

Partnerships in Care 1 Limited

Cragston Court

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 ●

Summary of findings

Overall summary

Cragston Court is a care home that provides nursing and personal care and support for up to 20 adults with long term mental health needs. At the time of our inspection there were 17 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection took place on 26 November 2018 and was unannounced.

The service did not have a registered manager in place at the time of inspection. 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. The new manager was able to demonstrate they had begun the registration process with CQC.

People who used the service felt safe and at home in a welcoming and calm environment. Staff helped to ensure people felt at ease in their surroundings and their individualities were respected.

All staff demonstrated an understanding of people's needs and knew how best to reduce the anxieties people faced. Specific risks were well managed and monitored through risk assessments which were regularly reviewed and contained input from external healthcare professionals. Risks to people's finances were mitigated by robust procedures in place.

All aspects of medicines management were safe, including storage and disposal, administration and ongoing monitoring of 'when required' medicines. Areas where practice could be improved were proactively identified and addressed. Staff were suitably trained and knowledgeable with regard to medicines management.

There were sufficient staff to ensure people were safely supported.

The premises were well maintained and clean throughout.

Effective systems were in place to ensure the accurate documentation and update of people's care needs. Staff understood these systems well and liaised effectively with external healthcare professionals.

People experienced good health and wellbeing outcomes thanks to the knowledge and actions of staff and their timely involvement of external professionals.

Staff received a range of mandatory training, which was refreshed regularly and appropriate to the needs of people who used the service. Training was well monitored and managed.

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

The premises were well suited to people's needs, with a range of quiet lounges and dining areas and a central outdoor garden space.

People were extremely complimentary about the care they received from staff and relatives were similarly impressed. Staff knew people extremely well, were able to anticipate their needs and concerns, and demonstrated genuine warmth towards them.

People were encouraged and enabled to take part in the planning of their care and the running of the service.

Activities were meaningful and varied and planned with people's involvement. All staff helped organise and deliver these.

Residents' meetings occurred regularly and were a forum for raising any ideas or concerns people may have about the running of the service.

Staff morale was high and the team worked well together.

The culture was strongly focussed on the needs of individuals and ensuring they had the opportunity to achieved good health and wellbeing outcomes in an environment they felt at home in. The new manager had embraced this culture and was keen to ensure the strengths of the service were maintained. All staff confirmed the management of the service was open, collaborative and approachable.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Cragston Court

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 26 November 2018 and the inspection was unannounced. The inspection team consisted of one adult social care inspector and one specialist advisor who had a background in mental health needs.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams, clinicians and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

During the inspection we spoke with five people who used the service. We observed interactions between staff and people who used the service throughout the inspection. We spoke with eight members of staff: the manager, the clinical lead, the nurse on duty, two support worker staff, the domestic assistant, the cook and the handyman. We looked at three people's care plans, risk assessments, nine people's medicines records, staff training and recruitment documentation, quality assurance systems, meeting minutes and maintenance records. Following the inspection we contacted three family members.

Is the service safe?

Our findings

People who used the service consistently told us they felt safe. One said, "They all look after me well – no problems." Relatives told us, "They feel at home and the staff know them so well. They are safe and we have peace of mind." We observed people engaging with staff in a relaxed and trusting manner throughout the inspection.

All aspects of medicines management were safe. Protocols for 'when required' medicines were detailed and in line with good practice. The use of medicines, including anti-psychotic medicines, was carefully and regularly reviewed to ensure people did not receive medicines if they did not need to. Where people needed periodic medicines on a regular basis this need and impact was clearly documented. A review of medicines administration records (MARs) demonstrated there were no errors and record keeping was accurate and accountable.

Auditing of medicines administration was strong and consistent. Individual errors were identified and corrected. Lessons were learned where trends were identified, or where practice was not strong enough. For instance, the service previously used a pharmacy who would send an alternative medicine when they were out of stock of a particular kind. The service decided this was not good enough and moved to another pharmacy.

There was evidence of current and planned innovative practice to help keep people safe. For instance, highly visible green strips were placed on areas of the medicines room that had been cleaned, with the member of staff signing the strip. This ensured infection control practices were followed and staff were accountable. The clinical lead planned to train staff in phlebotomy (taking a sample of blood) so that this could be done on site. This would mean people would have less anxieties about visiting external clinical environments.

Accidents and incidents were meaningfully analysed and we saw instances of trends being identified and actions put in place to help reduce the likelihood of recurrence.

Risk assessments were in place and were detailed. All staff we spoke with demonstrated a sound knowledge of these. There was evidence of positive risk taking to ensure people's liberties were not unduly restricted in order to keep them safe.

Safeguarding training was in place, regularly refreshed, and all staff were aware of their responsibilities. There were sufficient staff to ensure people were safe, whether at the location or when on outings. All staff were able to calmly de-escalate situations where a person may become anxious. We observed instances of this throughout the inspection. Appropriate pre-employment checks of prospective staff remained in place.

The premises were well maintained by a full-time handyman who was passionate about their role. The servicing of equipment such as electrical and gas systems was up to date. Personal Emergency Evacuation Plans (PEEPs) were up to date and accessible.

All staff respected people's privacy and confidentiality and systems supported this. For example, a whiteboard in the nurse's office could be partially covered with a roller blind to hide any personal sensitive information when people who used the service or others came into the room.

Is the service effective?

Our findings

People received a range of positive health and wellbeing outcomes thanks to the skills and knowledge of a well trained and supported staff team. One person told us, "They are very good at what they do," whilst a relative told us, "They know them inside out, better than we do." One professional told us "The staff team at Cragston Court are very skilled and knowledgeable about mental health."

These opinions were supported by our conversations with staff, all of whom demonstrated an in-depth knowledge of people's needs. Staff received a range of mandatory relevant training to ensure they were able to meet people's needs. Staff were well supported by way of formal supervisions and appraisals and ad hoc support from senior staff.

Care file information, which was stored and updated electronically, clearly documented interactions with external professionals such as consultant psychiatrists, community nurses and GPs. Each person's care notes had a 'dashboard' of core information at the front, for instance blood pressure, weight and oxygen saturation levels. This was updated weekly and gave both staff and external professionals a useful 'at a glance' overview of people's health.

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 Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff fully understood the need to presume capacity and, where a person was not able to make an informed choice, to ensure their best interests were fairly represented by those who knew them well. Where specific restrictions were in place we saw staff liaised effectively with external agencies to ensure all risks were assessed and support was in place.

People were given a choice of meals at every meal. The cook had a good knowledge of people's individual needs and preferences and information was shared well between staff. Menus were planned with input from people who used the service and people were also encouraged to use the small skills kitchen in the service. We observed two people using this independently during the inspection and also saw afternoon sessions for cookery skills development. People were therefore actively supported to pursue greater independence skills.

The premises were well suited to people's needs, with ample quiet lounges, dining areas and outdoor space. Suitable adaptations were in place to ensure people could remain mobile and independent.

Is the service caring?

Our findings

People who used the service told us, "This is my home and it's a great place to live. The staff are so kind and helpful to me" and "The staff are so kind. Last night they made me hot chocolate, brought me an extra blanket and gave me two paracetamol then checked I was okay during the night." Relatives gave similar praise, stating, "It's wonderful – the staff are lovely," and "He feels really comfortable there and that's down to the care. Most of the staff have been there as long as he has. He's at home."

The theme of continuity was a consistent one, with people evidently trusting and getting on well with staff who knew them well. The new manager was keen to retain this continuity. We observed a strong rapport between staff and people who used the service, for instance the sharing of jokes. This was not just care staff but with all staff. The domestic assistant and handyman both had received training relevant to people's needs and interacted warmly with people. People we spoke with and relatives felt the continuity of care was key to the good health and wellbeing outcomes people had experienced. One person who used the service said, "Before I came here to live I was so lonely and not well. Since I moved here I have made friends and my life has been turned around."

External professionals agreed, with one saying, "My client has really benefitted from the consistent support and caring approach provided by the staff." One staff member said, "I have worked here for many years and it is good when the residents build up a relationship with you and trust you, I find it so rewarding." We found this represented the culture at the service.

The atmosphere at the home was friendly, calm and welcoming. Staff supported people with a range of complex needs in an individualised way that meant all people who used the service could feel at home. People's spiritual preferences were respected.

People were fully involved in the planning and review of their own care. They and relatives confirmed they were regularly consulted and took part in care review meetings. They were encouraged to play an active role in the service more generally. One person produced a newsletter for the service and this was displayed on the notice board. They also chaired the residents' meetings, which occurred regularly and were a forum for people to air any questions or concerns. This meant people were given autonomy and meaningful roles within the service.

We observed people being treated with respect and dignity throughout the inspection. Staff clearly had a strong understanding of what comforted people and what might make them anxious. One staff member noted that a person was becoming distressed and so sat with them for a period of time, listened to their concerns, empathised and helped them ease their anxieties.

People's individuality was respected and celebrated. At Christmas people were bought a gift and encouraged to take part in decorating the home. One relative told us, "They really make a fuss on people's birthdays – it's so nice."

People's independence was encouraged and supported on a daily basis. People regularly went to the local shops. At least one member of staff was available to walk to the local shops on a daily basis should anyone who required support to do so choose to go.

Is the service responsive?

Our findings

People's needs had been comprehensively assessed prior to moving to the home. Most people had lived there for a number of years and their current health status was accurately reflected in electronic care records. Staff also however had access to files with background information that was pertinent to people's mental wellbeing.

People's feedback was actively and regularly sought, both through day to day interactions and more formal means. A residents meeting gathered monthly and made suggestions about menu planning, activities and fundraising.

One person told us, "I am listened to here," and one person's relative said, "They are always updating us and are very open." An external professional told us, "I am impressed with the flexible and individual approach that Cragston Court staff have with the residents."

People were empowered to make suggestions and saw that these were acted on by the provider. For instance, one person suggested raising funds for a cancer charity and this was supported by the staff and other people at the home.

All records we looked at were sufficiently detailed, up to date and accurate, meaning staff could effectively handover information to other colleagues and also share with relevant external healthcare professionals when necessary. A registered mental nurse due to start at the service was to be given a week's supernumerary time planned in to ensure they could be given sufficient opportunity to familiarise themselves with people's needs and care records. All staff were given appropriate time and support to ensure person-centred care could be planned and delivered.

Nobody using the service at the time of inspection felt the need to raise a complaint. All people we spoke with were comfortable raising concerns with individual staff. Relatives we spoke with confirmed, "They always get in touch with us first and we wouldn't hesitate if there was something wrong."

Activities were advertised on a whiteboard in an accessible location and we observed staff asking and encouraging people to participate during the day. A number of people took part and enjoyed a game of bingo – they chose to do this rather than the planned cookery session as a number of people had colds. We saw other activities planned included crafts (some people made Christmas cards during the inspection), karaoke, games and trips out. The service did not have an activities co-ordinator in place but rather all staff knew it was their responsibility to encourage and take part in activities. The handyman, for example, was a regular participant at the frequent karaoke events.

The provider ensured people who wanted to discuss their care should they approach the end of their life had the opportunity to do this. Good links were in place with external nurses and in-house training ensured staff knew how to sensitively discuss this topic with people and support them when needed.

Is the service well-led?

Our findings

The manager had relevant background and experience and had begun the application process to register with the Commission. 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.

The manager had spent the first three weeks of their induction getting to know people who used the service and staff. It was evident they understood what was important to people and had begun to build a strong rapport with people. We observed the manager interacting empathetically and respectfully with a number of people who used the service. The manager had attended the staff 'Feelgood Friday' breakfast where staff gathered to eat breakfast together and had also spent time shadowing members of staff to understand their roles. Staff told us, "The new manager is really nice – very approachable." Another said, "They are taking the time to get to know us and not just bring in new things for the sake of it. They always have an open door."

The manager was supported in their induction by a regional director who visited weekly. They confirmed they had been made to feel extremely welcome by the staff team. The manager also attended meetings with respective registered managers of the provider's other services and confirmed there were good levels of corporate support. We saw they had an action plan in place for their first months in the service.

The clinical lead had also been employed recently, although they had previous experience at the service. They, other nursing staff and support staff demonstrated a comprehensive awareness of people's needs.

The manager inherited a robust set of quality assurance and auditing processes and was keen to ensure they continued working well. For instance, medicines audits were suitably detailed and health and safety audits of the premises ensured high standards or repair and cleanliness were maintained. Checks and audits were appropriately delegated to staff with the relevant skills and knowledge, with the manager keeping oversight and conducting their own checks.

All staff we spoke with were enthusiastic about their role, felt well supported by their immediate management and by the provider. The culture was one of genuinely personalised approaches to care to ensure people who used the service felt respected and valued as individuals. Morale was high and staff at all levels worked well as a team to ensure people felt safe and at home.

The provider's literature described one key aim of the service to, "Work together with Service Users, and even their Families to create positive, meaningful and lasting outcomes." We found this had been achieved over a period of time thanks to the dedication of long serving staff and the support and systems in place.