# Inspection Report

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

## Craigielea Nursing Home

739 Durham Road, Gateshead, NE9 6AT

Tel: 01914874121

Date of Inspections: 11 July 2013
21 June 2013

Date of Publication: July 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Meeting nutritional needs** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Safety and suitability of premises** | ✓ Met this standard |
| **Safety, availability and suitability of equipment** | ✓ Met this standard |
| **Financial position** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Gateshead Dispensary Nursing Home (Craigielea) Limited |
| Registered Manager | Ms. Deborah Craig |
| Overview of the service | Craigielea Nursing Home is a 64 bed care home that provides nursing and personal care to older people with dementia. The service is registered with the Care Quality Commission for the regulated activities of accommodation for people who require nursing or personal care, treatment of disease, disorder or injury, and diagnostic and screening procedures. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 21 June 2013 and 11 July 2013, 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

The Care Quality Commission received a telephone call raising a number of issues about this service. These issues were included in the responsive and scheduled inspections of this service. The inspection team for the second inspection included an expert by experience who concentrated on the views of people who used the service. We used a number of methods to help us understand the experiences of people who used the service. These included observing care, speaking with people who used the service, reviewing comments and surveys and speaking with staff.

During our inspection the expert by experience was able to speak to 13 residents individually. All said they felt safe and were treated with respect. One person said the home was "Not like one's own home but next best thing", and another "The best place around here". One person said the home was "First class – just what the doctor ordered". One relative told us she was "totally happy with the way her mother was treated" and she and her mother "were fully consulted and informed of purpose of treatment" given. There was a good rapport between residents and staff, who attended to people's needs promptly and in an unhurried way.

We spoke to staff, who were knowledgeable about people's care needs and what they should do to support them.

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

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

During our inspection an expert by experience was able to speak to 13 residents individually. All said they felt safe and were treated with respect.

They told us they were able to move about the home as they wished and also make use of the pleasant garden. One person said the home was "Not like one's own home but next best thing", and another "The best place around here". A few people who used the service said they came down from their bedroom for the day and had to wait until after tea to return to their rooms. We discussed this with the manager and she believed this was due to lack of awareness that they were free to return to their own room at any time. The manager said there was no restriction on people moving around the home and she would emphasise this at the next residents' meeting. Peoples' diversity, values and human rights were respected.

One person said they found life too regimented but had no complaints about any individual aspects. This was also discussed with the manager and the expert by experience was told the individual was having difficulty adjusting to the new situation but this was being actively managed and reflected in his care records.

People spoken to, were happy with the television, which was not too loud for people watching. We saw people were able to turn it off or down after checking with others in the room. There were a number of small sitting areas and people had their favourite places. A number of people said they had made friends with others at the home and most had visitors coming to the home. We spoke to one relative who was visiting her mother. She told us she was "totally happy with the way her mother was treated" and she and her mother "were fully consulted and informed of purpose of treatment" given. People who use the service understood the care and treatment choices available to them.

A small group of people spoken to by the expert by experience included a lady of 100 who proudly told us about the celebrations that had been laid on for her including a guided tour of Newcastle United football ground. All the group were cheerful and appreciative of the

care they received. Everybody felt confident that if they had a problem they knew who to mention it to and it would be sorted. People told us about periodic surveys they had taken part in and appreciated the monthly residents meeting when they could raise concerns and requests. People expressed their views and were involved in making decisions about their care and treatment.

A number of people referred to having had 'falls'. One lady carried a pendent alarm in addition to the one in her bedroom. We saw the incidence of falls was being monitored and appropriate support given.

Some people commented that they could do with more staff as they sometimes had to wait for a response. We heard the call bell ring a few times and noted response times from staff - the system for locating people was satisfactory.

There were a number of activities posted on the notice boards but we were told there were not as many outings as there used to be, "which is a pity". We discussed this with the manager who told us about the difficulties in recruiting and retaining an activities co-ordinator. We were told further recruitment is imminent and this will increase the frequency and range of activities.

We spoke to four people in the dementia unit of the home. All said they were fine and two at least were most enthusiastic about the home and the care they received. One said "First class – just what the doctor ordered".

There was a good rapport between residents and staff, who attended to people's needs promptly and in an unhurried way.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Reasons for our judgement

The concerns that had been received by the Care Quality Commission (CQC) stated that there had been no incontinence pads available for people for three weeks. We checked supplies within the building and saw there were ample to meet the needs of those within the home. The manager detailed the ordering process for incontinence pads and we saw that pads had been delivered in an eight week schedule. We were told that the home had not run out of pads on any occasion.

We looked at the care records of six people who used the service and we saw that they were all in the same format making it easy for staff to understand and contained assessments of need, care plans and risk assessments.

The records showed they had been developed from an assessment before admission to the home and then added to throughout the person's stay. On the day of our inspection daily and monthly entries in the care records were up to date. Care plans were person centred and reflected the physical, mental, emotional, personal relationships and social needs of people who used the service. We saw that individual care plans and daily records contained sufficient detail. We did not see any record of the absence of incontinence pads.

The changing needs of people had been assessed and monitored on a regular basis leading to the updating of care plans when needed. We saw that regular reviews of each person's care had been undertaken and involved the individual and family members. The reviews of individual care were recorded and showed the ongoing and changing care delivered. Records showed us that people who used the service had been given appropriate information and support regarding their care and treatment.

Where issues with a person's health or wellbeing arose, appropriate referrals were seen to be made to relevant health and social care professionals, including psychologists, GPs, dentists and mental health consultants. We saw that people's medications were regularly reviewed, to make sure they were being properly prescribed. This showed us that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Care plans included information about how people's medical conditions impacted on other areas of their daily living activities. Discussions with staff and people living in the home

demonstrated that people's care was being delivered as their care plans described.

**Meeting nutritional needs** ✓ Met this standard

**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

Concerns had been raised that care staff had to buy drinks for people because the provider was not making them available. We discussed this with the manager and we were told that drinks such as tea, coffee, lemonade and juice were freely available – this did not prevent people who used the service or relatives from buying additional supplies. On both visits to the service we observed people being given drinks when they requested.

We saw risk assessments had been undertaken where any nutritional risk was identified, and appropriate steps taken to minimise such risks. We saw that all the records contained weight monitoring information, nutrition risk score, nutritional assessment and a nutrition care plan. We saw that people had been referred to the local NHS registered dietitian where appropriate. We saw that the advice received had been followed and individual diets changed. Changes included the provision of drink supplements to the diet of individuals. We observed these being given to people during our visits to the service.

We saw drinks of people's choice (tea, coffee, water or juice) were circulated along with biscuits throughout the inspection. People were encouraged to have balanced meals but not under unreasonable pressure. Menus were available including attractive photographs of options. There is only one kitchen and food is delivered swiftly by trolley to the dining rooms and arrived hot.

The expert by experience joined people for lunch in one of the larger dining rooms. He saw in most cases people had opted for menu options the previous day and appreciated the personal care and service they got. People were assisted if necessary in a supportive and sensitive way.  For instance, meat was cut up, if the person wished. Bibs were used only if residents wanted them.

The food was wholesome, traditional and much enjoyed by all; people said the food was "excellent". Staff were cheerful and very patient with people who were having difficulty.

The dining room was clean and bright. There was a radio playing in the dining room but this was switched off by a resident after others present agreed. We saw that people were very 'chatty' amongst themselves and meal time was one of the highlights of the day. We saw staff wore aprons and followed good practice in cleanliness.

**Cleanliness and infection control** ✓ Met this standard

**People should be cared for in a clean environment and protected from the risk of infection**

## Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

## Reasons for our judgement

CQC had been informed 'there are no cleaning products for the cleaners'. We saw the weekly ordering system for cleaning products and observed the cleaners during our visits. We looked at bedrooms within the home and these were clean, tidy and well decorated.

We saw that cleaning products were held within a lockable cupboard and this was well stocked. The manager showed us the cleaning schedule for the building and we saw that this was adhered to during our visits. All communal areas were maintained to appropriate standards of cleanliness and hygiene. Equipment being used throughout the home was maintained and clean.

The manager carried out regular audits to make sure good hygiene practices were being followed. The systems and processes used by the home to reduce the risk and spread of infection meant people were able to benefit from using a service which was clean and hygienic. We saw the provider had a detailed infection control policy which covered areas such as personal hygiene, dealing with spillages of body fluids and how staff should respond in the event of an outbreak of infection.

We looked around the home and found it was clean and hygienic. We inspected seven bedrooms. All were large, clean and bright and in most cases contained family pictures and items from home, which made them attractive. Heating was adjustable in rooms. The home throughout was clean and free from smells. We saw the cleaners and other domestic staff were working throughout the building and they showed respect for residents while doing their job. The environment throughout the home was clean and bright with plenty of space.

Staff said they were clear about what was expected of them with regards to keeping the home clean. This meant people were able to benefit from living in a clean home which promoted their health and wellbeing.

**Safety and suitability of premises** ✓ Met this standard

**People should be cared for in safe and accessible surroundings that support their health and welfare**

## Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

## Reasons for our judgement

CQC had been informed that 'half of the electric beds are not working. The fire alarm is not working properly. One of the hoists is not working properly.' We checked the maintenance records for the building. These showed us when a fault had been reported, action required and when this action had taken place.

We discussed the fire alarm with the manager and we were told there was an intermittent fault with one light/key switch and that this was awaiting a part to be fixed. The alarm was operable and had been serviced by an external company on 16 May 2013. The contracted firm had ordered the part and would fit this on arrival. We saw the records of fire tests and the last had been carried out on 17 June 2013.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. The home had 64 bedrooms that were spacious and well equipped. Most bedrooms had private en-suite facilities and communal bathrooms were available. The home was clean and well decorated. The corridors in the home were light and spacious and free from obstruction.

We spoke to the domestic staff who told us they had everything they needed to complete their role and if they found any problems these were raised immediately with the manager. There were sufficient toilets on each floor which were easily accessible. The toilets were well equipped and fit for purpose. There was a working lift which meant people could access both floors easily if they lacked mobility.

There were a number of lounges and dining rooms in the home and plenty of chairs available for people to sit. We saw there was a landscaped garden which people could use, surrounded by high fencing. This area was safe and secure. This meant people had access to a range of areas to meet their needs.

We saw there were audits in place to monitor maintenance and safety within the home. This meant any risk could be identified promptly minimising risk to people.

**Safety, availability and suitability of equipment** ✓ Met this standard

**People should be safe from harm from unsafe or unsuitable equipment**

## Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

## Reasons for our judgement

CQC had been informed that 'half of the electric beds are not working. The fire alarm is not working properly. One of the hoists is not working properly.' We checked the maintenance records for the building. These showed us when a fault had been reported, action required and when this action had taken place.

We saw that there had not been any recently reported problems with the electric beds. Problems reported previously had been sorted within one or two days. Staff spoken to did not raise any issues about the inoperability of the electric beds.

We saw that all of the hoists in the building were working. One had been reported as faulty recently. This had been caused by using the hoist beyond its normal range. The fault with the hoist had been reported twice, logged as a fault and repaired within one day of each report. The maintenance worker on site confirmed the records.

We saw the preventative maintenance plan in place for the building and equipment and spoke with the on-site maintenance worker who confirmed that repairs and maintenance were carried out in accordance with the plan.

There was enough equipment to promote the independence and comfort of people who used the service.

**Financial position** ✓ Met this standard

**People who provide the service must have the financial funds to run a service that meets all essential standards of safety and quality**

## Our judgement

The provider was meeting this standard.

People can be confident that the service provider is able to meet the financial demands of providing safe and appropriate services.

## Reasons for our judgement

CQC had been informed '…issues have been raised to the management but they have been told that they will have to make do as money is short.'

We discussed this concern with the manager of the service. She told us that although she monitors all expenditure to make sure there is no wastage, 'everything that needs to be done is done.' She told us about recent improvements that had been made to the call system, provision of bed sensors, hoists and repairs to mattresses.

Each issue raised by the anonymous complainant had been addressed or was in the process of being addressed by the manager. This showed the provider had the financial resources needed to provide and continue to provide the services described in the statement of purpose to the required standard.

## 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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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.

## Contact us

| | |
|---|---|
| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |