

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Craigneil Residential Home

2 Seaborn Road, Bare, Morecambe, LA4 6BB

Tel: 01524831011

Date of Inspection: 14 January 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr B Hinde
Registered Manager	Mrs. Suzanne Marie Hinde
Overview of the service	Craigneil is situated on Marine Road in Morecambe and facing the promenade. The home is a two-storey building and is registered to provide accommodation for a maximum of fifteen people. Accommodation is provided in 13 single and 1 double bedrooms.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke individually with three people living at the home. They told us they were happy living at the home and that they liked the staff team. A more in-depth discussion took place with a visiting relative who told us that they were more than satisfied with the care and support provided by the staff. This person told us, "I feel very content and happy with the way my relative is cared for. My relative is safe here, well looked after and pampered. It's a brilliant place" We observed that people were comfortable and relaxed in their surroundings. It was also clear that there was a positive relationship between the staff team and the people they supported.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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The home's pre-admission assessment procedures were detailed and thorough. This meant that care and support needs were known so that a decision could be taken to determine if the level of care required could be provided.

The home's Statement of Purpose, Service User Guide and brochure were available and gave guidance to prospective users of the service and their families. This helped people or their family to make a positive choice about living at the home. We were told that these documents were about to be reviewed and amended to reflect the changes to the physical environment at the home.

During our visit we observed examples of good practice with people who required support with their personal care needs being treated with respect and dignity. The staff members we spoke with told us they had access to people's care plans. They said these clearly described the level of support that each person required so that a consistent and high quality of care could be delivered.

The care practices we observed throughout our visit confirmed people were being encouraged to maintain their independence and undertake tasks by themselves where able. People were also encouraged to express their views and opinions including what they would like to do each day. We saw evidence of a range of activities being available that were tailored to the strengths, wishes and limitations of the people who lived at the home. This included one to one activity with staff such as a walk out in the local area, hand massage and informal chats.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Individual records were kept for each person with a personalised plan of care setting out the action to be taken by the staff team in order to address assessed needs. This ensured that all aspects of health, personal and social care needs of people were known and met. Risk assessments had been completed to identify the potential risk of accidents or harm to the people being support. These were regularly reviewed and updated when necessary.

The care plans were well structured, detailed and written in the first person. Care had been taken to record what was important to the person, what people liked about the person and detailed the best way staff should assist the person in a way that was acceptable to them. Care plans had been reviewed regularly and updated to reflect any changed needs. This meant that staff always had the most up to date information, so that an appropriate level of care could be consistently delivered.

Observation of care practices during our visit confirmed that people were receiving effective, safe and appropriate care that meet their needs. Discussion with a staff member confirmed they were clearly aware of the needs of each person and the level of individualised support required. From observation, it was clear that staff were attentive, kind, patient and encouraging so that people felt well supported and cared for.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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Training certificates for the staff team showed that the majority of the staff had undertaken training regarding abuse and the protection of vulnerable adults. Arrangements were in place to ensure that the more experienced members of staff and recently appointed staff received this important new or updated training.

A range of policies and procedures addressed the importance of whistle blowing, reporting bad practice and the rights of people using the service. Clear information was available for staff outlining necessary measures to safeguard people living at the home.

A staff member spoken with expressed a good understanding of safeguarding including the signs and indicators of potential abuse. When asked, this person was clear about their responsibility in reporting any concerns about care practices that potentially could be considered abusive. This person was also confident that the registered manager would refer appropriately under the local arrangements for reporting abuse. These systems helped to protect people.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We observed staff going about their duties in a cheerful and pleasant manner and those living at the home appeared comfortable and relaxed when being assisted and supported.

Discussion with the registered manager confirmed that all staff had access to a structured training and development programme. This ensured that people in their care were being supported by a well trained and competent staff team. This included mandatory training covering a range of topics such as health and safety, infection control, food safety, manual handling techniques and fire safety.

The records showed that all members of the care staff team had either achieved or were working towards a nationally recognised qualification for people working in care, some at a more advanced level. Some staff had also undertaken training in respect of end of life care and those with responsibility of the administration of medication had received specific medication training, so that medication was administered safely.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The records showed that internal quality audits were undertaken to ensure that the service provided remained consistent. We saw evidence that the fire alarm system was correctly tested on a regular basis. Assessment and monitoring of the service provided to individuals was ongoing. Amendments to care plans were undertaken as necessary at each review or when there had been a change of circumstances. Risk assessments were undertaken as required with outcomes incorporated in the individual care plans. A record was kept of any accidents or incidents that had taken place and actions taken to reduce the potential for risks in the future. We saw records of equipment being properly maintained and checked. Further safety measures were in place such as checks to maintain the hot water at a safe temperature. These checks promoted the safety of staff and people living at the home.

Surveys for staff and relatives were previously made available to capture their views and opinions about a range of issues. Surveys for residents were also available. People appeared very comfortable in saying what they thought or asking for things. Meetings for people living at the home and their families were arranged periodically. This enabled families to meet and discuss topics of interest that helped to influence how the service was provided.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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