

Crawshaw Hall Healthcare Limited

Crawshaw Hall Medical Centre and Nursing Home

Inspection report

Burnley Road
Crawshawbooth
Rossendale
Lancashire
BB4 8LZ

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Crawshaw Hall Medical Centre and Nursing Home is a residential care home that was providing personal and nursing care to 48 people at the time of the inspection. The service can support up to 50 people. The home is situated in the village of Crawshawbooth close to the town of Rawtenstall, Lancashire.

People's experience of using this service and what we found:

The registered manager had allowed staff to complete some safety documentation knowing that this was incorrect and the checks had not been made. This relates to the management and governance of the service and has led to a breach of the regulations that can be seen in the 'well-led' section of this report.

Safety concerns had been raised prior to the inspection around environmental concerns. These were not seen at the inspection. Two bedrooms that were not in use required some maintenance and some electrical tests had not been completed when record supported they had. These matters were resolved before this report was drafted. Other safety considerations had been completed appropriately and the service had ensured that aspects of the environment, such as fire safety, had received proper attention.

People were supported to be safe. Staff received safeguarding training and had a good understanding of the principals involved in acting when abuse was suspected.

People's needs were met through assessments and support planning. The service worked with healthcare and social professionals to achieve positive outcomes for people. Staff had good knowledge and skills and this ensured people's needs were well met.

Staff described being supported by the registered manager and provider. There were quality assurance systems and processes to monitor the service and drive improvements.

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

Rating at last inspection and update:

At the last inspection, the service was rated 'Good' (published 28 April 2018).

Why we inspected:

The inspection was prompted, in part, due to concerns received about risks relating to safety of people's surroundings. It also incorporated some consideration into the circumstances of a specific incident. This involved a person sustaining a serious injury. The surroundings of this incident is subject to an investigation where another agency is leading enquiries. This inspection did not examine the detail of that incident.

The information CQC received about these safety concerns also indicated concerns about the management of the service. A decision was made for us to inspect and examine the risks.

We have found evidence that the provider needs to make some improvements. Please see the 'well-led' sections of this full report.

The provider has taken action to mitigate the risks involved with these concerns and we were satisfied that this has been effective.

You can see what action we have asked the provider to take at the end of this full report.

Follow up:

We will continue to review information we receive about the service including information from the independent investigation. We will also return to visit as part of our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Crawshaw Hall Medical Centre and Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by an inspector and an inspection manager.

Service and service type:

Crawshaw Hall Medical Centre and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Our inspection was informed by information we already held about the service. We sought feedback from partner agencies and professionals. We also checked for feedback we received from the local authority and health care professionals.

Our plan took into account information the provider sent us since the last inspection. We also considered

information about matters the provider must notify us about, such as events involving injury and alleged abuse.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We visited the home and met the registered manager, a representative of the provider and care staff. We reviewed two care records and policies and procedures. We considered two staff recruitment and personnel files and other records about the management of the service. We also completed a review of the safety of the environment of the home which including a selection of people's bedrooms and communal areas.

After the inspection:

We continued to seek clarification from the registered manager and provider to corroborate evidence we found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk and safety monitoring was safe. Prior to the inspection concern had been raised about some aspects of safety management including issues with a stair lift, a heating boiler and the size of food portions. The registered manager and representative of the provider provided a full and satisfactory explanation around these matters and we saw evidence to support these concerns were unfounded.
- We were allowed full access to the home. We found two bedrooms could be unsafe to occupy. The rooms were locked and unoccupied. One had a large unrestricted window that could allow someone to fall and another had an exposed electrical light fitting. We were assured that these rooms had been decommissioned because of the need for maintenance and would be made safe before use. All other areas of the home were safe.
- Records did however wrongly support the service had recently conducted electrical appliance testing. Although the tests were not required as they had been properly conducted previously and within the approved time-frame, the false records could mislead someone conducting a safety review. These issues were resolved after the inspection and before drafting this report. Further reference to this can be seen in the 'well-led' section of this report.
- The service managed other risks to people's safety including risks to people's health and well-being. Regular checks were made to ensure fire equipment, including alarms, were safe. Mock evacuations took place. This was so people could leave the home safely in an emergency. We found personal emergency evacuation plans were in place for all people who used the service and had been updated when people's needs had changed.
- People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, medicines, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines. Staff were aware of people's risks and knew how to support people in a safe way.
- The provider had a contingency plan to safely maintain the business and continuation of support to people in the event of an emergency.

Staffing and recruitment

- The provider had a recruitment system but there were concerns about the recruitment of one member of staff who had been employed since the last inspection. The provider had made insufficient checks before the staff member started work. Other checks such as criminal records and identity checks had been made. As a result of further enquiries, we were satisfied that the member of staff did not pose a risk to people at the service.

- Staff rotas supported there were enough staff members available to manage and support people's needs. We noted a good staff presence during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and other types of harm. The service had a safeguarding and whistleblowing policy which set out the types of abuse, how to raise referrals and the expectations of staff. Staff were well trained in safeguarding and had good skills to ensure people remained safe.

Using medicines safely

- People's medicines were administered safely. The service had a medicines policy which covered the recording, storage and administration of medicines. Records showed staff were up to date with medicines training.
- People were supported with medicines and had a medication administration record. These were accurately completed and showed that people received their medicines as prescribed. Where there were issues, we noted action was taken quickly to ensure people were safe.

Preventing and controlling infection

- People were protected against the risk of infection. We noted the home was clean and tidy and there were systems in place to ensure that all areas of the home were clean. People's bedrooms were clean and tidy. A separate member of staff was assigned to clean the home and was not involved in care duties.
- We noted staff wore personal protection equipment. Staff had been trained in infection control and some in food hygiene.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the registered manager. We noted these were discussed in meetings and supervision sessions.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'good'. At this inspection this key question has deteriorated to 'requires improvement'.

This meant the service management and leadership was sometimes inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found an issue with quality performance and the requirements of regulatory responsibility. The registered manager had been involved with a member of staff in creating records relating to safety testing of electrical equipment. The equipment did not fall to be tested as it had been previously tested within the timeframe of guidance and, in any event, no actual tests had taken place.

This was a failure to govern and manage appropriately and was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, a senior representative of the provider contacted us to advise of steps that would be taken to avoid a repeat of the situation that led to the breach of regulations.

- The service had complied with other regulatory requirements such as submitting formal notifications. This meant CQC had the opportunity of monitoring situations whilst safety concerns were under consideration by the local authority and other authorities.
- There was an on-call system that provided support staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Save for the issue that led to a breach of the regulations, there was an openness and transparency about the way the service was run to enhance the care and support that was provided.
- The service was committed to providing person-centred and high-quality care. They did this by engaging with everyone connected to the service, including people using the service, their relatives, staff and health care professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out

some specific requirements providers must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology.

- Where there were issues, such as when a person had fallen and hurt themselves, all relevant people were involved and any apologies were provided.
- Records relating to the care and support of people who used the service were accurate, up to date and complete.
- Comprehensive policies and procedures were available to support staff in care delivery.

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

- The provider and registered manager engaged with staff and people's relatives to provide care that promoted positive outcomes and support.
- A staff member we spoke with was complimentary about the registered manager and representatives of the provider and said they were approachable and supportive. They said that they could provide feedback at any time and were regularly consulted about aspects of the service.
- Records showed regular staff meetings were being held. At the last meeting in June 2019, staff discussed activities that were to be planned at the home.
- We noted formal feedback from relatives which contained positive comments about staff and the registered manager.

Continuous learning and improving care

- There was an emphasis on continuous learning and development within the service. For example, the senior provider representative had prepared a 'learning' document that dealt with the issue giving rise to the breaches of regulations at this inspection.
- The service had quality assurance processes and systems to monitor and improve the service. We noted the registered manager discussed this with staff at team meetings.
- Annual surveys were sent out to people who used the service and their relatives. We noted that the results from the 2018 survey were positive.

Working in partnership with others

- The service worked in partnership with key organisations and partners to support the delivery of quality care. For example, we noted staff had consulted and made representations about a person's deteriorating health to ensure that the right type of support was in place for their needs.
- The registered manager said, "We engage with other services including doctors and nurses and of course our residents' families. We all want what's best for them."