

## Crabwall Claremont Limited

# Crabwall Hall

### Inspection report

Parkgate Road  
Mollington  
Chester  
Cheshire  
CH1 6NE

Tel: 01244851202

Website: [www.brighterkind.com/crabwallhall](http://www.brighterkind.com/crabwallhall)

Date of inspection visit:

05 December 2018

06 December 2018

Date of publication:

14 January 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 5 and 6 December 2018 and was unannounced on the first day and announced on the second day.

Crabwall Hall 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.

Crabwall Hall is a two-storey care home in the village of Mollington which is 2 miles from Chester city centre. Accommodation consists of 43 single bedrooms all of which have ensuite facilities. At the time of our inspection there were 39 people living at the home.

The home had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection the home was rated good. At this inspection we found the home remained good. The home is rated good as it met all the requirements of the fundamental standards.

Safe and robust recruitment procedures were in place and sufficient staff are employed to meet people's assessed needs. All staff had completed an induction and had undertaken training to meet the requirements of their role. Staff had regular supervision and attended staff meetings.

The registered provider had safeguarding policies and procedures in place that staff fully understood. Staff had received training and were able to describe what abuse may look like and actions they would take if they had any concerns.

People's needs were assessed before they moved into the home and this information was used to develop person specific risk assessments and care plans. These documents were reviewed regularly and updated when changes occurred. People were offered choice and their independence was promoted where possible.

People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment stage and care planning development.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. Staff that administered medicines had all received training and had their competency regularly assessed. The registered provider had medicines policies and procedures in place that offered up-to-date guidance to staff. Medicine administration records (MARs) were fully completed and regularly audited for accuracy.

People were supported by staff with their food and drink needs. When people had been identified as having specific assessed dietary needs staff had guidance available to them to support this. People spoke positively about the food and drink at the home.

We observed people being treated with dignity and respect. Positive interactions between people and staff were observed throughout our visit. Staff were caring and demonstrated kindness to the people they supported.

Activities were available for people to participate in if they chose to and they told us they enjoyed these.

Governance systems were in place and included regular audits of key areas across the home. The information from the audits was analysed to identify areas for development and improvement and these areas were actioned in a timely manner. Accidents and incidents were analysed to identify trends and patterns within the home. Health and safety checks, equipment testing and servicing and fire checks were regularly undertaken.

The Care Quality Commission as required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we find. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had undertaken basic training and demonstrated an understanding of this. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

A complaints procedure was in place and people and their relatives told us they knew how to raise a concern or complaint.

The registered provider had up to date policies and procedures in place that offered guidance to staff within their role and employment.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service remains good.

**Good** ●

### **Is the service effective?**

The service remains good.

**Good** ●

### **Is the service caring?**

The service remains good.

**Good** ●

### **Is the service responsive?**

The service remains good.

**Good** ●

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

The service remains good.

**Good** ●

# Crabwall Hall

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection carried out by one adult social care inspector and an expert by experience. The expert by experience speciality was older people and people living with dementia.

This inspection was unannounced on the first day and announced on the second day. It took place on 5 and 6 December 2018.

Prior to the inspection the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

We checked the information that we held about the home and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the registered provider is required to send us by law.

During the inspection we spoke with six people living at the home, three people's relatives, four support workers, the registered manager, the deputy manager and the regional manager. We also spent time looking at records, including three care plan files, five staff recruitment and training files, medication administration records (MARs), complaints and other records that related to the management of the service.

We contacted the local authority quality monitoring and safeguarding teams who did not raise any concerns about this home.

## Is the service safe?

### Our findings

Relatives and people spoke positively about staff responsiveness to call bells at the home and their comments included, "Staff are generally good when answering my call bell, but there are circumstances when they can't hurry", "If staff don't come I know it's because someone else is in greater need" and "Staff get here as quickly as they can."

The home continued to have effective systems in place to safeguard people from abuse. Staff had all received training in this area and demonstrated a good understanding of what abuse is, along with actions they would take should they have any concerns. Clear reporting procedures were in place that staff fully understood.

Robust recruitment procedures were in place and sufficient numbers of staff were available to fully meet the needs of the people living at the home. Recruitment records included a fully completed application form, interview records, verified references from most recent employers along with a disclosure and barring check (DBS). This meant the registered provider ensure the only applicants of good character were employed to support the vulnerable people living at the home.

We reviewed staff rosters and they showed sufficient staff were available to keep people safe, meet their needs and offer the correct level of support.

Risk assessments were in place where areas of risk had been identified and clear guidance was available for staff to follow to support people. Risk assessments were regularly reviewed and updated following any changes to people's needs. This meant staff provided the correct level of support relevant to each person.

All staff followed the registered providers policy and procedure that was in place to protect people from the risk of cross contamination and infection. Staff had completed infection control training and were able to describe the importance of following best practice guidelines. Examples included, wearing protective gloves and aprons, as well as hand washing between tasks.

An effective medicines management system was in place. Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. All staff that administered medicines had received training and regularly had their competency checked. Medication administration records (MARs) were fully completed and regular audits were undertaken. PRN protocols for 'as required' medicines were in place.

Accident and incident records were fully completed by staff. These were regularly reviewed by the registered manager to identify any actions to be taken, also to identify any trends, patterns or development opportunities. Records showed that people had been referred to physiotherapists or occupational therapists to undertake therapy or to introduce new technology that included sensor alarms following incidents that had occurred.

Crabwall Hall was well maintained and free from any offensive odours. All equipment was well maintained and regularly serviced. All health and safety checks were in place in line with good practice guidelines.

Everyone living at the home had a personal emergency evacuation plan (PEEP) in place for staff to follow in the event of an emergency.

## Is the service effective?

### Our findings

People spoke positively about the food and drink at the home. Their comments included "The choice is there, there's a long list of options", "The food is amazingly good", "The food is fantastic. I wasn't eating properly when I was at home" and "There's a good choice and if I don't like it the chef will do me something else."

People were supported to eat and drink in accordance with their assessed needs. Each person had a 'food passport' in place that included details of their likes, dislikes, special diets, food consistency, fluid consistency, general appetite and the pace that they liked to eat. For example, one person had a small appetite and ate at a slow pace, needed encouragement and had access to a pictorial menu.

Staff worked closely with health care professionals to ensure that people had access to nutritious meals that met their preferences. Staff had a good understanding of people's individual dietary requirements, preferences and choices. Our observations at lunchtime on the first day of inspection indicated that mealtimes were an overall positive occasion. Staff were attentive to people's individual needs. People at risk of malnutrition or dehydration were closely monitored and records were fully completed. People's weights were recorded regularly. One person told us they had put on some weight as their meals were fortified. They told us their meals were very tasty.

All staff had undertaken a three-day induction at the start of their employment. New staff completed the Care Certificate which is a nationally recognised qualification based on a minimum set of standards that social care and health workers follow during their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff had all undertaken essential training that had included people handling, health and safety, fire safety and nutrition. Staff had completed dementia awareness training. Staff told us and records confirmed they received regular supervision and an annual appraisal.

Communication between staff and people living at the home was mostly good. People were acknowledged by staff when they walked past them and comfortable conversation was seen taking place during our visit. Staff had a good understanding of people's histories, likes and dislikes. One person commented "The staff here will stop and talk." One person told us that they did not feel that staff knew them. We asked the registered manager to discuss this further with the resident.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS were evidenced within the care plan files.

The home operated in accordance with the principles of the Mental Capacity Act 2008 (MCA). The registered manager was knowledgeable about the MCA and DoLS and knew that CQC needed to be notified when the outcome of any application was known. Care records demonstrated that people were offered choice and

always consulted. Capacity assessments were in place and fully completed. Consent was clearly evidenced and best interest decisions were in place within the care plan files.

People were supported to maintain their health and well-being. Staff liaised with a wide range of community healthcare services to ensure people's individual needs were met.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the staff team. Their comments included "Staff are friendly and kind; they don't rush you. They are very nice indeed", "[Staff name] is a lovely, lovely lady", "There's a friendly atmosphere and staff are always nice to me when I visit" and "It's hard to find a member of staff I don't like - there are varied staff - old/young; strict/fun."

We observed interactions between staff and people throughout the day. All staff dealt with people in a friendly and caring way and greeted them using their names. Staff did not rush people when they were undertaking tasks and they worked to each person's own pace. People told us that staff respected their privacy and dignity. They gave examples that included "Staff knock and wait for me to respond before entering my bedroom" and "Staff encourage me to sit in a quieter area when relatives visit to ensure I have some privacy."

Throughout our inspection staff demonstrated a good understanding of the people they supported. They told us they had developed positive relationships the people. Their comments included "I love getting to know people and their personalities" and "I always ensure visitors are happy and looked after. It's important to make people and their relatives feel welcomed."

Staff described the importance of understanding people's individual communication needs. They highlighted people's individual needs that included having hearing aids put in place and ensuring they were fully working. Clear guidance was available to staff about how to support each person's individual need. For example, when people required glasses for reading, if people required staff to speak slowly and clearly and if they required hearing aids in one or both ears.

We saw staff promoting people's independence when they supported them. People were offered choices that included where they would like to sit in the dining room, if they would like to sit in one of the lounges or would they like time in their bedroom.

The home encouraged people and their relatives to feedback about their experiences and recent comments had included; "Good quality care and excellent motivated staff", "There is always a lovely atmosphere when visiting" and "All the staff were friendly and helpful."

People's records were stored securely in a locked office to maintain their confidentiality. Daily records and other important documentation were completed in privacy to protect people's personal information.

Records clearly included when a person did not wish to be resuscitated in the event of their death. This information was readily available for staff and visiting healthcare professionals.

## Is the service responsive?

### Our findings

People spoke positively about the activities coordinators and the activities available for them to participate in. Their comments included "I like the bingo, relaxation, exercises and quizzes", "The relaxation classes are great; the coordinator has built up quite a following", "Yesterday I did something most extraordinary for me, I played some kind of football" and "I would like to praise the activities staff who know the residents well and work hard to ensure residents interests are met. They encourage participation in many varied activities."

Daily activity sessions are planned a month in advance and these are advertised on the display boards around the home and a copy of the schedule is also taken to each person's room. The activities consist of board games, films, bingo, newspaper review, sherry and socialising, relaxation classes and exercise classes. They had a game of the week, which is always out in the lounge and there was also a jigsaw table. Some residents went swimming each week locally.

Activities during December were scheduled to include a local school visiting to undertake a nativity for people, a pantomime company visiting, a Christmas Jumper Day and visiting guest singers on Christmas Eve and New Year's Eve. People told us their ideas were welcomed and were acted upon through residents and relative's meetings.

People described going out into the community and visiting local places that had included the candle factory, a cathedral, an art gallery and a garden centre. People told us communion was held within the home regularly. One comment included "There is a priest who comes who is very popular with most people and he is very much liked because he is funny." People also told us they had a sherry each morning before lunch and described this as an opportunity to socialise.

An assessment of each person's needs was undertaken prior to them living at the home. People and their relatives where appropriate were included in this process. All information gained during the assessment was used to develop people's individual care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics.

People's care plans included information about their medical history, interests, activities, personal care, mobility, continence and memory. These documents were reviewed regularly and updated as required. Any changes to care plans were promptly shared with staff to ensure continuity of care.

The home had specific end of life care plans that they used within people's care plan files at the appropriate time. People's choices and preferences were clearly documented and included any spiritual needs. The staff spoke positively about continuing to support people at the end of their life if this was their choice and they were able to stay at the home.

The registered provider had a clear complaints policy and procedure in place. People and their relatives told us that they knew how to raise a concern or complaint and felt confident to do so. People's comments

included "We had a problem with a member of staff. We had a word with the manager and she resolved it", "I'd go to see the manager, she is lovely" or "I'd speak to the manager or the deputy manager, they are approachable."

## Is the service well-led?

### Our findings

The registered manager had been registered at the home since May 2018. A registered manager is a person registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Each member of the management team and staff we spoke with were enthusiastic about their role and clear about their responsibilities. Staff described the importance of them all working together as a team, supporting each other and sharing the workload. Staff were observed throughout our inspection and were attentive to people's needs, were knowledgeable and understanding of people's individuality and demonstrated kindness.

The registered provider and management team undertook daily, weekly and monthly audits at the home to continually identify areas for development and improvement. Topics reviewed for quality monitoring purposes included care plans, accidents and incidents, health and safety, medicines management, infection prevention, nutrition as well as many other areas. Actions were identified and promptly addressed.

Residents and relative's meetings were undertaken regularly and people were invited to give feedback about their experience of living at the home, the support they received from staff, the cleanliness of the home and activities available. Recent meetings had included discussions about activities, food tasting with feedback sheets for the introduction of new items to the menu, the introduction of an iPad for residents use for sharing photographs and videos with relatives that lived away through a secure 'magic moments' application, a discussion about new evening snacks that had included crumpets and Scotch oatcakes that people had enjoyed. People had also spoken positively about being able to make a drink at any time through the 'destination station.'

All staff told us they felt well supported through supervision, team meetings and daily handover meetings. They also described staff forum meetings that they took turns to attend where they shared feedback about their work experience and put forward ideas and suggestions for improvement and development. Staff told us they felt confident to raise any concerns they had and the management team were always available for support as and when required.

The registered provider had all the required policies and procedures that were written in line with good practice guidelines and these were regularly updated. Staff knew how to access the policies and procedures and told us they provided guidance in all areas of their work performance and employment.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Care Quality Commission by law.

The registered provider had displayed their ratings from the previous inspection in line with the Health and

