any concerns they had

### Learning lessons when things go wrong

- Accidents and incidents were monitored to see if lessons could be learned to improve safety. One person told us, "They're very responsive to every incident that might occur."

### Staffing and recruitment

- The provider and registered manager monitored staffing levels to ensure people received safe support. People and staff spoke positively about staffing levels.
- The provider's recruitment process minimised the risk of unsuitable staff being employed. This included an interview, obtaining references and a Disclosure and Barring Service check.

# 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 inspection on 22 November 2017 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS were applied for and monitored where needed. appropriate.
- Best interest decisions were usually recorded where people lacked capacity to make decisions for themselves. In some cases this had not happened. The registered manager took immediate action to address this.

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

- People received support with eating and drinking and spoke positively about food at the service.
- Specialist diets were monitored, but records did not always reflect this. After our visit the service sent us an update on how this was being addressed.

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

- People's needs were assessed before they moved into the service to ensure appropriate support was available. People, relatives and external professionals were involved in this process.
- Guidance and training was sought from external professionals to ensure staff worked to the latest best practice.

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

- Staff worked in partnership with external professionals to ensure they delivered joined-up care and support for people. People told us staff sought medical advice and appointments for them when needed.

Staff support: induction, training, skills and experience

- Newly recruited staff completed the provider's induction programme, which familiarised them with the service's policies and procedures.
- Staff received regular training to equip them with the skills needed to support people. This included support for nursing staff to maintain their professional registrations.
- Staff were supported with regular supervisions and an annual appraisal, and spoke positively about these. One member of staff said, "It's a good venting area if you're not happy with your own role."

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

- The premises were adapted and decorated for the comfort and safety of people. This included appropriate signage and décor to help people living with a dementia navigate around the building.

## 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 inspection on 22 November 2017 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.

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

- People were happy living at the service and spoke positively about staff support.. One person told us, "They're (staff) really good with me."
- We saw numerous kind and caring interactions between people and staff. These included jokes and conversations about people's interests. One person said, "(Staff) know you know and I'm quite happy and they always chat when they're working."
- Staff respected and treated people as individuals. People said they were free to live the lives they wanted at the service.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff had polite and friendly but professional relationships with the people they supported.
- People and relatives said staff protected people's dignity. One person told us, "I think they're spot on."
- Staff supported people to maintain their independence by doing as much as safely possible for themselves.

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

- People and relatives were supported to express their views in regular meetings, feedback questionnaires and informal conversations.
- People said they felt in control of the support they received. One person told us, "What I like is that everything is being done as I requested."
- People were supported to access advocacy services where needed. Advocates help ensure that people's views and preferences are heard.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection on 22 November 2017 this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure care records were up to date, regularly reviewed or reflective of people's needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further and sustained improvement was needed.

- The provider used an electronic care record system. In most cases records were detailed and personalised. However, detail was lacking in some medicine and risk assessment and monitoring records, for example fluid intake and repositioning records. After our visit the service sent us an update on how this was being addressed and the system improved.
- People and relatives said staff provided the support they wanted and involved them in planning and reviewing this.

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.

- Information was made available to people in accessible formats should this be needed.
- Care plans contained information on how staff could support people to communicate effectively.

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

- People were supported to access a range of activities based on their interests and choices. These included activities at the service and in the local community.
- People spoke positively about activities at the service, and we saw people enjoying these during our visit.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate, respond to and learn from complaints.
- People and relatives said they were familiar with the complaints process and would be confident to raise issues.

## End of life care and support

- Policies and procedures were in place to provide end of life care where needed. Care plans were in place for people to record the support they wanted at this stage of their life.

# 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 inspection on 22 November 2017 this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider had failed to ensure effective governance processes were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A range of quality assurance audits were used to monitor and improve standard. Where we identified issue action was taken quickly to address them or make plans to do so.
- We received positive feedback on the management and leadership of the service. One person told us, "I think everything on management side is pretty good."
- Required notifications had been made to us in a timely manner.

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

- Staff spoke positively about the culture and values of the service, describing it as caring, open and welcoming.
- The registered manager and nominated individual were visible presences around the service and promoted open communication. One member of staff said, "We're all included in information and decisions."
- People and relatives said the service provided the support people wanted and needed.

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

- Feedback was encouraged from people, relatives and staff and was acted on. For example, people were included in interviews for new staff. A relative told us, "I think they're good at listening."
- Meetings for people, relatives and staff took place regularly and were used as forums to discuss issues and obtain feedback.

Continuous learning and improving care; Working in partnership with others

- Staff worked in effective partnership with other agencies and organisations to promote people's health and

wellbeing.