

Crawshaw Hall Healthcare Limited

# Crawshaw Hall Medical Centre and Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Crawshaw Hall Medical Centre and Nursing home is a residential care home providing personal and nursing care for up to 50 people. At the time of this inspection there were 43 people living in the home. Accommodation is provided in single en-suite rooms in two separate units, one for general nursing and residential and one for dementia nursing. The home is situated in Crawshawbooth near Rawtenstall, Lancashire.

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

People received safe care from staff who had been recruited safely. Relatives we spoke with praised the quality of care people received and were confident the staff were keeping their relatives safe. We found the entrance being used during the pandemic had not always been secured, there was a potential risk people could enter but not leave the building unobserved. This had been addressed by the registered manager during the inspection. People had been supported to manage risks effectively. Risk management plans were regularly reviewed and updated. People's medicines were managed safely. People were protected from the risk of infection during the Covid 19 pandemic by enhanced infection prevention control practice which included enhanced cleaning routines.

People were able to raise their views and said the registered manager listened to them and responded well to their concerns. Relatives we spoke with were happy with the way the home was organised and said they had been consulted with regularly. Relatives praised the attitude and professionalism of the staff and felt able to approach them at any time. Staff felt valued and respected by the management team. Staff meetings were held regularly, and staff were able to raise and discuss any issues.

### Rating at the last inspection

The last rating for this service was good (published 18 December 2019)

### Why we inspected

This was a focused inspection prompted in part by some concerns which had been raised with the Care Quality Commission (CQC). The information suggested people may not be receiving consistent safe care in relation to moving and handling and infection control. We looked at the key questions of safe and well-led. We did not find evidence to support the concerns and were assured people received safe care.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?**

**Good** ●

The service was safe

Details are in our safe findings below

### **Is the service well-led?**

**Good** ●

The service was well-led

Details are in our well-led findings below

# 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. We checked 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 completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We gave the service a short period of notice of the inspection to ensure it was safe for us to visit during the current Covid19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person living in the home, the relatives of nine people living in the home, six members of staff and the registered manager. We reviewed a range of records. This included four people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We toured the whole building and reviewed maintenance records.

# 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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The providers policies and procedures protected people from the risk of avoidable harm and abuse. Information about how to raise a concern was displayed.
- Staff understood how to keep people safe. Relatives we spoke with were confident people were safe. Comments included, "[Name] is looked after exceptionally well, I feel they are very safe.", "[Name] is very well treated and he is safe. I know this because they are happy." and "Staff are well trained in supporting people with dementia on the EMI unit." One person living in the home said, "I know I am safe, I never felt threatened, staff respect me and are kind."
- Safeguarding records we looked at indicated the service was reporting any safeguarding matters properly and completing internal investigations to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- The normal entrance to the home had been changed in response to the pandemic to help minimise infection risks. The door being used was not always secured, this meant there was a risk people could enter the home without staff being aware. We raised this with the registered manager who acted straight away, and this door is now secured properly.
- The providers risk management policies and procedures helped ensure risks were assessed and plans put in place to minimise them.
- Care records we looked at included detailed risk assessments and management plans which had been regularly reviewed and updated when required. These plans included; moving and handling, skin integrity, nutrition and medicines. We had received concerns about the use of moving and handling equipment but did not find any evidence this had not been used appropriately.
- Staff we spoke with felt confident they had enough information and training to support people safely.

Staffing and recruitment

- The provider continued to follow robust recruitment procedures which helped ensure staff were recruited safely.
- We looked at the recruitment records for three staff and found these met the regulations. All necessary pre-employment checks had been completed which helped ensure staff were appropriate to work with vulnerable adults.
- The provider had a system to assess how many staff were needed to support people safely. Relatives we spoke with felt there were enough staff on duty. Comments included, "I feel there are enough staff around when I visit. There are always two staff in the lounge." and "I feel there are plenty of staff, so I am sure [name] is safe in the homes' care." Staff we spoke with felt sometimes they might be very busy.

### Using medicines safely

- The provider continued to manage people's medicines safely.
- Medicine records we reviewed were accurate and complete. Some records relating to topical creams had not always been completed fully. In one example we saw when a person declined the cream staff had not always indicated this on the record but left it blank. We discussed this with the registered manager who addressed this during the inspection.
- Staff who were responsible for administering medicines had received appropriate training and their competencies were checked regularly.

### Preventing and controlling infection

- The provider's infection control policies had been updated to reflect the additional risks posed by the Covid 19 pandemic. Staff understood and followed the procedures.
- We observed staff practice in relation to the use of personal protective equipment. We were assured staff adhered to good infection control practices. The registered manager completed regular checks and addressed any concerns straight away.
- Relatives who had visited the home, when this was possible, felt the home was clean and hygienic. Comments included, "The home is very clean at all times." and "The hygiene is spot on." One relative had raised a concern about the way the home were managing the risks of Covid19. This was addressed by the registered manager and we later confirmed with the relative that they had been assured.

### Learning lessons when things go wrong

- The provider ensured they investigated incidents and accidents fully to help ensure they could learn from them and avoid reoccurrence.
- We looked at some examples and saw how events had been discussed in team meetings and the findings shared with staff.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff team had a clear commitment to providing high quality care. Relatives we spoke with praised the attitude of the team. Comments included, "I feel the home is managed well, I have no concerns, I have met the registered manager and they are approachable." and "The [registered] manager is very good, attentive and deals with issues. I had a very minor concern and they sorted it out straight away."
- Staff we spoke with enjoyed working in the home and felt respected and valued. Comments included, "I am respected, they listen to our opinions and are polite." and "Whenever they speak with us they are respectful."

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 understood their obligations to be open and honest with people. Relatives we spoke with said the home contacted them about anything that happened straight away.
- The registered manager ensured they notified the appropriate authorities of any reportable incidents. We noted the home regularly submitted the required notifications to CQC.

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

- The registered manager was clear about the aims of the service and the quality of care expected. This had been reinforced with effective oversight of the quality of care and records. Staff we spoke with felt confident they knew what was expected of them and felt supported to maintain the quality of care.
- The registered manager followed the providers robust audit and governance procedures. Regular audits had been completed. Where any issues had been found, records showed these had been followed up fully with staff.

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

- The provider had a variety of ways of consulting with people and seeking their views, including; questionnaires, meetings, telephone calls and video conferencing. One relative we spoke with told us, "When I raised my concern, they responded, and I feel happy about that."
- Relatives told us they were consulted with and their views sought. People who had lasting powers of attorney told us they had been fully consulted with and asked to be involved in decision making throughout

the pandemic.

Working in partnership with others, Continuous learning and improving care

- The registered manager continued to work in partnership with other organisations. Care records we looked at showed regular contact with other agencies, including, speech and language, counselling service and podiatry.
- The registered manager and staff team remained open to continuous learning opportunities to develop their skills and practice.