

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

# Summary of findings

## Overall summary

Craghall Residential Home is a residential care home for 38 people, some of whom are living with dementia.

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.

At this inspection we found the service remained Good.

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. Staff were knowledgeable about the Mental Capacity Act and ensuring people were always supported to make choices.

Staff were complimentary about the training and support they received, which included regular supervisions and appraisals. We reviewed the recruitment processes and noted that staff completed a comprehensive recruitment process prior to starting in post. At the time of the inspection the service did have some vacancies, but these were being covered by the staff team whilst recruitment was ongoing.

Staff were knowledgeable about safeguarding procedures and confident they could speak to the manager about any concerns they had. People and relatives also told us they would be confident and speak up about anything they felt needed to change. We noted that any complaints received were acted upon accordingly.

The provider was in the process of rolling out a new electronic software package for care planning. We saw that all care plans were person centred and contained appropriate risk assessments.

The feedback we received about the activities organised by and within the home were "Outstanding." We noted there was a variety of activities to suit everyone within the home. The activities coordinator had conducted a number of evaluations to ensure that everyone was receiving equal opportunities and that the events were well received and people were engaged. People were encouraged to have personal goals and the staff team aimed to help facilitate those goals being met.

The senior staff and the management team had thorough auditing process in place. The audits purpose was to ensure there was an effective tool for helping to improve the service.

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.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service has improved to outstanding.	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# 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 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.

This inspection took place on 31 October 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection was conducted by one inspector.

Prior to the inspection, we checked information which we had received about the service. This included notifications which the provider had sent us. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the local authority's safeguarding adults team and contracts and commissioning teams. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We spoke with four relatives and five people. We spoke with the registered manager and six staff. We examined three care files and records relating to staff. In addition, we checked records relating to the management of the service such as audits and reviews. Our observations included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

## Is the service safe?

### Our findings

Everyone we spoke to told us the people living at Craghall Residential Home were safe. One person said, "Oh yes I'm safe, it's lovely here isn't it." One relative we spoke to said, "I'm really happy that my [relative] is safe, they are so relaxed here. It's their home now."

Staff told us the staffing levels were always safe. At the time of the inspection there were some vacancies, but these were consistently being covered by the existing staff team. Staff were confident in safeguarding procedures, they continued to be trained appropriately and all told us they would be confident in raising any concerns.

Medicine systems continued to be safely managed. Audit procedures were in place to identify any recording gaps or errors. Senior staff who were responsible for medicine administration were up to date with their training and competency assessments. The medicine administration records (MARs) we reviewed were up to date, accurately completed and had appropriate signatures to evidence medicines had been administered as prescribed.

Fire drills had been completed regularly and Personal Emergency Evacuation Plans (PEEPs) were in place for each person living at the home to ensure they could be supported out of the building in the event of an emergency. We noted the PEEPs were comprehensive and included detailed relevant information such as walks slowly, or becomes anxious.

Risks throughout the home were appropriately managed. For individuals we saw the risk assessments were linked to people's care plans to provide a holistic approach. As the provider was using an electronic care planning system it prompted for when further information was required, or a care plan needed to be put in place. For example, a falls risk assessment was in place which considered areas such as medication, mobility and communication and whether they could impact on a person's likelihood of falling. Depending upon the results of the risk assessment depended upon whether a falls care plan was required.

Recruitment at the service continued to be thorough. Records included interview questions, proof of ID, disclosure and barring checks as well as written references.

## Is the service effective?

### Our findings

People were complimentary about the staff at the home. One person said, "The staff are so helpful."

We saw people continued to have their needs assessed prior to coming to live at the home. This enabled the provider to ensure they could meet people's needs.

Staff told us they were well trained and the training they received was both face to face and eLearning [computer based]. Training was followed by a competency assessment in a number of cases. Staff told us how they all received the same training, irrespective of their job role, and this enabled them to work together as a team and support each other. One staff member said, "It's great because if any of us see someone struggling or needing support then we do it, it doesn't matter what our job title is."

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 Safeguarding (DoLS). We reviewed the systems in place for DoLS and noted they continued to be applied for and well documented. Mental Capacity Assessments were in place when required and staff were knowledgeable on this subject.

Staff supervisions and appraisals were up to date. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff. The provider was in the process of rolling out an amended supervision form during our inspection. The new form included an expanded area of health, safety and welfare and prompted management and staff to talk about stress in the workplace. The registered manager was very positive and described how they felt it was in everyone's interests for people to be confident in talking about anything that causes them stress.

People were positive about the food options available to them. During lunch time on our inspection people had the choice of turkey and vegetables or lamb and mint pie. Everyone we spoke to was complimentary about the food. Throughout the visit we noted snacks and drinks were available in communal areas, either for people to be able to access themselves, or so they were on hand for staff to support people.

The building continued to be appropriately equipped. Since our last inspection a new bath had been installed which people and staff were very excited about. Staff told us how not only was the bath more comfortable and relaxing for people but it also increased safety in that it regulated the bath temperature and also had sensors installed so it could not overflow.

## Is the service caring?

### Our findings

Everyone we spoke to was complimentary about the care they received at the home. One person said, "It's lovely here, I love it." They continued to say, "They [staff] really look after me, they are all brilliant." One relative said, "I am very happy, I wouldn't change anything about [relative's] care."

Relatives we spoke to were very positive about the impact moving into Craghall Residential home had on their loved ones. One relative described that when their family member was unable to live on their own they had moved in with a relative and they asked each day when they were going home. They told us that since moving into Craghall they'd really settled and never asked that question anymore.

During our inspection we observed caring and friendly relationships between staff and the people living in the home. Everyone appeared very relaxed. A lot of people were engaging in conversation amongst themselves and we noted that when visitors came, they knew a lot of people other than the person they were visiting.

Staff always tried to maintain people's privacy and dignity wherever possible. We observed when one person was describing to staff that they had an ache in their stomach the staff member very discretely asked if they maybe needed the toilet.

Throughout our visit we observed staff supporting people, but wherever possible promoting their independence and either guiding them or staying nearby for reassurance.

## Is the service responsive?

### Our findings

Activities were a very big part of the atmosphere in the home. For each month there was a 'Wellbeing Planner' available in advance which listed for morning and afternoon everything that was going to be facilitated across the home. These included things such as: arts and crafts, parachute games, reminiscence, karaoke, puppet shows, colouring in therapy and Tai Chi. Tai Chi combines deep breathing and relaxation with flowing movements.

Staff were key in ensuring socialising and engagement were a part of the culture at the home, they made sure that everyone had equal opportunities to become involved. We observed that staff had extensive knowledge of people's preferences, values and beliefs and respected these would play a part in their decision making and what they chose to engage in.

During our inspection the home was trialling a large activity table. This was a large electronic system which could be used upright as a TV/Computer but also presented at different angles, including horizontal so people could interact with it. Throughout our visit we noted people using the table for activities that interested them personally, such as playing the piano or having a game of scrabble. We observed that the table positioning could be tailored so that if people had a disability adaptations could be easily made which allowed them to feel included with minimal effort. We observed a group of people sat round the table doing a jigsaw together.

Throughout our visit we noted there was different clusters of people engaging in different activities, some of which developed so much enthusiasm it interested people sitting nearby. For example, a group of people were showing great enthusiasm working with a staff member and a white board trying to work out how many individuals words they could make out of a bigger word. Prior to lunch people were trying to list as many different types of dance as possible. Staff were inviting people they were sitting with to take part and there was a great deal of passion and pride in everyone in the room as the number they could collectively think of kept rising.

The service had developed a resource area for people and their relatives. They had picked topics that people might want to know about or might struggle to understand and pulled together varied resources to help aid people. Topics available included dementia and deprivation of liberty safeguards. The materials were available in easy read using pictures as well as larger text. The registered manager explained that they really wanted to support relatives in understanding the terminology that was used, or in cases like dementia, what their loved one was experiencing. People told us how they had found the resources beneficial and in some cases, had worked through them with the person so they could learn together.

The activity coordinator regularly analysed and evaluated the activities they had on offer throughout the home. When external activities were in the home they completed an observation to see who was watching, who was engaging and whether people were receptive of the activity. They told us they wanted to ensure that everything had a purpose. We noted the evaluation was allowing the provider and staff members to ensure everything they were doing was supporting people to live as full a life as possible.



People's relatives and friends were invited to attend events. We noted as part of the evaluation the activity coordinator was reviewing attendance. They explained that they recognised the importance in people sharing experiences with their families.

When reviewing the 'resident's' questionnaire results from 2018 we noted the following had been written by a relative, "The variety and amount of activities available is outstanding. She thoroughly enjoys these activities, especially singing old songs and playing golf." Feedback we received throughout the inspection and our individual observations showed the value the activities and engagement added to each person's day.

Each person living at the home had been given the opportunity to set themselves some goals. The documentation said, "...setting ourselves regular goals, however big or small, keeps us on our toes and gives us a greater sense of accomplishment. And we can feel a huge sense of pride too, if and when we achieve the goals we set." The activity coordinator had coordinated everyone's goals and included them within their plans. They had made a grid with everyone's goals, how they could be achieved, the costs/resources required and other people who might benefit. In some cases, they had grouped people together, where appropriate so people could have a shared experience.

People were very passionate when telling us about the goals they had achieved. The provider had a bus that was shared amongst the home and the bus availability had been coordinated to help support people. One person told us how she and some other ladies within the home had got the bus to a nice tea room. A staff member described how one person had wanted to feed the ducks so this had been arranged for a group and everyone went out for lunch afterwards.

The activity staff member told us how they worked flexibly within their hours. For example, it was approaching bonfire night so they were taking some people to sea front to watch the fireworks on an evening, whilst others were going to the pantomime.

Staff were very knowledgeable about people's preferences, they told us the different ways they had engaged with people to get to know about them and what mattered to them. They described how one person had developed an interest in rummaging. However, they were very proud and would not want anything that was infantile or appeared childish. The staff member had got the person a jewellery box and they now 'sorted' the jewellery and gems.

People told us how they loved to celebrate each others birthday. When it was someone's birthday they always got a card and a birthday cake and the staff sang happy birthday. For special occasions or if people wanted to they also had birthday parties.

Since the activity coordinator had started they had introduced a daily disco. This was a 15-30 minutes time after lunch where favourite music was played for people to dance, clap or sing along. The activity coordinator explained they picked the music based upon people's life stories, so they ensured they captured some of people's favourite songs throughout the week. We observed people were actively participating and enjoying the disco session.

As well as in-house activities the home had a large number of external activities that took place. For example, rookie golf, Tai-Chi, Aromatherapy and an animal workshop were all ran regularly. The home also had a designated dog from wag and company called Bella who visited regularly throughout the month. People told us how much they looked forward to Bella's visits.

The provider had recently introduced electronic care plans. All the care plans and risk assessments were set up on the new system at the time of our inspection, however they were being printed off and used on paper whilst staff and management were gaining confidence with the system.

The software used for the care plans was bespoke and the provider and management team had been involved in designing it to be what they had specifically wanted. One staff member said, "All of the care plans have been drafted to ensure we they are always person centred. For each care plan we are focusing on what the outcome is for the person, such as eating safely."

Each person had a complaints procedure available to them in their service user guide. All the complaints we reviewed had been investigated appropriately. People told us they were confident in raising concerns. One relative said, "If I want to query anything I know I can."

At the time of our inspection no one was receiving end of life care but we discussed with the registered manager the processes they would follow if this was the case.

## Is the service well-led?

### Our findings

The home continued to be well-led and people and staff were very positive about the management team and the support they received.

The home had a registered manager in place, who was in post at the previous 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.

All of the senior staff were involved in the governance [continuously improving the quality of the service] within the home. They completed audits and checks and were positive about their outcomes. One staff member described how they had recorded a lounge chair required replacing due to wear and tear. They said they recorded it in the audit, the registered manager raised it with the regional manager and then a new one appeared.

Staff all told us how the registered manager was very supportive. One staff member said, "We can talk to her about anything really, it's a very easy conversation, she's always open to talk about things."

We reviewed the recent employee engagement survey and noted very positive results were recorded, especially in health and safety and equality at work. Some of the comments from the survey included, "Craghall is well-led. (Registered manager's name) is a credit to the company" and "The company is well-led. It's nice to see (Provider's name) visiting the homes so staff know who they are."

We saw minutes from 'resident and relative's' meetings and confirmed they were regular. The meeting in October 2018 had discussed suggestions for trips out, Christmas, food, and idea for a tuck shop and activities.

The provider had also completed a 'resident' questionnaire and had received 100% positive feedback.