

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: 23 July 2013

Date of Publication: August 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Requirements relating to workers	8
Assessing and monitoring the quality of service provision	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with carers and / or family members.

What people told us and what we found

We spoke to people living at the home who said they were helped and supported to express their views about what they do, how they spend their time and the type of care and support they needed. One person said that they had been involved in making decisions about their care, and had discussions with the registered manager about how to deal with healthcare issues and the activities they taken part in during the day. They said that the registered manager had been happy to support them to go out on a daily basis to go shopping and sightseeing. People living at the home said that they felt safe, and they were aware of the ways in which to raise complaints or issues about their care and support. One person said that they looked out for others living at the home who were unable to speak up. They said, "If I felt someone was not being looked after, or being abused then I would ring the police or tell their family." We spoke with the relatives of one person using the service they told us they felt suitable staff were employed at the service. They described staff as helpful and kind. People living at the home also confirmed that the staff were supportive.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We looked to see how the service provider respected and involved people in the care and support they received. We spoke to people living at the home who said they were helped and supported to express their views about what they do, how they spend their time and the type of care and support they needed. One person said that they had been involved in making decisions about their care, and had discussions with the registered manager about how to deal with healthcare issues and the activities they take part in during the day. They said that the registered manager had been happy to support them to go out on a daily basis to go shopping and sightseeing.

The registered manager explained that she always recognised the diversity and differences between the different people who lived at the home. She told us that each person was treated as an individual, and the care and support was based around their personal care needs. She added that regular discussions took place with each person about their care, and how they were getting on.

We found up to date documentary evidence to show that people were involved in decision making regarding the way the service was provided. Evidence within the care records showed that the service provider and staff were involved in enabling people to care for themselves where this was possible. The registered manager explained that the encouragement of people to be an active part of their community, and access relevant health and social care services as and when required was an important element of the work of the staff.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We were aware that concerns had been raised by the local authority regarding one person living at the home concerning their care and treatment. These issues related to claims that this person was being ignored and not being fed correctly. These issues were seen to potentially affect other people living at the home, so we looked to see how the service provider supported people to experience effective, safe and appropriate care whilst living at the home.

We found up to date documentary evidence that showed the service provider and staff had engaged in processes linked to the reduction of risks to make sure people did not receive unsafe or inappropriate care. Care needs assessments and risk assessments had been completed and acted upon; care plans had been developed with each person and were detailed and up to date; care and support needs reviews had been undertaken and when changes were required, these had been made. Dietary plans were found in place for various individuals. We found that if people had problems with food or their dietary intake these plans were followed to ensure people were appropriately supported.

We found the service provider had up to date policies and procedures in place to deal with emergency situations such as fire, illness, accidents and incidents. These arrangements were reflected with people's care files, and linked to these individual needs. For example, one person who used community facilities independently had a plan in place for the staff to follow if they were late returning to the home, or if they had difficulties whilst they were out. Other examples included plans for dealing with aggression and plans to respond to safeguarding issues. People at the home said that they could talk to the service provider and staff about their care and support needs, and that if and when changes were needed, these were always made.

We found documentary evidence that the registered manager had appropriately dealt with the issues raised by one person living at the home. We found that appropriate mental health reviews and assessments had taken place, and effective liaison with the Community Mental Health Team in order to support this person effectively. These types of reviews, assessments and liaison were found to be in place for others living at the home. We did not find any evidence to support the claims that people had been ignored, or that their dietary intake had not been dealt with.

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

Our judgement

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.

Reasons for our judgement

We looked to see how the registered manager protected people from abuse, or the risk of abuse. We found the service provider had an up to date written policy and procedure in place. Staff at the home they used this when action was needed to not only respond to allegations of abuse, but also identify it, and reduce the risks of it taking place.

The registered manager explained that she and staff had a proactive approach to keeping people safe. Staff were found to be trained to recognise the signs of abuse, and were clear about how they would respond if faced with a situation that may involve abuse. Staff understood the duty to report any allegation or suspicion that someone was being abused or neglected.

We found that restraint was not used at the home, but that de-escalation techniques were used if and when people became stressed, agitated or aggressive. We saw that staff at the home had received training in respect of this aspect of care and support. The registered manager was able to give us a clear explanation of the safeguards and protocols linked to the deprivation of liberty in line with the Mental Capacity Act. If people's health and social care needs required action in this area, in order to protect themselves and others, then the service provider was clear that people's best interests would need to be considered. Discussions would need to take place with the relevant authorities and people linked to the individual concerned, and correctly documented and periodically reviewed.

People living at the home said that they felt safe, and they were aware of the ways in which to raise complaints or issues about their care and support. One person said that they looked out for others living at the home who were unable to speak up. They said, "If I felt someone was not being looked after, or being abused then I would ring the police or tell their family."

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We checked to see if there were effective recruitment and selection processes in place. The registered manager had a recruitment policy which identified the checks that were required when selecting candidates for employment. The staff files all included a checklist of requirements which had been completed. For example we saw that references, which included a person's most recent employment, had been returned to the provider and these had been followed up with a telephone call to confirm their validity. Criminal records checks had been carried out on staff prior to their employment at the service and staff's identity had been confirmed. The provider's application form asked for candidates to explain any gaps in employment such as for domestic reasons, and we saw this had been completed in the files we reviewed. The registered manager told us that this was also explored further at interview.

We spoke with the relatives of one person using the service. They told us they felt suitable staff were employed at the home were helpful and kind. People living at the home also confirmed that the staff were supportive.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We checked to see if the service provider had an effective quality assurance system in place. We found that the registered manager and staff carried out regular checks to fire alarms, fire points and fire doors and that fire drills were carried out. There were also monthly maintenance checks made on the emergency lighting. We found written and up to date information to show that the service provider had systems in place for monitoring the quality of services within the home. These systems included regular audits, the completion of risk assessments, the review of care plans and environmental safety checks. The registered manager told us she audited people's care plans and files in order to check for any out of date records or quality issues. These were discussed with staff and looked at during supervision.

We found up to date and written evidence that links had been made with other agencies and bodies so that professional advice could be sought about how to run the service safely and effectively. Information held within the service records confirmed this. The staff had systems in place to take account of any complaints people may have had about the service. Information held within the service records showed that there were arrangements in place that allowed and enabled people to have their say about the service. The service provider explained that people's comments were always listened to, and taken on board as far as was reasonably possible. Information held within some of the records showed that minor changes made to the way services were provided had been made following feedback from people.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
