

Miss Lucy Craig

Cramlington House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Cramlington House is a purpose-built home which is registered to provide personal care and accommodation for up to 63 people, some of whom are living with dementia.

People's experience of using this service: People, relatives and professional visitors told us it was a homely home with kind, friendly, helpful staff. People using this service benefitted from an outstandingly responsive service.

Care was highly personalised and tailored to meet people's needs. Care staff knew people and their relatives extremely well. They took care to involve and include them and were highly responsive to people's needs. The quality of activities and experiences provided by wellbeing coordinators and care staff was exceptional.

The home was safe, clean and well maintained. Staff had received training in the safeguarding of vulnerable adults and knew the procedures to follow in the event of concerns.

The design of the home took into account best practice, particularly in relation to the needs of people with a dementia related condition.

Staff received regular training including bespoke dementia training developed in-house. This had been accredited by an external training provider, and staff demonstrated a good understanding of people's dementia care needs.

People were well supported with eating and drinking and enjoyed the food at Cramlington House.

Staff were very caring and we saw numerous examples of kind and compassionate care.

The provider and registered manager were supported by a carefully selected senior management team, who had various strengths to bring to the organisation which the provider used to full effect.

There was a strong focus on caring for staff to enable them to provide the best care possible. The provider strived to meet their support and development, and health and wellbeing needs, and had achieved bronze and silver awards in better health at work.

The service continued to have a good track record and close links with the local community.

Rating at last inspection: Good (published 20 July 2016).

Why we inspected: This was a planned inspection which was based upon the previous rating.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate and

high quality care. Further inspections will be planned for future dates.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Cramlington House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an assistant inspector.

Service and service type: Cramlington House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cramlington House does not provide nursing care.

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: The inspection was unannounced. This meant the provider and staff did not know we would be visiting.

What we did:

The registered manager completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with 11 people who used the service, and nine relatives. We spoke with the provider, registered manager, general manager, managing consultant, deputy manager, operations administrator, six care staff, one wellbeing champion, a chef, a GP, a health improvement practitioner specialist and a behaviour

support specialist nurse.

We contacted the local authority safeguarding and contracts teams and used the information they provided when planning our inspection.

We looked at three care plans, three staff recruitment files and a variety of records relating to the quality and safety of the service.

We reviewed all of the information we held about the service including statutory notifications. These are records of events and incidents the provider is legally obliged to inform us of.

We requested and were sent some further information and evidence to corroborate our findings following the inspection site visit.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I am safe and secure, I can even lock my door if I want to."
- The service continued to have a safeguarding policy in place. Staff had received training in the safeguarding of vulnerable adults and knew what to do in the event of concerns of a safeguarding nature.

Assessing risk, safety monitoring and management

- Risks to individual people were assessed and regularly reviewed. Plans were put in place to mitigate these. Personal emergency evacuation plans were completed to support people to leave the building should the need arise, for example during a fire.
- Premises risk assessments were completed to ensure the risk of harm was minimised where possible. Appropriate safety checks were carried out on the premises and equipment.

Staffing and recruitment

- There were suitable numbers of staff on duty during the inspection and people staff and relatives said there were sufficient staff available to provide care in a timely manner.
- Safe recruitment procedures were followed to help protect people from abuse.

Using medicines safely

- Medicines continued to be managed safely. Safe procedures were in place for the ordering, receipt, storage and administration of medicines. Staff were aware of time critical medicines and the importance of these being given on time.

Preventing and controlling infection

- The home was clean and separate domestic staff were employed. They were aware of the procedures to follow including in the event of an outbreak of a contagious illness.
- Care staff followed the correct procedures and used gloves and aprons where necessary.

Learning lessons when things go wrong

- Accidents and incidents were recorded and the registered manager analysed these to check for patterns or trends in order to learn from them and prevent reoccurrence.
- A health and safety audit was carried out and any concerns identified were acted upon.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- A clear record of DoLS applications and authorisations was kept.
- Staff had received training in the MCA and additional bespoke training had been arranged by the provider at the request of senior staff. Face to face training was provided to senior care staff and manager's who found this very beneficial.
- A consent policy remained in place and was appropriately applied.

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

- Pre-admission assessments were carried out prior to people moving into the home to ensure the service could meet their needs.
- Best practice was considered and reference made to NICE (National Institute for health and Care Excellence) guidelines in the design of the premises and development of care policies.

Staff support: induction, training, skills and experience

- Staff received regular training supervision and appraisals. Supervision with their line managers identified staff development and support needs. The training matrix showed training considered mandatory by the provider, was up to date.
- There was an exceptionally strong focus on supporting staff with their psychological and physical well-being. The service had gained a bronze and silver 'better health at work award' and were working towards the gold level and staff had identified areas of their health they would like to improve including taking more exercise and eating more healthily.
- There was investment in staff learning and development through supporting and funding the creation of

bespoke dementia training, which had been developed by one of the senior management team and gained external accreditation.

- The provider also tailored training opportunities to the needs of individual staff at all levels, including face to face MCA training and advanced management training with external mentorship for senior managers. A mentor is usually an individual experienced in their field who supports the advancement of others.

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

- People were supported with eating and drinking. Where people were at risk of losing weight or had swallowing difficulties, referrals were made to appropriate health professionals for support.
- A four week menu cycle was available with alternative options offered to people. Healthy options were available to people and staff, including salads, broths and baked potatoes. The cook was aware of people's special dietary needs and how to prepare special diets.
- We joined people at lunch time and the dining experience was very relaxed and with minimal noise or disruption. People were sensitively supported by staff who were attentive throughout the meal.

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

- The home had been purpose-built. It was designed with dementia friendly principles in mind.
- There were numerous small sitting rooms and dining areas, and areas for people to sit with their relatives. Tea and coffee making facilities were available to people when entertaining guests. A separate hairdressing salon and cinema room were available.
- Effective signage was in place to aid people in finding their way around the home.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of healthcare professionals. Staff worked closely with them to provide effective care.
- We had feedback from health professionals that there could be duplication of information and a breakdown in communication at times but this was improving and action had been taken to address this issue.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff continued to work closely with other agencies. A relative told us, "They keep you informed and if you report an illness for example, the seniors are excellent and will ensure a doctor visits."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported with kindness, and told us they were treated well. People, relatives, and visiting professionals told us there was a warm and welcoming atmosphere in the home and staff were friendly and helpful.
- One person became distressed and restless overnight and we heard now night staff had "taken them under their wing." They spent time with the person, shared their supper with them and took them to McDonalds. They kept a book of '(person's) adventures' which they enjoyed looking at including a picture of them up during the night eating nachos!
- Staff showed affection towards people and relatives told us they would cuddle people to comfort and reassure them when necessary which they felt showed genuine care and concern for people.
- There were several examples of compassionate care. A large part of the home's philosophy was to care for and support relatives and friends of people living in the home. One relative complimented the staff who had delivered Sunday lunch to their door as they were unwell and always joined their relation for lunch in the home. They said, "Without staff at Cramlington House I don't know where I would be."
- Equality and diversity training was provided. There was an inclusive culture in the home and policies reflected how people would be supported. A personal relationship and sexuality policy was available. This was an example of good practice.

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

- There were numerous examples of where people had been involved in decisions about their care and the wider running of the home.
- Information provided to people was available in easy read accessible formats.
- Advocates and enablers supported people where appropriate. Advocates act independently to support people to make and communicate decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity and offered support with discretion and sensitivity. A week-long event was planned for dignity week which included the involvement of people staff and visitors. Dignity word searches were devised and there was a poetry competition. A dignity self-assessment had been downloaded from the Dignity in Care website, and adapted to be made easier to read by one of the home's dignity champions. The provider used this to help assess how well they maintained people's dignity.
- People were supported to be as independent as possible. This was done through detailed assessments capturing exactly what people were able to do for themselves and activities were carefully planned around people's current abilities in order to maintain their skills.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A specialist nurse we spoke with had supported the service to create bespoke care plans to support people with complex dementia related symptoms. They told us, "Staff are extremely friendly and welcoming and appear to be very positive and genuinely care about their residents."
- Care plans were person centred and contained excellent level of detail about people's past life experiences and their care preferences. One person became very distressed during personal care and would only let their spouse support with this. A comprehensive assessment and plan was developed which led to staff being able to support one person with personal care, through working together and learning how best to support them. Their relative said, "Staff are more aware now of [relation's] condition. [Name] will allow staff to assist with personal care needs which they have never done previously."
- Staff knew people well and were highly responsive to their needs. Relatives we spoke with said they had been involved in the care planning process. An electronic care record was in use and the provider was carefully auditing care plans to ensure they were not generic in style due to using a template plan. Care plans continued to be up to date and reviewed on a regular basis. Plans were in place to support people's physical, social and emotional needs.
- The registered manager had regular chats with people to find out how things were going. This often resulted in finding out information about what was important to people which could be added to care plans to further personalise people's care as discussions were documented. One chat highlighted a person was feeling anxious. This enabled the registered manager to explore this and find ways to support them to reduce this.
- The provider had supplemented electronic records with additional bespoke information particularly in relation to developing 'wellbeing care plans.' Wellbeing plans helped to support the social and psychological needs of people, through providing meaningful activity and experiences which were highly personalised.
- People's skills levels were carefully captured to ensure they were supported to contribute at their optimum level, including stating precisely what people could do physically and socially such as stir for themselves, pouring hot or cold liquids, speaking in a group, or leading a group discussion. In the meeting we attended, people sought reassurance from staff when they contributed to discussions and staff were encouraging and supportive of their involvement.
- Wellbeing champions who led on activities, were extremely passionate and we received numerous compliments from people and family members about their dedication and enthusiasm. People enjoyed the activities taking place and we found the wellbeing coordinators made an exceptional effort when planning activities and adapting them to suit people's needs and abilities. There was a strong emphasis on people continuing to contribute and feel valued.
- A holiday was planned in Northumberland for people and their relatives with staff staying on site to

support if necessary. The wellbeing coordinator explained, "Otherwise they might never have the opportunity to go away with their loved ones again and make memories."

- The granddaughter of two people using the service wrote to the home to thank staff who had supported her grandparents to attend her wedding. They said, "The memories and photos we now have being all together on my big day are precious and valuable."
- The service engaged with other activity organisations and one person had begun to play the guitar following being reintroduced to music through an activity arranged in the home. They said, "I felt tearful as it brought back memories of good times. If (name) had not come into my room I might never have played guitar again."
- Social media was used carefully and sensitively to share people's experiences. One relative saw their relation enjoying themselves in a post and said, "It is such a relief to be able to come away on holiday knowing (relative) is receiving the best possible care at the home."
- People were not always able to tell us about their care due to their dementia related condition. We observed that people showed positive signs of wellbeing. They were alert and responsive, and also calm and relaxed. Staff responded promptly to any signs of distress which were minimal.
- A relationships and sexuality policy was in place which met with best practice guidelines and supported people's equality and diversity needs.

End of life care and support

- A GP told us people were kept comfortable and pain free at the end of their lives. Relatives had also used the home for family gatherings following funerals where the home provided facilities and food. This was offered to them free of charge.
- Community nurses supported care staff as required and staff stayed with people nearing the end of their lives, including choosing to come in to sit with people on their days off, particularly if they had no family to be with them.
- There were plans to make a room available to relatives to enable them to have a break while staying on site when visiting seriously ill loved ones.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and a log of complaints received was kept with a record kept of action taken. Complaints were responded to in line with the provider's complaints procedure. One relative told us, "I know how to make a complaint but I have never had to."
- The registered manager had received feedback from a complainant stating, "Everything we covered has been actioned by your team and we are very happy with the care you are providing my mother. As a family we really appreciate the professionalism of your team and the speed in which our concerns have been rectified."
- Numerous compliments had been received by the home.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A relative told us, "The manager has an open door policy and is very approachable. She sits with residents and knows people."
- The culture in the home was open and transparent. This was confirmed by a member of staff we spoke with from the local authority.
- The provider had a strong leadership style which promoted high quality person centred care. The provider had a good understanding that person centred care included valuing and supporting staff, and that supporting their needs was crucial to delivering good care. This was a key feature of the senior management style and something they were committed to improving further.
- The provider was highly committed to the service and was described by staff as very hands on. They knew what was happening in the home and visited regularly. They told us this was genuinely not just a job for them, and their passion and commitment to the service was evident.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Policies and procedures were mapped to CQC's fundamental standards, meaning they used our standards to guide their work.
- The registered manager tried innovative ways to communicate important information to staff such as a weekly blog, accessible to them on the electronic records system. This began with a message of thanks to staff.
- Staff told us they felt well supported by the registered manager who in turn was supported by a consultant, general manager, deputy manager, operations administrator and administrator. Each member of staff we spoke with at all grades, had a clear understanding of their roles and responsibilities.

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

- There were regular meetings and surveys carried out to obtain the views of people, relatives, staff and visiting professionals.
- People using the service were involved in decisions about the home including the recruitment of staff for example. Job applicants were observed spending time with people following their interview to ensure they had the necessary skills to work in the home.
- Information was available in an easy read format about a variety of issues to support people to be as involved and informed as possible.

Continuous learning and improving care

- The registered manager and senior management team were open and honest about things that they wished to improve or had not gone as planned. They were aware there were aspects of the service that they still wanted to improve, but had a clear focus on what these were and had plans in place to achieve this.
- Numerous audits and quality monitoring surveys were carried out which showed the registered manager had reflected on what had gone well, and what could be improved.

Working in partnership with others

- The service had achieved a bronze and silver better health at work award and were working towards gold. This involved supporting staff with health and wellbeing tailored to their specific requests such as eating more healthily, being more active, mental health support and counselling.
- Senior care staff completed mental health first aiders courses to support staff with personal issues. The provider funded two counselling sessions with a local therapist if required. The activities planned to support staff with their health goals included a sponsored walk and 'run to care' where miles were clocked up on a treadmill in aid of The Alzheimer's Society.
- Staff also had access to a bike to work scheme. The health improvement practitioner specialist working with the home to achieve the award explained the commitment needed by organisations to achieve the awards. The activities they carried out to achieve the award involved people and their relatives, and talks from wider community based organisations such as a cancer care charity.
- The service had been approached by members of the public seeking to gain experience of working in a care setting. They were supported by the provider to undertake work experience in the home.
- A chaplain visited the home on a regular basis to support people's spiritual needs.