

Crabwall Claremont Limited

Crabwall Hall

Inspection report

Parkgate Road
Mollington
Chester
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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

This was an unannounced inspection carried out on the 18 February 2016.

Crabwall Hall is a two-storey care home situated in the village of Mollington, approximately 2 miles from Chester city centre. People are accommodated on both floors and access between floors is via the lift or the stairs. Accommodation consists of 43 single bedrooms all of which have en-suite facilities. There are two large lounges and a lounge/dining room on the ground floor and a library/study on the first floor. There is also a hair salon. At the time of our visit there were 39 people living at the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage 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 2008 and associated Regulations about how the service is run.

We last inspected the service in January 2014 and the registered provider met all the regulations we reviewed.

Staff understood what was meant by abuse and they were aware of the different types of abuse. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Family members told us that they felt reassured by staff and that their loved ones were safe living at the service.

Staff morale was very good and there was a happy and relaxed atmosphere throughout the service. Staff treated people with kindness and respect and they were caring in their approach. Staff were aware of the importance to respect people's privacy and dignity and to encourage people to maintain their independence. Family members and visitors had no concerns about the care their relatives received. They said they had always been made to feel welcome when visiting.

People's needs were assessed and planned for and staff had personalised information about how best to meet people's needs. People's wishes, preferences and beliefs were reflected in their care plans. Care plans were person centred and detailed people's needs. They were reviewed on a regular basis with the person or other important people such as family members. Staff worked well with external health and social care professionals to make sure people received the care and support they needed. People were referred onto the appropriate service when concerns about their health or wellbeing were noted.

The registered provider ensured that robust recruitment processes were followed. There was sufficient qualified, skilled and experienced staff to meet people's needs.

Staff received support through supervision and team meetings with the management team. This enabled them to discuss any matters, such as their work, training needs or areas of development. All new staff completed an in depth induction programme which consisted of e- learning, face to face training and

mentoring with an experienced colleague. There was a continued programme of planned training which ensured that staff gained the skills and knowledge relevant to their work and to meet the needs of the people who used the service.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had a good knowledge and understanding of the Mental Capacity Act 2005 and of their role and responsibility linked to this. Staff understood the key principles of the MCA 2005.

Medication was well managed at the service. People received their medication as prescribed and staff had completed competency training in the administration and management of medication. Medication administration records (MARs) were appropriately signed and coded for people's prescribed medication.

The service was managed by a person described as friendly and approachable. Systems were in place to monitor the quality of the service and to seek people's views about the service. People gave feedback about the service they received, via questionnaires and at 'resident's meetings'. People and their family members felt that the quality of service was good. Records were regularly completed in line with the registered provider's timescales and CQC were notified as required about incidents and events which had occurred at the service.

The service was accessible, clean, safe and free from unpleasant odours and staff were able to describe their responsibilities for ensuring people were protected against any environmental hazards. Fire safety was well managed and all relevant Health and Safety checks were appropriately completed by a competent person.

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.

Risk management plans and assessments were regularly reviewed and updated.

There were robust and effective procedures for the safe management of people's medicines.

The registered provider had systems in place to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns they had.

Is the service effective?

Good ●

The service was effective.

People were supported to access a range of healthcare professionals in accordance to their needs.

People were supported by well trained and competent staff.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

The service was caring.

Staff were compassionate and caring in their interactions with people and their visitors.

People were treated with dignity and respect. Staff supported people to make choices about their day to day lives and they respected people's wishes.

Staff understood the importance of equality and diversity within the service.

Is the service responsive?

Good 

The service was responsive.

People took part in a range of group and one to one activities according to their interests.

People received care and support in accordance with their needs and preferences.

Care plans were regularly reviewed and reflected people's current needs.

There was a clear complaints procedure in place. Family members were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good 

The service was well-led.

The service was managed by a person registered with CQC. The registered manager and the deputy manager were described as friendly and approachable.

There were effective quality assurance systems in place to monitor the care people received and to plan for on-going improvements.

Crabwall Hall

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.

We visited the service on 18 February 2016. Our inspection was unannounced and the inspection team consisted of one adult social care inspector.

We spoke with five people who used the service and four of their family members. We also spoke with four members of staff, the deputy manager and the registered manager. We looked at the care records relating to four people who used the service, which included, care plans, daily records and medication administration records. We observed interaction between people who received support and staff.

Prior to the inspection we reviewed the information we held about the service including the 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 also reviewed other information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including complaints and safeguarding information. We contacted local commissioners of the service, the local authority safeguarding team and Health watch who had previously visited the service to obtain their views. No concerns were raised about the service. Healthwatch England is the national consumer champion in health and care and they have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Is the service safe?

Our findings

People who used the service told us, "There is always someone around if you need them. That is quite reassuring for me" and "I have an emergency alarm in place at night so I feel very safe. Staff are quick to respond to me if I buzz for them". Family members told us that they felt reassured when they left the service that their relatives were kept safe from harm.

The registered provider had a safeguarding adult's procedure in place and the registered manager and staff were aware of the local authority guidelines and their duty to report safeguarding concerns. A staff member told us, "We are taught about the different types of abuse that could occur and different signs to look for. We would not hesitate in reporting concerns to the right people". Training records showed that the registered provider had ensured staff completed safeguarding training. The registered manager had reported safeguarding concerns to us and the local authority as required to by law, Staff were aware of the registered provider's whistle-blowing procedure and knew that they could use it if they had any concerns about the care practices within the service.

Appropriate assessments had been undertaken to identify risks to people's safety. Care files included a range of plans to guide staff on what they needed to do to support people with things such as their mobility, skin integrity, and falls risks. Staff had a good knowledge of people's needs and were aware of the specific risks people faced with their health. Risk assessments identified the specific care and support needs for each person. For example, a risk assessment was in place for one person who was at high risk of falls and this included the use of assistive technology equipment in the form of a sensor mat to alert staff if the person got out of bed. This meant that staff were able to support the person safely.

Accidents and incidents were appropriately recorded and there was a process in place for reviewing accidents, incidents and safeguarding concerns. This included the completion of a 'root cause analysis' which looked at what was happening before, during and after any incidents and what could be done differently in the future. This ensured that any changes to practice by staff or changes which had to be made to people's support were identified. Staff told us they were informed through meetings with the registered manager when actions needed to be revised.

People were supported to receive their medicines safely. One person told us "I like the staff to look after my medicine for me. They always make sure I have what I need and I can see the records when I want". All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Staff had access to important information about people's medication, including what the medication was for and any possible side effects. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. Staff who administered medication had an excellent knowledge of people's medicine needs and their individual medical history and we observed people being given their medication appropriately. Training records showed staff were suitably trained and had been assessed as competent. New staff were trained by observing and shadowing senior staff members administering medication and then were observed at least

three times to check for understanding and safe administration. Medicine audits were carried out by regularly by the deputy and registered manager.

The registered provider had safe procedures in place for recruiting staff. We viewed recruitment documents for five staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form, two references obtained from applicants previous employers and a Disclosure and Barring Service (DBS) check prior to starting to work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults and they help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

We spoke with the maintenance team and saw that records relating to the safety and maintenance of the service were up to date. Equipment used at the service such as hoists and bath chairs had been regularly tested to ensure their safety and safety checks on gas and electrical equipment were conducted by external specialists. The service had contingency plans in place to deal with emergencies such as a fire, flood, gas leak and loss of power to the home. The registered manager showed us that personal emergency evacuation plans (PEEPS) were currently being developed for each person living at the service. These records identified what support individuals would require in the event of an evacuation. Staff knew where and how to access these documents in the event of an emergency.

All parts of the service were clean and hygienic. Cleaning schedules were in place and these were regularly checked to ensure they were effective. Hand gel and paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about their responsibilities for managing the spread of infection. Regular audits were completed to monitor infection control practices within the service.

Is the service effective?

Our findings

People told us "I am only here for a short stay and the staff have helped me to contact the specialists for updates on my health" and "I'm a little hard of hearing and they arranged for someone to come and test my hearing and I'm now getting a new hearing aid. These are the things I value help with".

The registered manager told us that they were working in partnership with several external organisations to train staff in areas such as safe removal of ear wax and also to gain access to discounted products for people living at the service.

People received visits as required from their GP and other members of the multi-disciplinary team such as district nurses. A record of any intervention or discussions undertaken were recorded by staff in people's care plans. People told us that they were reassured by this and knew that they could ask the staff to request their GP or other services at any other time. Visiting professionals told us that staff were organised, respectful and always offer reassurance and comfort to people.

Lunchtime was a pleasant experience for people; they were relaxed, happy and chatting with staff and each other. Tables were set with appropriate equipment and condiments for people to use. People had access to a range of refreshments before and during their meal including cold and hot drinks, wine, sherry and port. One person told us "I love having my lunchtime sherry, it's medicinal". Meals looked balanced and healthy and people were given their choice of meals at the table or alternatives were made available if they did not like the options presented. Staff provided clear explanations and visual choices were appropriate. The manager informed us that meals were now provided by an independent company onsite and this had improved both the quality and choice available to people. We saw minutes of a meeting where the new menus were discussed and feedback received from people living at the service had been addressed. Comments people made included, "Pizza and chicken Kiev does not work for us" and we noted that these had been removed from the menu. An accurate record of meals served were kept. Where necessary people's food and drink intake had been recorded and their weight monitored to ensure that their nutritional intake was sufficient to keep them healthy. People and visitors had access to a small kitchenette area where they were able to make a hot drink or snack during the day or night.

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us "It's all about their choice. Some people don't want us to discuss their personal business with others. We have to respect their decision" and "We support some people who have a Lasting Power of Attorney in place. There are certain things we can talk to them about.

This is what the person has consented to". Records showed that consent had been sought from relatives in circumstances in which family or relevant others held Lasting power of Attorney (LPA) and could make a decision on someone's behalf. One relative told us "Staff are respectful of the fact that we are asked by [my relative] not to discuss certain elements of their personal business. And equally we respect if staff are asked not to discuss something with us". It was clear through practice we observed that staff asked people for their consent before carrying out any activities and knew that they needed to assist people to make choices where possible. Care records demonstrated that people's consent and ability to make specific decisions had been recorded in their care plans.

The registered manager demonstrated that applications had been made to the local authority on behalf of four people in relation to Deprivation of Liberty Safeguard (DoLS) authorisations. There was a mental capacity assessment in place that considered the deprivation/restriction proposed. The manager informed us that they were waiting for assessments to be completed by the Local Authority.

People were supported by staff who received the necessary training to meet their needs. Staff spoke positively about the training provided. We reviewed the provider's induction programme which included online learning, face to face training and mentoring from a colleague. The programme met with the standards required of the Care Certificate and was awarded to new staff on completion of the learning programme designed to enable them to provide safe and compassionate care. One staff member told us "I haven't been here long and I have completed an induction programme and I'm now shadowing a colleague to learn on the job. I feel very valued".

Most staff had completed all areas of mandatory training in line with the provider's policy, and those who had not, had been identified and were due to complete this training. The registered manager told us that there had been a number of changes in the staff team over the last twelve months and their training needs were being addressed with the training department. Staff also had access to specific training on nutrition, distressed reactions, dementia and care planning. A training matrix chart was used to identify when staff needed training updated. Staff were also supported to gain new skills. The registered provider supported staff to access National Vocational Qualification (NVQ) in management and care were appropriate to their role.

Staff confirmed that they received regular supervision with the management team. They told us, "We get good support from the manager. We discuss what has gone well and also what I need to develop in my role when we have my supervision" and "Supervisions are more regular now. They are very useful to keep me up to date with what I need to be doing or any changes I need to know about". Records confirmed that supervision sessions and annual appraisals were completed in line with the provider's policy.

Is the service caring?

Our findings

People told us that they were treated with respect and staff responded to their views about their care. They said, "The staff are kind and caring" and "The staff are patient and never disrespectful to anyone. They treat me with dignity, which is of great importance to me". One relative told us "I visited the service twice unannounced before [my relative] came to live here. I was welcomed both times and encouraged to spend time here to get a feel for the place. I was filled with reassurance by this".

Relationships between people living at the service and staff appeared calm and relaxed and people spoke positively about staff during our visit. We observed staff speaking with people in a compassionate and kind manner. Staff demonstrated a good knowledge of people such as their likes and dislikes.

Staff supported people to maintain their independence. People were encouraged to make decisions relating to everyday activities such as, choosing what to wear, where they would like to spend their time, who with and for how long. Staff promoted different choices for activity and engagement throughout the course of the day and they spent time sitting and chatting with people. People were encouraged to participate in committees and residents meetings held at the service. This enabled people to have the opportunity to share their views and to have a voice in the development of the service. The registered manager told us "It's important to have feedback from people so we can continue to develop and get it right".

During our inspection we saw that staff sought and acted on people's views and preferences. For example, one person preferred to eat their meal on their own table at lunchtime, and staff respected this and discreetly guided other people to different locations within the dining room. One person told us "Sometimes I like to join with everyone and other times I want to be on my own. I'm never pushed into anything, staff respect my decisions".

Throughout the day we observed staff knocking on bedroom doors prior to entering to ensure people had privacy. Staff understood the importance of ensuring people's privacy was respected and were confident in describing how they protected people's dignity as far as possible in the way that they carried out personal care and support.

Staff showed an understanding of people's needs with regards to their disabilities, race, sexual orientation and gender. Care records showed that staff supported people to practice their religion, attend places of worship or have services at home. One staff member told us "We are all human beings who have our own preferred lifestyles. Our aim is to help people achieve their own personal goals, whatever those goals may be".

Visitors told us they were always welcomed at the service and offered refreshments. There were a number of quiet private spaces where people and their visitors could go to enable them to have conversations without being overheard. They told us "This place is lovely, the staff are welcoming, people are listened too and respected and we are all valued. We couldn't have asked for anything more for [my relative]".

Notice boards at the service were easily accessible and offered a variety of information to everyone living there or visiting. The notices and information displayed helped to keep everyone up to date with the management of the service and also included information on how to access local advocacy services.

Is the service responsive?

Our findings

There was an activities timetable available to everyone who lived at the service. People told us "The activities staff are great. There is always something going on every day" and "We have theme nights here which are really good. There is a Caribbean night in a few weeks time, they are great fun".

There was a wide range of activities available for people to access at the service. This included quizzes, bingo, music sessions, jigsaws and games and outings to the local garden centre and pubs for lunch. Photograph albums of events that had taken place at the service were available for people to reminisce about their experiences. An example of this was the red carpet event that had been held. One person told us "We all dressed up and took turns to have a trip out in the posh car, I felt like royalty. It was a wonderful experience". People were encouraged to pursue their own activities such as puzzles, music and art. Staff told us that one person who played the piano regularly gave performances in the lounge area which other people enjoyed. We observed people reading, and discussing the news in the newspapers. There was a library on the first floor of the service where people could access a wide range of reading materials including audio books for people who have visual difficulties. Some people chose not to join in activities and preferred to remain in their room or just observe others. Hobbies and interests and personal preferences were recorded in people's care plans.

A pre admission assessment was completed prior to a person entering the service and this addressed their physical, mental, emotional and social needs. It also indicated key people in their lives including those that may have legal responsibility for decision making on their behalf. This information then formed the basis of a care plan to direct staff as to how to provide support.

Care plans recorded people's identified needs, and were reviewed monthly or more frequently if a person's condition changed. An analysis of any events that had occurred during the month were reviewed and changes to care or support needs were clearly documented. Care records included a clear personal history, information relating to consent and evidence of individual health care needs. People told us they were consulted about their care when they moved into the service and if and when their needs had changed. Records we viewed confirmed this.

People's preferences were included in care plans for example their preferred times for getting up or going to bed, and preferred food choices. Care plans showed that people and their relatives had been consulted about how they wished to be supported. Monitoring records were in place for people as needed for example those at risk of falls, pressure ulcers or dehydration and completed in detail. During our visit we were shown new care planning documentation that would be implemented by the registered provider. This documentation included the use of the Abbey pain scale to enable the service to effectively assess and monitor people's requirements for pain relief. The registered manager told us "We will be completing another review of everyone's care and support as we transfer over to the new documentation. It is very important that we provide good personalised care and support to people". The registered manager also informed us that the service would be introducing an approach called 'resident of the day'. This approach meant that each day was devoted to a different person and care staff would spend allocated time reviewing

their needs and updating care records as required with the person's involvement.

The registered provider had a complaints policy and procedure in place. People and families said that they had not had cause to make a formal complaint but would go the management team if they needed to. It was felt that most issues could be dealt with informally and people felt able to speak about concerns openly. We saw a record of six complaints since our previous inspection that the provider had acted upon and successfully concluded. We also saw records of compliments from people who used the service and their relatives, including praise for staff kindness, staff being compassionate and approachable and for providing good care.

Is the service well-led?

Our findings

People told us "I know who the manager is and she is always coming to say hello to us and see how we are doing". Relatives told us "The manager is approachable and friendly. Nothing is too much trouble".

The service had a registered manager who was registered with the Care Quality Commission. During the inspection we saw that the registered manager was active in the day to day running of the service. Staff told us that they felt comfortable approaching the registered manager or deputy manager if they needed advice and support. One staff member told us "There have been a lot of changes over the past 12 months, but all for the better. The manager always tries to help us to improve what we do". Staff told us they felt they were listened to by the management team. The registered manager was clear about the values of the registered provider and promoted these throughout the course of our visit. She told us "I value my role and I just want to make sure people receive the best possible care they can whilst they are living with us".

The registered manager had a good awareness of her responsibility in line with the Health and Social care Act 2008. The registered manager had informed the CQC of specific events the registered provider is required, by law, to notify us about and she had reported incidents to other agencies when necessary to keep people safe and well.

The service maintained a robust and effective system for monitoring the quality of the service. Regular audits of the service's systems and processes were completed by the registered manager and also by members of the senior management team. Quality audits covered all aspects of the service including: care files; accidents and incidents; training; complaints; infection control; health and safety; medications and the environment. The registered provider and registered manager evaluated these audits and action plans were written where areas of improvements were identified. Progress was then evaluated the following month. This demonstrated regular and ongoing monitoring and audits were completed within the registered providers identified timescales.

Staff were clear about their roles and responsibilities and attended regular team meetings. Minutes of recent meetings included discussions about medication, activities, record keeping and teamwork. Staff told us that they felt they could contribute feedback and suggest improvements in the day to day running of the service. The minutes showed that the staff were kept up to date with the management of the service.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The registered provider had a comprehensive set of policies and procedures for the service. Records were made available to staff in order to assist them to follow legislation and best practice and ensured that staff had access to up to date information and guidance. A policy folder was available in the staff office for ease of access and they were also made available on-line.