

Wellburn Care Homes Limited

Craghall Residential 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 well-led?

Good ●

Summary of findings

Overall summary

Craghall Residential Home is a care home providing personal care for up to 38 older people, including people who may live with dementia. At the time of the inspection 35 people were using the service.

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

Records provided guidance to ensure people received safe, person-centred care and support from all staff members. Systems were in place for people to receive their medicines in a safe way. People received a varied diet.

There was evidence of collaborative working and communication with other professionals to help meet people's needs.

There were enough appropriately skilled and trained staff to meet people's assessed needs. Robust vetting procedures were in place when recruiting new staff.

People were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive. One person commented, "I very much trust the staff, if I ask I know they'd do it."

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

We were assured that the provider was monitoring the use of PPE for effectiveness and people's safety.

There was a welcoming and cheerful atmosphere at the service. One person told us, "I can't think of any improvements, it's a good atmosphere, the staff are so good too."

Staff spoke very positively about working at the home and the people they cared for. Staff said the management team was very approachable and they were supported in their role.

A quality assurance system was in place to assess the standards of care in the service.

People and staff said communication was effective. There were opportunities for people, relatives and staff to give their views about the service.

People were involved in decision making and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating for last inspection

The last rating for this service was good (published 9 January 2019).

Why we inspected

We received concerns in relation to staffing and people's care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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.

We found no evidence during this inspection that people were at risk of harm from these concerns as the provider had taken effective action to mitigate the risks. Please see the safe, effective and well-led sections of this full report.

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

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Craghall Residential Home

Detailed findings

Background to this 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. This was a focused inspection to check whether people were receiving safe care and treatment.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an Expert-by- Experience. 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

Craghall Residential 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 announced. Having consideration of the coronavirus pandemic, we gave the manager a short period of notice of our arrival. This was to ensure safe systems were in place to protect everyone.

Inspection activity started remotely off site on 6 July 2021 and a site visit to the service took place on 13 July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, 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 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.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with 11 members of staff including the registered manager, home manager, two team leaders, four support workers, two housekeeping staff and a kitchen technician. We made observations around the service.

We reviewed a range of records. This included four people's care records and two medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of the steps to follow to raise any safeguarding concerns. Staff had received training relating to safeguarding adults. One member of staff commented, "I'd raise any concerns with the person in charge."
- People said they were kept safe. One person told us, "I'm safe, there's always the emergency button, if I need it, that always makes me feel safe."

Assessing risk, safety monitoring and management

- Systems were more robust to ensure any risks to people's health, safety and well-being were mitigated. Environmental risks were also assessed, with measures put in place to remove or reduce the risks.
- Risk assessments included any risks due to the health and support needs of the person. Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced distressed behaviour.

Learning lessons when things go wrong

- There had been a number of reported incidents of people falling and people with pressure area care needs. This had improved with additional measures put in place to reduce such incidents, including additional checks and monitoring. There was a more robust analysis of all accident and incident reports to help mitigate risk to people's safety
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

Staffing and recruitment

- There were sufficient staff to support people. A person commented, "There are enough staff around, if I needed them, I'd call for them and they'd come straight away."
- A safe recruitment system was in place to help ensure suitable staff were appointed, who were of good character and competent.

Using medicines safely

- Medicines were managed safely. Where people required support to take prescribed medicines, risk assessments and care plans were in place to ensure staff understood how to provide this support in a safe and person-centred way.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

- Staff received regular competency checks to ensure they were safe to administer medicines.

Preventing and controlling infection

- An effective infection control system was in place to keep people safe and reduce the spread of infection.
- The home was maintained in a clean and tidy manner. One person commented, "The home is clean and tidy."
- Staff wore appropriate PPE and had received training regarding the safe use of PPE, including 'putting it on' and 'taking it off.' PPE stations were placed around the home, with stocks of PPE and hand sanitisers also available.

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 this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis.
- Advice was sought from external professionals to ensure support was delivered in line with latest guidance and best practice.
- Assessments included information about people's medical conditions, mental health, dietary requirements and other aspects of their daily lives.

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

- Concerns had been raised about people's care needs not being met appropriately. We found systems were in place to ensure people's health care needs were being met.
- Care plans were developed for each identified health and care need and staff had detailed guidance in care records on how to meet those needs. One person commented, "The doctor comes once a week, you book in advance. Staff also call the doctor in any time if necessary."
- There was effective communication between staff and visiting professionals and staff followed guidance provided to ensure people's needs were met. One person said, "On the whole they are good at keeping me informed about health things."

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

- The premises were adapted for the comfort and convenience of people living there. This included appropriate signage to help people move around the building.
- We had received concerns that sufficient specialist equipment was not available. We found that systems were in place to ensure people were assessed and provided with any specialist equipment required including profiling beds.
- People were supported to personalise their own rooms to ensure they reflected their personal tastes. One person told us, "I have a nice room, and a nice calendar with photos of the family."

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

- People received varied meals at regular times. One person told us, "We get plenty to eat. If you ask for a cup of tea there it is."
- People's weights were well-monitored for risks of malnutrition. Specific nutritional care plans were in place to ensure people were able to enjoy the meals they wanted.

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.

- Staff understood and followed the principles of the MCA and Mental Health Act. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People's legal rights were upheld. Staff sought advice when they were concerned and guidance from external professionals was followed.
- People and their representatives were involved in decisions about care provided. One person told us, "There are no restrictions or rules."

Staff support: induction, training, skills and experience

- Staff members received training that helped maintain their skills.
- New staff completed an induction and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training, including training in safe working practices. One staff member told us, "My training is up-to-date, there are plenty of training opportunities and to advance and ask for additional courses."
- Staff received regular supervision and appraisal to discuss their work performance and personal development. Staff members all said they were, "Well-supported" by the management team."

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were the main focus and central to the processes of care planning, assessment and delivery of care.
- People received safe, effective and consistent care that respected their needs and wishes.
- Records provided information to ensure staff delivered appropriate care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- Regular internal checks and audits were completed to monitor service provision, and systems were in place to check the effectiveness of the audits carried out internally and to observe staff practice.
- The registered manager understood the duty of candour responsibility. This is a set of expectations about being open and transparent when things go wrong.

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

- The registered manager promoted an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making.
- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. Regular group and individual meetings took place with people.
- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes being introduced into the home.
- Staff said they were well-supported. They were very positive about the management team and many of the staff commented how much they "enjoyed coming to work."

Continuous learning and improving care; Working in partnership with others

- The service had a focus on learning and improvement. The management team took on board people's and staff opinions and views to make improvements.

- There was a programme of staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.