

Crawshaw Hall Healthcare Limited

Crawshaw Hall Medical Centre and Nursing 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Crawshaw Hall Medical Centre and Nursing Home is a residential care home providing accommodation and nursing care for up to a maximum of 50 people. The service is provided in 2 interlinked buildings known as Orion Court and Ariana Court. At the time of the inspection, there were 39 people accommodated in the service.

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

People told us they felt safe living in the home. Staff had received training on safeguarding vulnerable adults and had access to the provider's policies and procedures. The registered manager agreed to refresh staff knowledge on external reporting procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. There were shortfalls in the recruitment records of 2 staff. The nominated individual addressed this issue following the inspection. Individual and environmental risks had been assessed and managed. People were protected from the risks associated with the spread of infection.

The service managed medicines safely, however we recommended care plans to support staff to administer 'when required' medicines were reviewed to make sure they were person centred and in place.

People were supported to eat and drink. However, we made a recommendation about improving people's dining experiences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings.

People were mostly complimentary about the service provided. People's rights to privacy and independence were promoted and maintained. However, we observed some staff comments compromised people's dignity. The management team agreed to investigate this issue further and remind staff about the importance of respectful interactions. People were supported to express their views on the service and their care.

All people had an electronic care plan which was updated regularly and in line with people's needs. Whilst the provider had records to demonstrate a variety of activities were offered in the home, people spoken with told us they had little to do to occupy their time. The nominated individual explained an activities coordinator was due to commence work in the home. People had access to an easy read complaints procedure and there were arrangements to record and investigate any concerns.

The provider and the management team carried out a series of audits to check and monitor the quality of the service and ensure records were completed accurately. The provider and registered manager considered the views of people, their relatives and staff in respect to the quality of care provided and used the feedback to make ongoing improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for the service was good (published 30 January 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Recommendations

We have made recommendations in respect of reviewing care plan information to ensure staff had access to appropriate protocols for the administration of medicines prescribed 'when required' and improving people's dining experiences.

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?

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Crawshaw Hall Medical Centre and Nursing 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

Two inspectors, a medicines inspector and an Expert by Experience undertook the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service on the second day.

Service and service type

Crawshaw Hall Medical Centre and Nursing Home 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. Crawshaw Hall Medical Centre and Nursing 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority and from the medicines optimisation team based at East Lancashire Hospitals Trust.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 8 people living in the home, 2 relatives, 6 members of care staff, the positive behaviouralist, the occupational therapist, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We carried out a visual inspection of the premises with the registered manager and reviewed a range of records. This included 4 people's care documentation, 2 staff files and 8 people's medication records. We also reviewed a range of records relating to the management of the service.

After the inspection

Following the inspection, the nominated individual sent us additional information in response to the inspection findings.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines

- Medicines were kept safe and secure.
- People were given their medicines in a safe way and we observed staff informing people about their medicines and what they were used for.
- Records showed medicines were given as prescribed.
- For people who have their medicines administered via a feeding tube, we found the route of administration was not always correctly added onto the providers medicines administration recording system, by the dispensing pharmacy, which placed the person at risk of harm. This was rectified on the day of the inspection.
- We found plans to support staff to safely administer 'when required' medicines were not always in place. This meant there was a risk people might not have received their medicines when they needed them.
- Medicines were not always given following the manufacturer's instructions, for example before food, we saw people were given their medicines at the same time as a meal or afterwards. The provider took action to address this.

We recommend the provider's seeks appropriate advice to ensure care plans to support staff to administer 'when required' medicines are reviewed to make sure they are person centred and in place.

Staffing and recruitment

- The provider had established arrangements for the recruitment of new staff. However, we noted shortfalls in 2 staff members' recruitment records and regulatory checks, which included unexplained gaps in their work histories.
- Whilst some staff told us the service would benefit from more staff on core caring duties, we observed there were sufficient staff deployed during the inspection.
- The registered manager monitored the number of staff deployed in the home to help ensure people's needs were met.

Following the inspection, the nominated individual confirmed all staff files would be audited to check for any shortfalls and the 2 staff had completed a form which detailed their full employment histories.

Assessing risk, safety monitoring and management

- The provider had arrangements to assess and manage risks to people's health and wellbeing.
- The provider had carried out environmental risk assessments to ensure the safety of people's living space. The nominated individual explained they were working with Lancashire Fire and Rescue Service to upgrade

the fire arrangements at the home.

- There were arrangements for routine repairs and maintenance of the premises. The safety certificates pertaining to installations and equipment were complete and up to date.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances.
- All people had personal emergency evacuation plan. This set out the help people would need in the event of an urgent evacuation of the home.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to safeguard people from abuse. Staff had completed training which was refreshed at regular intervals.
- Some staff were unsure where to report a safeguarding concern outside of the provider's internal processes. The registered manager had displayed information around the home and agreed to remind staff of external reporting processes.
- People told us they felt safe in the home. One person told us, "There is always someone here 24/7 so that makes me feel safe."
- The provider used computer-based systems to record any safeguarding concerns, accidents and incidents. The data was monitored and reviewed to identify any patterns or trends.
- Various methods had been established to ensure any lessons learned from observations of people's care, incidents, complaints, audits and people's feedback were communicated to the staff team.

Preventing and controlling infection

- We conducted a visual inspection of the building, observed staff practices and discussed the infection prevention control arrangements with the registered manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home had satisfactory standard of cleanliness.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families.

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

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

- People were provided with sufficient food and drink and risks to people's hydration and nutrition had been assessed and recorded.
- People had mixed views on the food provided. One person told us, "The food is alright", however, another person commented, "There is no choice of food and not much variety, you get what you are given."
- We observed the mealtime arrangements on the first day of the inspection and noted some staff interactions were inappropriate.
- We noted people were served very similar meals for lunch and tea.

We recommend the provider seeks advice and guidance to improve people's dining experience.

We discussed these findings with the nominated individual and the registered manager. They explained a new menu had been implemented on the second day of the inspection.

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.

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support.
- Appropriate applications had been submitted to the local authority for DoLS. There was a system to monitor their progress and when an authorisation was due for renewal.
- Mental capacity assessments and best interest decisions had been completed when necessary.

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

- People were supported to access healthcare services and staff monitored their health.
- People's healthcare needs were documented in their care plan including details of how any medical conditions impacted on their daily lives.
- Staff worked with other agencies to ensure people received the support they needed. People were registered with a GP and referrals to other health and social care professionals were made as people's needs changed.

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

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care.
- Nationally recognised assessment tools were used to determine people's support needs. This included the Malnutrition Universal Screening Tool to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk. These were used to help ensure people's needs were met.
- The registered manager explained people were welcome to visit before making the decision to move in.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training.
- New and existing staff completed the provider's ongoing mandatory training as well as specialist training to meet people's needs. The provider had established systems to monitor staff training to ensure all staff completed their training in a timely manner.
- Staff new to a care setting, completed the care certificate. This is a nationally recognised qualification for health and social care staff and includes an assessment of their competencies when carrying out their role.
- Staff were provided with regular support by means of one to one and group meetings. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

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

- The service is provided in two interlinked buildings set in its own grounds. The buildings were known as Orion Court and Ariana Court.
- Orion Court had been redecorated and refurbished. Finishing touches were due to be added to the building to support people living with dementia.
- There was a refurbishment plan for Ariana Court, which was due to be completed by April 2024. The nominated individual also explained there were plans to upgrade the grounds and gardens.

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 our last inspection, this key question was rated as good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and independence were maintained. Whilst most staff interactions were caring and respectful, we noted some staff comments compromised people's dignity.
- People were mostly complementary about the care provided. One person told us, "Its fine here I have no problems at all" and another person said, "The carers look after us." Relatives spoken with also praised the personal care their family member received.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

We discussed our observations with the nominated individual and the registered manager, and they agreed to investigate further to ensure all staff were aware of their responsibilities.

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

- People were supported to express their views and make decisions about their care.
- People's wishes about how they wanted to be supported were gathered during the assessment stage and ongoing consultation.
- In circumstances where people were unable to express their views, decisions were made in their best interest by others who knew them well.

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

- People rights were promoted and supported.
- Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- People's equality characteristics were discussed and respected.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support specific to their needs.
- We saw people's electronic care plans contained information about their specific support needs. The care plan information included risk assessments covering their daily living needs including health and well-being.
- Staff updated daily notes on electronic devices. These notes were added in real time and were accessible to all staff. The devices allowed the management team and staff to update and send important messages relating to care and the operation of the home.
- The provider employed a positive behaviouralist and an occupational therapist as part of the staff team. This meant they could respond quickly to any specific needs.

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

- The provider had arrangements to provide people with a variety of activities and were due to employ an activities co-ordinator. However, people spoken with during the inspection told us, there were no meaningful activities and they had little to occupy their time.
- We observed various activities during the inspection and the staff had maintained records of the activities offered to people on a daily basis.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and recorded in their care plans.
- Information was available in a variety of formats and presented in a way people could understand. This included pictorial information to aid communication and help people make choices.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure, known as "How to make things better." The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- We saw the provider maintained a record of complaints, which included a description of the complaint,

action taken and the outcome.

End of life care and support

- In circumstances where people required end of life care, the staff worked closely with the person and their family as well as health and social care professionals to ensure the comfort and dignity of the person.
- People were offered the opportunity to discuss their end of life wishes, if they wished to.

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, this key question was rated as good. At this inspection, the rating has remained 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; Continuous learning and improving care

- The provider had established auditing systems to maintain ongoing oversight and continued development of the service.
- The registered manager and staff understood their roles and contributions to service delivery. Staff told us they felt supported in their work.
- The provider and management team carried out a series of audits and monitored the standards and quality of the service. Action plans were developed to address any shortfalls.
- The registered manager was supported by the nominated individual who in addition to remote monitoring, visited the service on a regular basis.
- The provider used various communication systems with staff, to ensure continuous learning and improvements took place.

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 nominated individual and registered manager understood their responsibilities under the duty of candour.
- We noted the nominated individual had written duty of candour letters following any notifiable safety incident.

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

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support.
- Staff demonstrated their understanding of the values of the service and that people should be at the centre of their care.

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

- The registered manager and staff involved and engaged people in the service and considered their equality characteristics.

- People living in the home and staff were invited to give feedback on the service and had the opportunity to attend meetings known as 'Running of our home' meetings as well as participating in satisfaction surveys. Action plans and 'You said, we did' displays had been developed in response to any suggestions for improvement.
- The provider and management team fostered and encouraged working in partnership with other professionals and agencies. This included consultation with health and social care professionals to meet people's needs.