Wellburn Care Homes Limited

Craghall Residential Home

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

We carried out an inspection of Craghall Residential Home on 21June and 1 July 2016. The first day of the inspection was unannounced. We last inspected Craghall Residential Home in June 2014 and found the service was meeting the relevant regulations in force at that time.

Craghall Residential Home provides accommodation and personal care for up to 38 people, including people living with dementia. There were 35 people accommodated there on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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.

People told us they felt safe and were well cared for. Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe.

The building was safe and well maintained. As the service was provided in a period property adaptations had been made and additional signage provided to improve safety and highlight potential hazards, such as internal steps. Other risks associated with the building and working practices were assessed and steps taken to reduce the likelihood of harm occurring. The home was clean throughout.

We observed staff acted in a courteous, professional and safe manner when supporting people. Staffing levels were sufficient to safely meet people's needs. The provider had a robust system to ensure new staff were subject to thorough recruitment checks.

Medicines were safely managed.

As Craghall Residential Home is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. Where necessary, DoLS had been applied for. Staff obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the service. Further training was planned to ensure their skills and knowledge were up to date. Staff were well supported by the registered manager.

Staff were aware of people's nutritional needs and where people were at risk of malnutrition, appropriate support was provided. People's health needs were identified and external professionals involved if

necessary. This ensured people's general medical needs were met promptly. People were provided with assistance to access healthcare services.

Activities were offered within the home and included occasional trips out. We observed staff interacted positively with people. We saw that staff treated people with respect and explained clearly to us how people's privacy, dignity and confidentiality were maintained. Staff understood the needs of people and we saw care plans and associated documentation were clear and person centred.

People using the service and staff spoke well of the registered manager and they felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and oversight from external managers.

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 safe.

People said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe. There were systems in place to manage risks and respond to safeguarding matters.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well supported and who received safety and care related training. Further training reflective of people's needs was planned.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy were respected and they were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided. They were offered and attended a range of social activities.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People using the service and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

Craghall Residential Home

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 June and 1 July 2016 and the first day was unannounced. The inspection team consisted of an adult social care 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.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We sought feedback from the local authority who commissioned services at Craghall Residential Home.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations, speaking with people, interviewing staff and reviewing records. We spoke with eight people who used the service and two visiting relatives. We spoke with the registered manager and six other members of staff, including the deputy manager, senior care staff, care workers, catering and domestic staff.

We looked at a sample of records including four people's care plans and other associated documentation, medicine records, four staff files, which included staff training and supervision records, two staff member's recruitment records, accident and incident records, policies and procedures, and audit documents.

Good

Is the service safe?

Our findings

People who used the service said they felt safe and comfortable at Craghall Residential Home. When asked about their safety one person we spoke with said, "Oh yes, because there's always someone around. Because I've got M.S. (multiple sclerosis) and I fall, there's always someone to help me." When asked if they felt safe, another person said, "Yes, very. There's always someone to help you if there's a problem anywhere." The relatives we spoke with all expressed the view that their loved ones were safe.

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that allegations and concerns would be handled appropriately by their managers. Staff confirmed they had attended relevant training on identifying and reporting abuse.

People's finances were safeguarded. Only small cash balances were held for people using the service. Clear records, with receipts retained, were kept for cash deposits and expenditure. Those records and cash balances we examined were accurate.

Where concerns were apparent about a person's mobility, behaviour, or general welfare and there was the risk of them being harmed, staff had developed plans of care and risk assessments. These were designed to inform staff of the area of concern and to ensure a consistent approach was taken to minimise risks. The registered manager and other senior staff were aware of when they needed to report concerns to the local safeguarding adult's team and where appropriate to other agencies. We reviewed records and saw that concerns had been reported appropriately so steps could be taken to protect people from the risk of further harm.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Needs assessments, support plans and risk assessments were all regularly reviewed and kept up to date to ensure they accurately reflected people's level of need, and the associated level of risk. Examples included risks associated with manual handling, falls and pressure area care. Accidents were logged and analysed. Where people were at particular risk of falls, or other accidents, appropriate referrals were made to other professionals and staff took steps to increase levels of monitoring. Staff were available 24 hours a day to respond to calls for help and assistance. An alarm call system was also fitted throughout the home to enable help to be summoned remotely. When referring to using the alarm call, a person told us, "I didn't have to wait very long, just a couple of minutes." Another person remarked to us, "They come quickly, oh yeah, yeah. And because I fall, they assume that's why I'm calling, so they come straight away." Some people were unsure about using their call bell. Staff therefore carried out routine room checks to monitor people's wellbeing.

Practical measures were in place to keep people safe. For example, bath temperatures were automatically controlled by thermostatic mixer valves. Staff checked the temperature of the water to ensure this was at a safe and comfortable temperature, with records kept to confirm this.

Overall, the home was safe, but the carpets and floors in some areas were heavily worn, as well as some of the paintwork. Individual rooms were clean and fresh-smelling. The registered manager informed us a programme of refurbishment was about to commence. The registered manager kept copies of service records including electricity, gas and water system checks carried out by external contractors. There were no sharp or hard fixed furnishings which could cause injury and doors to the units had key pads to keep people safe from leaving by wandering from the unit and coming to harm. Bathroom and lounge areas were free from other obvious hazards, although due to the adapted nature of the building, there were some steps in corridors. Some areas had stair lifts to enable access and signage to warn people about the steps. Shared areas of the home were free from unpleasant odours and appeared clean.

The registered manager's view was that staffing levels were adequate to ensure people remained safe. Staff appeared to be busy, but not rushed. We observed staff had time to chat with people and participate in activities. Individual need levels were assessed and then aggregated to formulate an overall figure to determined minimum acceptable levels. This enabled the registered manager to determine a baseline figure from which to base suitable staffing levels. We heard mixed views about the adequacy of staffing levels. A person who used the service said, "Oh no. They're so busy and if someone's gone on holiday or ill, it's terrible. They're lovely staff, but there's not really enough of them." Another person said, "Oh yes, they're marvellous. I wouldn't have lasted so long without them." "They're very good; for me anyway. They always have time." A relative told us, "There seems to be (enough staff)." Another said, "Yes, usually. They have the odd day when there's not quite enough." A staff member spoken with said, "We've a good lot of staff. Sickness can cause pressure, but to help cover the domestics get the same training as carers so they can cover shifts."

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks were carried out by the registered manager and included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for the most recently recruited staff members. Appropriate documentation and checks were in place for them. They had not been confirmed in post before a DBS check and references had been received.

Suitable arrangements were in place to support the safe administration of medicines. People expressed confidence in the way their medicines were handled. One person said, "They bring them automatically to people who use them." Another person said, "I always get my medicines when I need them." During this inspection we observed medicines being offered to people safely, and with due regard to good hygiene. A monitored dosage system (MDS) was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored safely. The store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. We found medicines which were dispensed in the MDS were well accounted for, with clear records of administration kept, corresponding to stocks held. Those supplied in bottles or the manufacturer's original packaging was subject to regular checks and stocks held corresponded to records. Records and stocks were accurate for variable dose medicines and those where doses were regularly reviewed and changed.

Good

Is the service effective?

Our findings

People who used the service made positive remarks about the staff team and their ability to do their job effectively. One person described staff as, "Lovely, friendly, very caring." Another person said of staff, "Helpful, polite. They've all been very good." Staff made positive comments about the support they received and training attended. One staff member said of their training, "It's necessary, it's good and it helps you understand more." Another said of their supervision and support arrangement, "It's an open door."

Staff we spoke with said they received supervision with their managers. A staff member described the areas covered, including, "What you have and haven't enjoyed, training, anything you need help with and anything that'll make the home better. We discuss policies and procedures." Records confirmed staff attended regular individual supervisions and group meetings. Staff we spoke with felt the supervision they received was helpful. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles and their general welfare.

Records showed staff had received safety related training on topics such as first aid, moving and handling, and food hygiene. Topics and learning opportunities relevant to the health and care needs of people using the service were also offered. Further training was planned, including refresher training once training was deemed to be out of date. Staff also had access to additional information and learning material relevant to the needs of people living at Craghall Residential Home.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. They told us people's capacity to make decisions for themselves was considered as part of a formal assessment. Those people living with dementia had their capacity to make decisions assessed. Where they lacked capacity and decisions were taken in their best interests, a DoLS had been applied for. A copy of the authorisation was retained on file so staff were aware of any relevant conditions attached to the authorisation. For example some people were supervised when outside the home and staff requested they inform them before going outside unaccompanied. Regarding this one person commented, "Oh yes. I find it a bit frustrating that I can't go out in the garden and sit there without someone with me. Other than that, it's OK." People using the service confirmed staff sought their

consent before providing care. One person said, "Yes, they ask before they do anything." Another person said, "I can go out when I want, or when I'm invited."

People expressed positive opinions on the food provided. One person said, "We get fed alright. Sometimes it's very nice. It's always edible." Another person commented, "It's alright. There's plenty of it. We usually have a choice. If I wanted to drink all day I could." A further comment was, "I can ask for a drink anytime." We observed people using the home and visitors being offered drinks (and asked their preference) at regular intervals.

Staff undertook nutritional assessments and if necessary drew up a plan of care for meeting dietary needs. This was reviewed periodically; either monthly or weekly depending on people's needs. People's weights were regularly monitored to ensure care was effective and to identify the need for additional advice and support from the GP or dietitian. We saw this support and advice had been arranged where people were at risk of malnutrition and supplementary food products had been prescribed for them. Catering staff told us they were fully informed about people's dietary needs and choices and fortified food with full fat milk and butter where appropriate. We observed staff were kind and caring when offering support at meal times, being seated with those people who needed help to eat and drink.

People using the service and their relatives confirmed that health care from health professionals, such as the General Practitioner (GP) or dentist could be accessed as and when required. One person said, "I do get help to see the GP etc. Usually, they'll send someone with me." Another person told us, "Yes, they get my GP if I need him." Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Links with other health care professionals and specialists to help make sure people received appropriate healthcare had been made. For example, the input of the dietitian was documented and their advice was incorporated into care plans. Care plans relating to healthcare needs were up to date and completed appropriately. Medical history information was gathered and was available in a way that could easily be communicated with other services, for example when someone needed to be admitted to hospital at short notice.

Good

Is the service caring?

Our findings

People using the service told us they were happy living at the home and their privacy and dignity were promoted. One person said, "Yep. If I have to take my clothes off, they're there to cover me up. Anything I can't manage, they do. They always close the curtains etc." Regarding their privacy another person commented, "Oh yes, rather. I wouldn't let them if they were cheeky." A further remark made to us was, "Oh yes. If they didn't, I'd be annoyed about it." People confirmed staff would knock on bedroom doors before entering. One person said, "They do knock on the door." Another told us, "No, they don't just walk in, no." One person said, "I don't hear it." While interviewing people in their rooms, we observed staff knocked on the door, although would on occasion walk in with no time for response.

We observed staff members interacted in a caring and respectful manner with people using the service. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. Where staff provided one to one support they sat with, chatted to and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. We observed appropriate humour and warmth from staff towards people using the service. The atmosphere in the home appeared calm, friendly, warm and welcoming.

We saw people being spoken with considerately and staff were seen to be polite. We observed the people using the service to be relaxed when in the presence of staff. Staff were clear about the need to ensure people's privacy; ensuring personal matters were not discussed openly and records were stored securely. One staff member told us, "We always knock on doors." Another said, "We always make sure the bathroom doors are closed."

During the inspection we observed people were able to spend time in the privacy of their own rooms and in different areas of the home. A staff member told us, "We give a choice about when to get up and go to bed." We also saw practical steps had been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms.

People confirmed staff were caring and that they were treated kindly. People told us they were involved in decisions about their care and stated if they had any worries they could approach the staff and they would help. One person said, "Yes, they include me. And I can ask for whatever as well. If I don't like what they're doing or whatever, I can tell them." Another person told us, "We talked about it when I first came. The situation's not changed since I came in, so I haven't had to talk about it." Relatives also informed us that they were kept up to date and involved in important decisions about their loved ones care. Evidence that people using the service were involved in aspects of planning their care and treatment was also documented in care files, including an initial induction to the home. The registered manager was aware of local advocacy services available to support decision making for people should this be needed. Staff told us they were updated about people's needs at 'hand over' meetings to ensure such decisions were implemented in practice. We observed people being asked for their opinions on various matters, and we observed staff discussed and encouraged participation in day to day activities.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. A staff member told us, "Relatives can see care plans." They went on to describe how an advocate had been involved with another person's care in the past. A relative explained how they were kept involved in their loved ones care, stating, "Yes, everything. Lock, stock and two smoking barrels." Another relative said, "Yes. If there was anything I wanted in particular, they're quite approachable; I would just ask."

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had moved to Craghall Residential Home an initial assessment of their needs had been undertaken. Their needs had been reviewed and re-assessed since that time. From these re-assessments a number of areas of support had been identified by staff and care plans developed to outline the care needed from staff. There was evidence to show that people's care and treatment was reviewed and re-assessed in response to changes. For example, staff acted on feedback from people, or instances where people's needs had changed or risks increased. Areas included changes in people's behaviour, nutritional risks and personal care needs.

Staff developed care plans with a focus on maintaining people's skills and independence. They covered a range of areas including; physical health, psychological health, leisure activities, and relationships that were important to people. We saw that care plans were reviewed periodically and if new areas of support were identified, or changes had occurred, then they were modified to address these changes. Care plans were evaluated regularly and included updates on the progress made in achieving identified goals. They were sufficiently detailed to guide staffs' care practice. Staff detailed the advice and input of other care professionals within individual care plans so that their guidance could be incorporated into care practice.

Progress records were available for each person. These were individual to each person and written with sufficient details to record people's daily routine and note significant events. Such records also helped monitor people's health and well-being. Additional monitoring records helped evidence the care and support provided, for example with activities, diet and fluid intake. Areas of concern were recorded and these were escalated appropriately, for example to the GP, or to mental health and community healthcare professionals, such as the speech and language therapist or dietitian.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

People using the service spoke of a wide range of activities available to them. One person listed some of these, including, "Indoor golf, aromatherapy and hand massage." Another person stated, "If there's anything going on, I'll certainly join in. I'm very nosey; I like to know what's going on." A further comment made to us was, "There's quite a lot, but I can't be bothered with a lot of it, but I love going out on the coach."

The people living at Craghall Residential Home accessed a variety of activities, both away from the service and in house. The activities on offer were varied and interesting. Activities included aromatherapy, movie afternoons, manicures, board games and trips out. Church services and communion were offered, as were activities linked to key events and celebrations, such as Wimbledon, royal events and culturally significant celebrations. We spoke with a newly recruited activities worker, who worked full-time; Monday to Friday. The activities worker showed us the activity plan for the whole of June which included weekends as well. Although they didn't work Saturday's and Sunday's, they had made provision for these days with the help of the care staff who, they informed us were, "very good." Their goals were to take all people using the service who wished on a trip to Beamish. They also aimed to set up a 'rookie golf' league consisting of all the Wellburn homes (13 in total) and for them to play against each other. The activities worker also had links with a local primary school.

The activities worker had sent a letter to all family members, introducing them self and asking whether they had any suggestions of interests their relatives would enjoy. They had also asked for old photos to make up a scrapbook of memories. They told us that their intention was to set up memory boxes that people could talk to the children about, in small groups.

In their short time at the home the activities worker had already arranged a visit from a retired police detective, who included the people living at the service in taking fingerprints and talking about their significance in police work. The activities worker was very excited to tell us that this visit was so successful, that even people who didn't normally join in were really interested. This worker was highly motivated and keen to find interests and activities so that all people would be able to benefit from.

People using the service expressed a good understanding of to whom and how to complain. Most said they would speak to a member of staff and the registered manager if they had any concerns. For example one person said, "Well, I would talk to [registered manager] or [deputy]." One relative said, "Oh yes, I know where No.1 [the manager] is." We saw information about making a complaint was available on the service's notice board. People expressed confidence that complaints would be acknowledged and dealt with appropriately. One person said, "I do think it would be dealt with as I'm confident in them." A relative said, "I would say, probably yes, not that we've had any complaints as such." Another told us, "Yes. If there has ever been anything minor, it's always been sorted." There were five complaints recorded within the service during the twelve months prior to the inspection. Records showed the complaints were acknowledged, investigated, an outcome communicated to the person concerned and apology offered where appropriate. A record of compliments was also kept, as well as numerous thank you cards, where people expressed thanks and gratitude for the care given and approach of staff.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. They had been registered in respect of this service in 2011. People told us they were happy at the home and with the leadership at the home. One person told us, "Oh, she's alright, fine. She's approachable; you can have a joke." Another person said, "Oh, [Name]? Marvellous." A relative commented to us, "I find [Name] quite helpful. In fact, most of the staff are extremely helpful. They all know my name." When asked if they would recommend the service another relative said, "Yes, I would. My cousin came over recently, and commented on how much nicer the home was compared to where her father was. The only thing that lets it down is the furnishing, but I understand there's going to be refurbishment." A further remark made to us was, "Yes. I think it's a nice place. Staff are good in my opinion. The whole demeanour of the place is nice. Nice gardens etc." The registered manager took us around the home and introduced us to people living in the home. She appeared to know people well and they were relaxed in her company.

Staff were complimentary about the leadership of the service. One staff member said, "[Name] is fine. I could go to her for anything. As long as the residents are alright she's alright." Another commented, "[Name] is clear about expectations. She would soon tell you if she wasn't happy." Staff also told us about how they were involved in the operation of the service and that events and incidents were discussed openly.

The registered manager was present and assisted us with the inspection. They appeared to know the people using the service and the staff well and had a visible presence within the service. Paper records we requested were produced for us promptly and we were able to access care records we required. The registered manager was able to highlight their priorities for the future of the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send the Care Quality Commission notifications for certain events and had done so. The registered manager told us about the underlying values they saw as important, including ensuring people were treated with dignity and respect. Care staff were also clear about expected standards of work and the registered manager's ethos.

To ensure a continued awareness of current good practice the registered manager attended on-going training and had networked with other managers within the provider group and more widely. They had supported the learning and development of colleagues. They sought the advice and input of relevant professionals, including in relation to people's general medical and mental health needs.

We saw the registered manager and senior staff carried out a range of checks and audits at the home. A representative from the provider organisation also visited to carry out a quality check on care and staffing issues, and staff confirmed senior managers attended the service periodically, seeking their views and those of the people living at Craghall Residential Home. Annual questionnaire surveys were carried out and those received from people using the service, their relatives and care professionals contained positive feedback, with high levels of satisfaction expressed. A relative confirmed they had received a questionnaire stating, "Yes. Every now and then, I get a questionnaire."

Staff expressed they were 'well informed' about matters affecting the home. The registered manager told us

there were staff meetings and meetings for people living in the home. Records confirmed this was the case. There was a broad range of topics discussed. The team meetings included discussions of care related, safety and personnel issues. This gave people using the service and staff the opportunity to be involved in the running of the home and to be consulted on subjects important to them.