

Solehawk Limited

Craigielea Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Craigielea Nursing Home is a care home that provides accommodation, nursing and personal care for up to 60 people, some of whom are living with a dementia. At the time of the inspection there were 56 people living in the home.

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

The premises were safe and a range of risks were well mitigated. The registered manager had introduced additional checks to ensure the premises were free from clutter, clean and appropriate doors were kept locked.

People felt safe and well supported by staff. Relatives raised no safety concerns and felt staff did a good job in reducing the risks people faced. External professionals shared similar feedback.

There were sufficient staff on duty, and planned in the rota, to ensure people received safe levels of care and the environment was clean and safe.

People's care plans were up to date. Staff updated records electronically via handsets. At times information was added retrospectively due to the number of handsets available. The registered manager and provider assured us they would improve the contemporaneous nature of records.

Systems and processes for identifying patterns and trends were in place. Regular reviews of falls, safeguarding incidents and other incidents were analysed to try and reduce the risk of them repeating.

Medicines administration was safe. Records were clear and there were examples of good practice, for instance the recording of 'when required' medicines and topical medicines (creams). Regular auditing was in place and identified individual errors and areas for improvement, which were acted on. Where there was scope for improved working with the pharmacy, the provider pursued this.

People were kept safe from the risk of abuse. Relevant policies were up to date and information on how to report any concerns was readily available. When incidents occurred the provider acted promptly. The recording of some investigations could have been clearer and more open to scrutiny. The provider responded positively to this feedback and assured us they would review how investigations were documented and reported on.

Staff were recruited safely. Staff felt well supported and able to speak up if they had concerns.

The registered manager had made some positive changes and had more planned. The atmosphere during inspection was upbeat, with a school visit taking place and people relieved that staff were no longer required to wear masks at all times.

There were a range of champions in place for specific areas of practice, such as infection prevention and control, and end of life care.

The registered manager had surveyed people, relatives and visiting professionals regarding the standards of care.

External professionals felt communication from the registered manager was effective.

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

The registered manager demonstrated a good understanding of the service and people who used it.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 April 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Craigielea 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 Act.

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 1 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

Craigielea Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Dependent on their registration with us, Craigielea 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, including notifications of incidents. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete 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 of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service, 7 relatives over the telephone, and 5 staff, including the registered manager, senior carers, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people. We contacted 6 external professionals via telephone and email, including safeguarding, commissioning and infection control teams. We contacted 8 further care staff via email.

We reviewed a range of records. This included 4 people's care records and medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures, training records and meeting minutes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure staff followed the registered manager's or provider's processes to keep people safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Fire exits and corridors were clear of clutter or obstructions. Potential hazards were identified and locked away where appropriate. There were a range of checks in place to ensure these standards were maintained. The registered manager had ensured that staff understood the importance of these checks and were more involved in them.
- Risk assessments were in place and staff had a good understanding of those risks. Some records had been completed retrospectively because of the availability of handsets to update records. The provider had recognised this and committed to improving the availability of handsets.
- Staff responded quickly when people needed help during our inspection, responding to requests and call bells promptly.
- People felt safe and at home. Relatives gave examples of how staff ensured people were safe. One said, "They are safe and they feel safe." Another said, "We haven't had any worries about safety – they are looked after well and we are kept updated."
- The servicing and testing of utilities and emergency equipment were up to date and well planned. Personalised Emergency Evacuation Plans were in place. The provider had up to date continuity plans in place.

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

- The provider reviewed safeguarding policies and procedures regularly. Staff had received safeguarding training. Staff and relatives were clear about how to raise concerns if they had them.
- The monthly analysis of incidents demonstrated reflections on how specific incidents could have been avoided. The registered manager was responsive to feedback about there needing to be broader reflection on the themes identified across incidents and their investigations over a period of time.

Using medicines safely

- Medicines administration was safe and there were examples of good practice. For instance, where people were prescribed medicines 'when required,' information was clear and staff knew what to do. Controlled drugs and topical medicines (creams) were stored and administered appropriately. Staff demonstrated a

sound knowledge of people's needs.

- The provider had stock checks and audits in place to ensure errors were resolved and opportunities for improvement identified.

Staffing and recruitment

- There were sufficient care and auxiliary staff to meet people's needs safely, and to ensure the environment was clean and suitable for people.
- Staff were recruited safely. There were pre-employment checks to reduce the risk of unsuitable people working with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative said, "Top marks for cleaning," and others provided similar positive feedback.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives were able to visit their loved ones, in line with current guidance. Staff were patient and supportive with relatives.

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.

- Capacity assessments and relevant applications to local authorities were up to date. The registered manager demonstrated a good understanding of the principles of the MCA. They ensured any expired DoLS were reviewed and appropriate applications made.

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 we rated this key question requires improvement. At this inspection the rating has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had put in place an action plan since our last inspection and addressed all areas where improvement was required. The provider had ensured staff understood their responsibilities in relation to health and safety. Staff worked together to identify and reduce risks. They were given clear direction and auditing in this area was effective.
- Audits were useful across a range of areas in identifying areas where improvement was required, or where individual errors had been made and needed resolving. These actions were followed up and the consensus of opinion from staff was that this was done in an open way.
- The registered manager held group supervisions where specific learning needed to be shared. Staff also received individual support through supervisions meetings.
- The leadership team worked hard to reduce the reliance on agency staff and to employ staff on a permanent basis. There were 'champions' in place in a range of areas, for instance infection prevention and control and end of life care. People and relatives were generally positive about staff. One said, "There have been a few new faces around recently but still a lot of familiar faces. I haven't noticed any problems with staff shortages."

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

- Most people, relatives and professionals gave positive feedback about the registered manager and how they communicated. The registered manager and nominated individual recognised there were still ongoing areas to improve, such as further refurbishment. There were plans in place for this.
- The atmosphere was relaxed during inspection, with people enjoying visits from relatives and a local school. Staff interacted personably with people. One relative said, "They give me confidence that they know what they're doing." Another said, "I know I can go to the manager if I have any issues – they have resolved things before and we were happy with that."

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

- People were involved in day to day choices and the registered manager planned further involvement, such as seeking people's opinions on how to rename areas of the service. They also planned to bring guest speakers in to engage with people and their relatives about core topics. The provider had also sent out newsletters to keep people and families updated, and undertaken recent surveys to establish areas for

improvement or praise.

- Staff worked well with health and social care professionals. Feedback included, "The communication has definitely improved and we have a good system in place. It's not just the [registered] manager – staff know their roles," and, "They take things on board if and when I suggest things from a care point of view. Communication is generally good and they are always responsive and take feedback on board."

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 had notified CQC of relevant incidents. We provided feedback to the registered manager and nominated individual regarding how to improve the content of some notifications, and the openness and transparency of some incident analysis. Responses to incidents had at times been defensive rather than open.
- The provider investigated individual incidents promptly to ensure people were safe.