

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Crawshaw Hall Medical Centre and Nursing Home

Burnley Road, Crawshawbooth, Rossendale, BB4 8LZ

Tel: 01706228694

Date of Inspection: 31 March 2015

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment

✓ Met this standard

Meeting nutritional needs

✓ Met this standard

Details about this location

Registered Provider	Crawshaw Hall Healthcare Limited
Registered Managers	Mr Adrian Andrew Mr Jainaraine Buluck
Overview of the service	Crawshaw Hall medical centre and nursing home consists of two adjoining buildings and is registered to provide personal and nursing care for up to 44 people. The nursing home accommodates people with a mental disorder or dementia and the medical centre accommodates people with a physical disability. Crawshaw Hall medical centre and nursing home are situated on the outskirts of Crawshawbooth. There is a car park for visitors and staff and accessible gardens for people living in the home.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Crawshaw Hall Medical Centre and Nursing Home had taken action to meet the following essential standards:

- Consent to care and treatment
- Meeting nutritional needs

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 March 2015, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We previously visited the service on 28th May 2014 and identified a breach of regulation 18 consent to care and treatment as well as regulation 14 meeting nutritional needs. We asked the provider to send us an action plan to tell us how they would ensure the breach was met. We revisited the service on 31st March 2015 to follow up on these breaches. The inspection was carried out by an adult social care inspector. During our inspection we spoke with four care staff and the registered manager. We spoke with people who use the service and undertook observations in public areas of the home. We looked at care records for six people who use the service as well as records relating to people's daily care.

Is the service safe?

Staff, people who live at the home and visitors told us they felt there was enough staff on duty at any time. This enabled people to be assisted with the food and drink in an appropriate time. All staff felt they received sufficient relevant training and felt competent to do their job. A member of staff told us "Yes there are enough staff here."

Is the service effective?

People's needs were being met at the home. We found people's needs were assessed in a timely manner and care files included information about people's diagnosed health conditions as well as their preferences. People's nutrition was monitored and there was liaison with other services.

Is the service caring?

We observed staff were kind, encouraging and spoke to people who used the service in a friendly manner. People appeared to be treated with dignity and the staff could tell us how they ensured people's dignity was maintained. During mealtimes people were assisted in a calm manner and had their meal explained to them. One member of staff told us "I always

knock on people's door." One person who lived at the home told us "The staff here are friendly and welcoming."

Is the service responsive?

People's needs had been assessed before they moved to the home. People's records identified personal preferences and choices and the support that needed to be provided. People had consented to the care that they received. The staff worked with GPs, dieticians and district nurses to ensure the appropriate care was being given to people.

Is the service well-led?

Staff felt listened to and supported by the registered manager. Staff had access to and were supported to undertake relevant training. There were systems in place to monitor the quality of the service.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our last inspection we identified concerns in relation to consent. We found documentation that related to Deprivation of Liberty Safeguards (DoLS) was out of date and that staff were not able to explain their understanding of the DoLS process and the impact on a person living at the home. We asked the provider to send us an action plan about how they would ensure this breach was met. We looked at this during our inspection.

People living at the home told us they were happy with the care they received. One person told us "They (staff) always ask me first before offering to do something." Another told us "I get up and go to bed whenever I choose. You get all the help and support you want." Another told us "I can go out when and where I want, that's what I like."

We reviewed the care plans of six people living at the home. Relevant documentation including care plans and risk assessments were in place and we saw these had been signed and agreed by people who use the service or their relative. The records were person centered and contained a lifestyle section. We saw evidence of reviews taking place and a relative told us "They (the staff) go through everything with me including medication, they keep me well informed." Where it was appropriate completed DoLS application and authorisations were in place. These authorisations were up to date and were included in the care plan so it identified how it impacted on the person and their care. This would ensure people who used the service were not being deprived of their liberty unlawfully.

We reviewed staff training records which identified staff on the elderly mentally ill unit and registered managers had received relevant and up to date DoLS training. Staff confirmed they had received training on the mental capacity act and DoLS.

We spoke to staff about their understanding of DoLS. Staff were able to explain why a DoLS application may be made and what impact an authorisation being in place could have on a person's care. Staff were able to describe how the process relates to the mental

capacity act. One member of staff told us "It's about if you have not got capacity to make a particular decision and it is put in place to help safeguard, it is not for the staff's convenience." Another member of staff explained how a DoLS authorisation was in place to support a person receiving help with their personal care.

Staff told us about the training they had received in dignity and care. One member of staff told us "It is important people have choices and that we do not take peoples independence away from them." Another told us how she supports new staff working at the home "I make sure new staff are aware of the importance of talking to people and explaining things to them and getting a persons consent." This meant the provider had systems and training in place to obtain a persons consent and to maintain the person's dignity and independence.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration

Reasons for our judgement

during our last inspection we identified concerns in relation to meeting nutritional needs. This was because we had concerns regarding the manner in which people were assisted with their food and drink. We also noted that a referral to a dietician had not been made appropriately. We asked the provider to send us an action plan about how they would ensure this breach was met. We looked at this during our inspection.

At the time of our visit we observed snacks, drinks and meals being served to the people living in the home. We observed that meal times were undertaken in two sittings. The manager explained how this enabled staff to spend time with individual people supporting them with their meals. We found the meal time to be delivered in a quiet and unhurried manner. There were sufficient staff available to support people. Staff engaged with people, explaining what they were receiving in their meals, offering support with eating if this was required. People were seen engaging in conversation with each other freely if they wished. The menu was available in picture format for those people who required alternative communication aids. We were told that occasionally people who used the service were assisted to order a 'take away' meal if they chose. One person told us "The food is pretty good and there are choices." Another person said "I find the food good here and I can choose what I want." A relative told us "My wife is on a soft diet and there do not seem any problems with it, they look after me too as I come every day."

We reviewed six care plans and we saw evidence of up to date nutritional risk assessments in place. People who required records relating to food and fluids were noted to be in place and contained details of people's intakes. Records contained details that covered the twenty four hour period. We noted people who used the service had details relating to regular weight monitoring. There was evidence of action taken if concerns were raised about people's weight such as a referral to the GP. This meant systems were in place to ensure people who used the service received safe and effective care because staff ensured appropriate measures were taken if referral for follow up and assessment was required.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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