Inspection Report

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

Cramlington House

Bassington Avenue, Cramlington, NE23 8AD

Tel: 01670591930

Date of Inspections: 27 August 2013
21 August 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Miss Lucy Craig
Registered Manager	Mrs. Elizabeth Linda Gallon
Overview of the service	Cramlington House is a purpose built home that is registered to accommodate up to 63 people who require nursing or personal care. Care is provided for people with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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 21 August 2013 and 27 August 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

This was our first inspection of this new service. People told us they were happy with the care they received and staff checked they were in agreement with it. We saw they were relaxed and there were good interactions between people who used the service and staff. We saw staff consulted people before they provided care and support.

We found people's needs were assessed and care was planned in line with their needs. One relative told us, "X is happy here, she likes her meals. She gets anxious but the carers are wonderful with her. I was consulted about her care plan and updated regularly about any changes." Care plans were regularly updated and contained clear information about individuals' care.

The home was clean and we saw there were effective systems in place to reduce the risk and spread of infection. Staff told us they had received training in infection control and demonstrated good practice during the inspection.

We found staff recruitment procedures were in place and records showed these were followed when new staff were appointed. We saw appropriate checks were undertaken before staff began work.

People's personal records were accurate, fit for purpose and held securely. Staff records and other records relevant to the management of the service were kept in an appropriate form.

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

We spoke to six people and three visitors about the care and support provided at Cramlington House. We asked two people about how they were consulted in regard to their care and support. They said their views were respected and care workers consulted them about their preferences for care, food and routines. One person told us, "The staff always ask me before they provide my care. They ask every time and don't just assume I am happy with things." One relative said, "The carers keep me involved in all aspects of his care and we have had the first review."

We observed the care and support offered to people who used the service and found they were relaxed and comfortable with staff. We saw staff asked people about their care before they provided it. For example, we observed staff asked a person before they assisted them to go to the toilet and in another instance they knocked on the door of a person's room and waited for permission to enter. We saw there was good communication between people and the staff.

Staff were able to explain how they made sure people consented to their care on a daily basis. For example, one staff member said she always talked to people about their wishes and gave examples such as:- what they wanted to wear and where they wanted to spend their time.

The manager told us, and records showed other people would be involved in situations where specific decisions were needed and there were concerns about a person's ability to make decisions. For example, where people were unable to consent to their care plan, because of their dementia, we saw a relative or a representative was involved in this and other decisions about their care and support. This ensured that actions were taken in the best interests of people. We saw from individual records, family or other representatives had been involved in 'best interests' decisions.

We found care plans had been signed by people or their next of kin. We saw records contained specific consent forms for issues such as the taking of photographs and

individual care plans. This meant people or their relatives had been asked their consent to the care being delivered.

We noted a number of files contained information about what action should be taken if people became seriously ill. We saw people, or their next of kin, had been involved in discussions with a doctor and indicated they did not wish to be taken to hospital or efforts made to revive them if they were gravely ill. This showed people or their next of kin had been given opportunities to express their wishes about the care to be provided at the end of their life.

We found reviews had been carried out to establish people's level of ability as part of a mental capacity assessment prior to a person's admission to the home. We noted from records that people's next of kin had been involved in this process and there was detailed information available. No formal arrangements were in place under the Mental Capacity Act 2005 to restrict or deprive any person of going freely in and out of the home at this time. During the first visit of this inspection one person was unsettled and unhappy about their placement for respite care. At the second visit we were told arrangements had been made for them to return to their home in accordance with their wishes. Records confirmed this.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with people and their relatives about the care provided. One person told us, "Everything here is very good. They look after me. I only have to ask and they attend to it. The staff can't do enough for me. I love it here!" One relative said, "I am consulted on every move regarding the care of my father and I am well pleased with the care he receives here. The food is beautiful and I know as I have tasted some of it. I know that I could see the manager anytime if I was concerned about anything."

We found individual care plans were in place and covered areas such as personal hygiene, mobility, continence and nutrition. We saw monthly reviews of these plans were carried out and where people's needs had changed their plans were updated more frequently. We spoke with staff who were able to tell us how individuals' care was delivered. We saw this corresponded with the information we had seen written in the person's care plan. For example, issues had been identified with one person's skin integrity and a plan was in place to reflect the care provided. This included the application of cream and the use of a specialist mattress on their bed.

One member of staff told us, "I think the care plans have enough information for us to be aware of people's needs and how these are met. We have daily handovers so that we are updated on any changes and can discuss any concerns we have noticed." This meant that people's needs were assessed and care was planned in line with their assessed needs.

During our inspection we used a system called a Short Observational Framework of Inspection (SOFI) to observe the care and support provided. We saw care staff interacted well with people, were warm, supportive and sat and talked to people, when possible. We saw the staff supported people in groups or individually to suit their needs. An activity organiser was present during one visit and she was speaking to people individually and keeping notes of their interests.

The manager told us the organiser had just started work and planned to implement a programme of activities to suit people's interests and needs. Staff told us they used the activity room regularly for smaller groups for activities such as, jigsaws, cooking, board games, craft work and painting. Two people told us they were happy with the activities on offer. One person said, "I can go to activities if I want, but sometimes I prefer not to. I can

please myself how I spend my time and this suits me." A relative told us, "It is great here, there is always something going on. We can't praise them (the staff) enough."

We saw one person's regular assessments identified problems with mobility. As a result an occupational therapist had undertaken an assessment and written advice was provided about how this person was assisted to move. Records showed that this advice had been included in the care plan and was followed. We saw that staff recorded the care given to each person on a daily basis. This included personal care such as, baths, the application of creams and mouth care.

We saw from records that a range of professionals were involved in the care of people who used the service. There was evidence of involvement of, or referral to continence nurses, the occupational therapist, consultants and the challenging behaviour service. One relative told us, "The carers are brilliant. X had a chest infection once and the staff sent for the doctor straight away."

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

Two people told us the home was always clean. One person said, "This place is spotless, the staff make sure everything is absolutely clean." We spoke to three relatives and they confirmed they found the home was kept very clean. One person said, "It is marvellous, the home is lovely and clean. X's room is always spotless and there are never any unpleasant smells evident." Another person told us, "The staff wear plastic gloves and aprons if they take people to the toilet or anything like that. I have never had any concerns about standards of cleanliness here."

We saw that all areas, including bedrooms and communal areas, were clean. No odours were evident. The laundry was clean and tidy. Staff had access to, and we saw they used, personal protective equipment such as gloves and disposable plastic aprons. This helped to make sure people and staff were protected against the risk of acquiring an infection.

The staff told us there were cleaning schedules in place for daily and weekly cleaning. Care workers and one domestic told us, and training records confirmed that training in infection control had been undertaken. An infection control policy was in place so all staff were clear about what was good practice. We found there were effective systems in place to reduce the risk and spread of infection.

We spoke with four members of care staff and one of the domestic staff. They all understood the importance of infection prevention and control and could clearly describe their own roles and responsibilities within this area.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at four staff records. We saw the provider had a system for staff recruitment and this included a checklist to ensure essential information was captured. The records showed the provider tried to ensure that only people who were suitable to do the job were employed. An application form which showed each person's qualifications and employment history was in place. Gaps in employment were explored at interview and information recorded. We saw that interviews were recorded and there was a system for scoring an applicant's interview in order to ensure fair treatment. All new staff provided a recent photograph, proof of their identity and evidence of training and qualifications.

Written declarations were required from applicants about their health and fitness, as well as any previous convictions and we saw there were three written references, including one from their previous employer, in each person's file. Checks were carried out with the Disclosure and Barring Service (DBS). We concluded from this that appropriate checks were undertaken before staff began work. There was evidence that staff had received appropriate induction training and care workers confirmed this.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had not yet sent out surveys to people to ask about their experiences at Cramlington House. The manager told us these were used in the provider's other home and it was their intention to send surveys out before the end of the first year of operation.

The manager took a meal each month with people to monitor the quality of the food and the experience and information was recorded about this. The manager had identified some minor improvements were needed when staff were serving meals.

We saw that systems had been set up to monitor people's care records on a monthly basis and these included medicines, falls, weight and skin integrity. The manager had started to use these. This meant any trends could be identified and acted upon.

People told us they knew about the complaints procedure. They said they had not had to raise any concerns. We saw there were systems in place to record complaints. None had been received since the service started.

We saw records were kept of equipment testing and these included the fire alarm system, emergency lighting and doors, and water temperature checks. We saw that if a problem was identified appropriate action was promptly taken. Checks of the building were carried out by the handyman and records were kept. As this home was a new build a snagging list was kept of issues that needed rectifying and the date recorded when items were rectified.

Other equipment and systems were subject to checks by independent companies or assessors. For example, records showed central heating, electrical and gas installation certificates were in place. Recording systems were in place for safety systems servicing and checks of medical equipment such as, hoists and wheelchairs.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We examined the records of four people who used the service and found these were accurate with appropriate up to date information in them. For example, care plans were updated monthly and changes were made at other times when people's needs had changed such as, one person's behaviour had changed and staff had taken advice from the general practitioner and the plan was amended to reflect this.

We saw records kept of people's weights and skin integrity and that these were monitored by the manager. We saw that where people had lost weight or there were high risks of skin damage care plans were in place for these individuals. The records we saw were up to date and provided good detail about the amounts taken and the times they were given.

Systems were in place for checking the medication records to ensure there were no unexplained gaps and that the medicines held balanced with the individual records. We saw or found that people's personal records were accurate and fit for purpose. People's care records were held securely in the office and were easily accessible for reference in an emergency.

Staff records including recruitment information and training were kept in an appropriate format and contained evidence of recruitment checks and training certificates. These were stored securely in a locked cabinet.

Staff records and other records relevant to the management of the services were up to date. Records were kept securely and could be located promptly when needed.

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.

Contact us

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