

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

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We inspected the following standards as part of a routine inspection. 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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ 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.
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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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'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 11 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People told us they were treated with respect and were happy with the care and attention they received at Crawshaw Hall. One person said, "Everybody's very nice, they look after us very well." One visitor said, "The staff are very caring and kind, I couldn't praise them enough."

We found that members of staff had a good understanding of safeguarding procedures and told us they would report any concerns immediately.

We noted that all members of staff received the training they needed in order to provide safe and effective care for people using the service.

We saw that systems were in place to monitor the quality of the service provided. There was evidence to demonstrate that people were regularly consulted about the care and facilities provided at the home.

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. People's privacy, dignity and independence were respected.

Reasons for our judgement

Eight people using the service told us they liked living at Crawshaw Hall. One person said, "Everybody's very nice." Another person said, "It's really nice, they look after us." We observed that members of staff were attentive to people's needs and spoke to people in a courteous and friendly manner. All the people we asked told us that members of staff were polite and respectful.

We found that people were involved with decisions which affected them personally such as their daily routine. People could choose when to get up and go to bed and whether to spend time in their own room or in communal rooms. The manager of the medical centre told us that people were consulted individually when arrangements were being made for activities outside of the home. However, more formal meetings where people could express their views and make suggestions were not held. Regular meetings of the residents and relatives association were held in the nursing home. These meetings gave people the opportunity to express their opinions about the care provided and arrange suitable activities for people including those with a dementia.

Three people told us that staff asked them about the care and support they needed. One person told us they could look at their care plan if they wanted to do. Another person told us she had not read her care plan and said, "I trust the people that make it and they always ask if everything's all right." One visitor told us they had discussed their relative's care plan with the manager. Involving people and their relatives in care planning helps to ensure people's personal preferences are considered in the delivery of care.

We looked at the care plans of four people using the service. It was clear from the information about people's individual likes and dislikes contained in these plans that they and their relatives had been involved in planning and reviewing their care. Where possible, we saw that care plans had been signed by the person using the service or their relatives

to indicate their agreement with the care provided.

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 and support that met their needs and protected their rights.

Reasons for our judgement

All the people we asked told us they were happy with the care and attention they received at Crawshaw Hall. One person said, "Everybody's very nice, they look after us very well." One visitor said, "The staff are very caring and kind, I couldn't praise them enough."

Arrangements were in place for the managers and senior members of staff to visit and assess people's personal and health care needs before they were admitted to the home. Information was also obtained from other health and social care professionals such as the person's social worker. This process helped to ensure that people's individual needs could be met at the home.

We asked people what they did all day one person told us they had been shopping to Bury, visited Towneley Park and enjoyed a barbecue in the garden during the summer. Another person said they liked to watch the television. Leisure activities organised by members of staff included games such as scrabble, cards and dominoes, manicures, gardening and pub lunches. People were also supported to pursue their own interests and hobbies such as doing puzzles.

Local clergy regularly visited the home and offered communion to people who wanted to practice their faith in that way.

People told us the meals were good and they were given a choice of menu. One person said alternatives to the menu were readily available. At tea time in the nursing home we saw that care workers were respectful and sat down to support people who required assistance with eating their food. However, we saw several people were not offered a drink with their meal and staff interaction was generally limited to asking people if they had eaten sufficient food or wanted dessert. The provider may find it useful to note we saw that one person sitting at the table was kept waiting until other people had finished their tea before she was served with a meal and offered support to eat it. During that time she could see people eating their tea but wasn't offered anything. We were told this was because ten people needed assistance to eat and five members of staff were on duty.

We looked at the care plans of four people using the service. These plans contained

information about people's care needs and the support and assistance they required from members of staff in order to ensure their individual needs were met. Any risks to people's health and wellbeing were identified and managed appropriately in order to promote their safety and prevent health problems. Care plans were usually reviewed monthly so that members of staff had up to date information about the care needs of each person.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

□

Reasons for our judgement

Policies and procedures for safeguarding vulnerable adults were available. These procedures provided guidance on identifying and responding to the signs and allegations of abuse.

Two people told us that although they were satisfied with the care provided they felt confident to make a complaint if necessary. One visitor explained they felt confident to express any concerns and said, "I've no complaints."

Discussion with four care workers confirmed that they had received training in safeguarding vulnerable adults from harm and knew the procedure they must follow if abuse was suspected or witnessed. Managers and several members of staff had also received training about the Mental Capacity Act and Deprivation of Liberty Safeguards so they knew the procedure to follow if a person was unable to make decisions for themselves. This helps to ensure people in that situation receive appropriate care and treatment.

All members of staff had access to the 'Whistle Blowing' procedure. This ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Four members of staff told us about the training they received. This included moving and handling, first aid, food hygiene, fire prevention, infection control, person centred care, health and safety, and nationally recognised vocational qualifications in health and social care.

We were shown records which clearly identified when members of staff had completed training and in the nursing home when further training was required. Three members of staff working in the medical centre said the manager notified them when they needed to attend training. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

There were records to demonstrate that members of staff working in the nursing home had regular supervision and appraisal meetings with the manager. One care worker said she found these meetings helpful and gave her the opportunity to discuss issues relating to her work including training. However, discussion with three care workers and inspection of records in the medical centre demonstrated that supervision and appraisal meetings with members of staff had not taken place since July 2012. The manager confirmed by telephone a few days after the inspection visit that appraisal meetings had taken place for four care workers and others were being arranged.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

There were systems in place for assessing and monitoring the quality of the service provided at the home. People using the service and their relatives were involved in making decisions and reviewing the care they received at the home.

Regular meetings of the residents and relatives association were held in the nursing home. Minutes of the last meeting confirmed that leisure activities and fund raising for the residents fund had been discussed. Although meetings for people living in the medical centre were not held regularly the manager said he always listened to people's comments.

Arrangements were in place for people to be consulted about their experience of the service through annual satisfaction surveys distributed in July. These were evaluated by the provider and a report written which identified and addressed areas for improvement.

We saw that audits completed regularly by the managers included medication, infection control, fire prevention, the environment, and health and safety. However, the provider may find it useful to note that we were not shown any evidence to demonstrate that care plans were audited or that staffing levels were kept under review and determined by the dependency levels of people using the service.

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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