

Craven Nursing Home Limited

# Craven Nursing Home Limited


## 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 

### Overall summary

This inspection was carried out on 16 December 2014 and was unannounced. At our last visit to Craven Nursing Home in June 2013 we did not ask for any improvements to be made.

Craven Nursing Home is situated in a semi-rural setting on the outskirts of the market town of Skipton. The home is registered to provide nursing care for up to sixty eight

people, some of whom may have a mental disorder or dementia. The home is separated into three separate units. One of these units cares specifically for people with dementia.

There was a registered manager at this service who had been appointed recently by the registered provider and was registered in November 2014 with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service was safe and people told us they felt safe.

Staff were recruited safely with appropriate checks carried out to ensure staff were suitable to work in a care setting.

Staff were able to describe how they would identify and report abuse and knew how to alert the appropriate

person if necessary. Staff had been trained to meet the needs of people who used this service. They were supported by the registered manager and received regular supervision.

We saw that staff were caring and spoke respectfully to people.

People, who used the service, and their relatives, knew how to make a complaint or raise concerns. They told us they had regular contact with the registered manager and the registered provider and that they felt able to discuss any matters with them. People also told us they felt comfortable with staff.

There was an effective quality assurance system in place at this service.

# Summary of findings

## 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 and people told us that they felt safe living at Craven Nursing Home.

Safe recruitment practices were followed to ensure that people were suitable to work at this setting.

Staff were aware of how to recognise and report any abuse. They had been trained in safeguarding vulnerable adults.

Good



### Is the service effective?

The service was effective. Staff had received appropriate training to enable them to care for people at this service.

Staff were supported through supervision by senior staff.

The service cared for people at this service in line with the principles of the Mental Capacity Act 2005 and Mental Health Act.

Good



### Is the service caring?

The service was caring. Staff were respectful towards people who used the service.

People told us that staff were like 'family' to them and that they felt staff knew how to care for them in a way they liked.

People were able to access advocacy services if they needed to.

Good



### Is the service responsive?

The service was responsive. Care plans focussed on a person's needs and contained detailed information so that staff could meet people's needs consistently and appropriately.

People who used the service knew how to make a complaint or raise concerns. People were confident that they were listened to and that action was taken where necessary.

Good



### Is the service well-led?

The service was well led and was focussed on continual improvements.

There was an effective quality assurance system in place.

Plans were in place for emergencies such as a fire and accidents.

Good



# Craven Nursing Home Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 December 2014 and was unannounced.

The inspection team was made up of one inspector, a bank 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. The expert by experience used on this inspection has experience of caring for someone with dementia and frailty. Before the inspection, the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about

the service, what the service does well and improvements they plan to make. We visited before the PIR was due to be returned to us, however the information will be reviewed and if necessary followed up. We also looked at notifications and other information we held about this service.

We spoke with twelve people who used the service. Nine members of staff, one of whom was the registered manager; the deputy manager, three care assistants, the cook, a housekeeper, the activity organiser, a registered nurse and three visitors. We looked at records in the service including six care and support plans, three staff files, management documentation, audit records and medication administration records. We observed a breakfast and lunchtime period and how medicines were being administered during the visit.

We contacted the local authority and Healthwatch to ask them if they had any comments to make regarding Craven Nursing Home. They told us that they had no concerns.

# Is the service safe?

## Our findings

The service was safe. People who used the service told us that they felt safe living at Craven Nursing Home.

Staff were able to describe how they would identify and report abuse and knew how to alert the appropriate person if necessary. They described the different types of abuse and which situations would constitute abuse. We saw from the training records that staff had been trained in the safeguarding of vulnerable adults. The registered manager knew how to make an alert and one safeguarding alert had been made to the local authority in the last twelve months. The allegations had not been substantiated and we saw records of how the registered manager had taken appropriate action and used the incident as a learning exercise for staff. Staff were also aware of the whistleblowing procedure and gave examples of when they would report a situation and to whom.

We looked at care plans of people who used the service and saw that where risks had been identified, these were assessed and that there were clear actions noted to assist staff in managing those risks. For example, we saw that when someone was identified as being at risk of falling, there was a clear action plan to inform staff what to do to assist the person when mobilising and how to best move them in and out of the bath. This made sure the person was less at risk of falling. We also saw that the home was working closely with the local doctors' surgery to reduce the number of unplanned admissions to hospital, for people with health related conditions. This is an initiative which identifies people most at risk of emergency admissions to hospital and provides them with personalised care to improve their health and also reduce the risk of needing to be admitted to hospital or attend accident and emergency. The registered manager told us the initiative was working well and had been well received by those people involved.

The home was well maintained and safety checks had been carried out to ensure that people who used the service were living in a safe environment. On each floor of the home there was an emergency call system that was in good working order. We tested the system and staff responded in good time to the alert. Cleanliness was of a high standard with staff following good practices with regard to infection control and hygiene.

Safe recruitment practices were followed. We examined three staff recruitment files and saw that appropriate checks had been made to determine whether or not people were suitable to work at this service. People had been checked through the Disclosure and Barring service to check if they had a criminal record and had two references to check their suitability to work in a care setting. If any matters had arisen and needed clarification, the registered manager had followed up the information and recorded this on the staff record.

The staff roster for Craven Nursing Home showed that two shifts were followed. 7.30am – 1.30pm and 1.30pm – 7.30pm. Then a waking night shift started at 7.30pm – 7.30am. There was a 15 minute handover, which staff arrived early for, before their shift started. We observed a handover between the night staff to the day staff. The handover was informative, succinct and included events and care interventions which had happened during the night. The roster showed there was at least one qualified nurse on duty on each of the three units throughout the day and night and a team of care assistants. The home also employed ancillary staff, an activity organiser, an administrator and a human resources coordinator. Three care assistants were due to start work in January 2015, following suitable pre-employment checks and the registered manager had advertised for additional qualified nurses to complement the existing staff team.

The shortfalls in shifts, created by vacancies or staff absences, were covered by agency staff. The home used two agencies and staff were booked in advance, meaning staff could be used on a 'regular' basis and therefore knew the home and the people they were supporting. We did not see any evidence to suggest that staffing levels were insufficient. One person told us, "The staff are lovely here; they come straight away when I press the call bell." Another person told us they had never had to wait for attention, including during the night.

We observed medicines being administered safely and in line with good practice guidelines. Medicine administration records were completed correctly. We saw evidence that weekly medicine audits had been undertaken, which recorded all the medication entering this service and that were held in stock.

## Is the service safe?

We saw records of incidents and accidents, with associated actions, and that these had been analysed and trends identified. The registered manager was able to demonstrate that lessons had been learned from these incidents.

# Is the service effective?

## Our findings

The service was effective. Staff employed at Craven Nursing Home received training in mandatory subjects such as health and safety, fire safety, food hygiene and safeguarding adults. When we looked at staff training records we saw that people who used the service were supported by staff who had also done specific training in subjects such as Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLs), dealing with challenging behaviour and dementia awareness. This meant that people living at Craven Nursing Home were supported by staff who had been trained appropriately.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLs) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by trained professionals to determine whether the restriction is necessary and appropriate. The service was following good practice guidelines. There were ten people using the service who were unable to make their own decisions, as defined in the Mental Capacity Act 2005. The correct procedures had been followed and an application made to put in place appropriate restrictions to ensure the person concerned was safe. The decisions were in line with the persons needs and decisions had been made in the persons best interests.

We saw from records that staff received regular supervision from a senior member of staff. This gave them the opportunity to discuss work related matters and share information in a one to one meeting. We saw that people had received supervision in line with the services policy, which was every two months.

Staff meetings, across all designations of staff were being held. We saw that all meetings had been recorded. From the records of the meetings we could see that the registered manager used the staff meetings as a means of sharing information and providing learning for staff.

We observed staff supporting people and saw that the service met people's needs. For example, a resident who spoke extremely quietly was trying to communicate with a staff member who could not grasp what she was saying. The staff member offered to get a pen and paper so they could write down what they wanted. A visitor told us, "[Relative] is well looked after. I can walk away knowing

she's cared for." One person who used the service told us, "I've been here 4 years and it suits me, the staff are all lovely." Another person told us, "One of the things they do well here is they make us all feel valued and important. That makes a difference."

When we looked at care records we saw that people who used the service had signed the care plan to say they agreed with the content. When we reviewed the care plans we saw that people who used the service had access to healthcare professionals.

People who used the service were able to go out whenever they wished to, and if it was safe to do so. Staff told us that they undertook a risk assessment of people wishing to go out and where appropriate asked people who used the service to provide some information on times of return, who they were meeting, and contact details.

We observed a breakfast and lunchtime period. We saw that people were given sufficient to eat. The four weekly menus were varied and we saw that people who used the service enjoyed the food. They were able to tell us what was for lunch that day and one person told us, "The food is excellent." We also spoke with the cook, who was able to show us how people's dietary needs and particular preferences were catered for. Most of the food was home cooked and the kitchen staff regularly asked for feedback about the menu choices and dishes served.

People were given a choice of where they sat in the dining area, on each of the units, or if they wished to eat in their rooms. Tables were laid for each meal, and a hot trolley was used to transport hot food from the kitchen to each of the units. During our observations we saw that people were given a choice at each meal and staff served food in an unhurried and considerate way. People were given a choice of hot and cold drinks during their meals and extra helpings if they wished. There was a social atmosphere to each meal time and people were given time to enjoy their food.

There was an organised programme of activities. At the time of our visit the activities involved festive themes, however, people told us there was always plenty to get involved in whatever time of year it was. People chose what activities they took part in as part of their daily lives. One person told us, "It's lovely here, there's something to do every day, or visitors come." A visitor commented "I'll tell you what I like here, all the ladies have their nails painted and they look lovely."

## Is the service effective?

The registered manager told us that staff did not engage in any restraint procedures at this service, this is in accordance with good practice guidelines. If the staff were concerned and needed assistance they told us that they would use diversion methods to de-escalate a situation and if necessary call the police. We were told by staff that they had received verbal instructions about de-escalation techniques and that they were confident they knew what to

do in such a situation. Staff were able to describe how they would deal with and report any incidents in detail, showing that they would be able to manage incidents. The registered manager or their deputy provided an on call service for the staff so that they could access advice and assistance at any time. This meant that staff always had access to support.

# Is the service caring?

## Our findings

The service was caring. We saw staff were kind and treated people respectfully. It was clear that people who used the service and staff had a good rapport. Humour was used by staff to engage with people and staff made sure they did not miss opportunities to acknowledge or respond to people either verbally or non-verbally whilst passing through an area or walking beside someone.

We saw that people who used the service mattered to staff. Staff listened to people. We saw that staff knocked on bedroom doors before entering people's bedrooms, therefore maintaining people's privacy.

We saw from people's care plans that they were encouraged to maintain relationships. One person who used the service told us, "My [relative] is made to feel welcome, whenever they visit." This comment was confirmed by other visitors

we spoke with during our visit. People told us that staff were like 'family' to them and that they felt staff knew how to care for them in a way they liked. People were able to access advocacy services if they needed to.

The registered manager, having been in post for a few months, had held an afternoon tea event to introduce herself to relatives. She also told us she was planning a 'residents and relatives' meeting in the new year to encourage people to get more involved in the running of the service and seek their views on how things could be improved.

We talked to staff about the care of people and particularly about end of life care. Staff had a good level of skill and knowledge regarding this and gave examples of where they had cared for people during this time and how they made sure people were comfortable, pain free and respected. We also saw information about this area in the care plans we looked at.

# Is the service responsive?

## Our findings

The service was responsive. We looked at people's care and support records and saw that they had been signed by the person who used the service to show they agreed with the planned care. We also saw that each person had a care coordinator, who reviewed the person's care regularly, along with the staff at Craven Nursing Home.

There were personal and medical histories in people's care and support files, which gave staff information to help them support people appropriately. We could see that the care plans were detailed and personalised and reflected the hopes and aspirations of the person who used the service.

The service employed nurses, both general nurses and mental health nurses, therefore the skills mix enhanced the care and support people were receiving. We also saw from people's records that the local community mental health services gave advice and guidance to people who used the service and staff had regular involvement with them where necessary.

We observed when we visited people's rooms that they reflected people's tastes. For example, people had brought

cherished items and small pieces of furniture with them from home to help them settle. One person had made their room very homely and enjoyed living with all their 'things' on display. They told us the cleaners made an effort to clean around everything and on the day the room was 'bottomed' they made sure everything was returned and in place. This, the person told us, had made a difficult transition easier, and helped them to settle more quickly having their possessions with them.

There was a policy and procedure for people who used the service to use if they wished to raise concerns or a complaint or compliment the service. This was available on each unit or in people's bedrooms. There had been two complaints received within the last twelve months and these had been dealt with appropriately. The service had also received written compliments about the care and support relatives had received and to thank the staff for their dedication and friendliness.

People who used the service knew how to make a complaint or raise concerns. People were confident that they were listened to and that action was taken where necessary.

# Is the service well-led?

## Our findings

The service was well led. We saw from records, and through discussion with the staff, that this service's culture and values were reinforced constantly through positive leadership, supervision and people's behaviours and attitudes. This meant that people who used the service could be confident that the registered manager and staff were building an open culture where people who used the service were able to air their views.

All the staff were clear about how to report concerns and told us they would not hesitate and felt happy to do so. They told us that the registered manager was approachable and one member of staff said, "They are very good the managers. The manager and deputy are 'hands on' and work with us." Another member of staff told us, "If I have a problem, I ask and it gets sorted out."

Staff told us that they felt supported and enjoyed their work. They also told us they were proud of the service they worked in and took a pride in delivering the best care possible. "Nothing is too much trouble," one person told us when referring to the care they received. Records showed that all staff received regular supervision. This meant that staff were clear about what was meant by good practice, what was expected of them and how this would in turn have a beneficial effect on people using the service.

The registered manager was planning to send out staff questionnaires in the new year and relative's questionnaires were due to be sent at the end of December 2014.

There was a clear management structure at Craven Nursing Home. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager had a hands on approach and was a regular

presence in the service. She was supported by a deputy manager and a team of senior staff. During our inspection we spoke with the registered manager and the staff team and they were able to answer all our questions about the people who used the service. They knew how the home ran, who was responsible and the needs of each person living at the service.

The registered manager carried out quality audits every month. We saw audits had been completed for the environment, medicines and care plans. Where any shortfalls were identified actions were set, with a completion date. The registered manager and registered provider demonstrated that they were committed to continuous development and improvement of the service.

Records showed that staff recorded all incidents and accidents which occurred at the service. The registered manager told us that accidents and incidents were recorded and that these were checked on a daily basis to make sure correct procedures had been followed. Incidents were then followed up according to need. The registered manager also analysed incidents and accidents on a monthly basis to identify any trends and address any issues highlighted. For example, if a person was falling regularly and needed to be referred to a falls practitioner.

We saw emergency contingency plans were in place. We saw that there was a fire risk assessment and plan for fire issues and staff were aware of the plans. Safety checks of fire safety equipment and other mains services had been carried out recently and were all up to date.

The registered manager actively sought advice and guidance from other professionals. For example staff worked with healthcare and mental health professionals in order to reach positive outcomes for the people who used the service.