

Solehawk Limited

# Craigielea Nursing Home

## Inspection report

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Date of inspection visit:

16 March 2022

18 March 2022

Date of publication:

13 April 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Craigielea Nursing Home is a care home that provides accommodation, nursing and personal care for up to 60 people, some of whom are living with a dementia. At the time of the inspection there were 54 people living in the home.

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

The premises were not always safe for people living at the home. Staff were not always following safe infection, prevention and control processes and environmental risks people may face had not always been fully identified, assessed or mitigated. During both days of inspection staff failed to safely lock away chemicals, remove items from fire escapes and follow processes to reduce the risk of cross infection.

Following our first day of inspection the registered manager took action to address the issues, but we found on our second visit that staff were still not following safe processes. For example, ensuring cupboards storing chemicals were kept locked. The registered manager and provider were working with staff to make sure all health and safety risks are fully identified and mitigated to keep people safe.

The provider had a robust quality and assurance system in place to monitor the safety and quality of care provided. We found the checks in place for health and safety and risk management were effective, and the issues identified during the inspection process were the result of staff not following the provider's policies and processes.

Medicines were managed safely at the home. Staff had received regular training and had the skills to administer medicines safely. Clinical staff were supported with supervisions and training by the registered manager, who was a registered nurse.

People were happy and content living at the home. Relatives were positive about the care provided by the staff and registered manager. One relative said, "The [staff] are lovely, they're a great bunch and I can't fault them." People and relatives said they felt people were safe living at the home.

Staffing levels were safe and regularly reviewed to meet the needs of people. Staff were recruited safely by the provider and all pre-employment checks were in place. Staff said there were enough staff at all times.

The registered manager and provider had safely managed all risk associated with COVID-19 during the pandemic. Visitors were required to provide a negative lateral flow test before entering the service and professional visitors had to evidence they had received both doses of their COVID-19 vaccine. Staff wore appropriate personal protective equipment (PPE) and there was an adequate supply of PPE throughout the home. Relatives told us that people had been kept safe and happy during the pandemic. Their comments included, "During the pandemic, I felt [Name] was safer than me out here" and, "They've kept [Name] really safe during it all."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 29 June 2018).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about visiting arrangements during an outbreak at the home. A decision was made for us to inspect and examine those risks.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We inspected and found there was a concern with environmental risks within the home, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider and registered manager have taken action to mitigate the concerns identified during the inspection and were working to improve the service. The management team at the service had worked positively in partnership with the CQC during the inspection process and were addressing the concerns with the staff team.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Craigielea Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safe care and treatment due to the concerns found around the risks associated with the environment at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Craigielea 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Craigielea Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Craigielea Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and no concerns were raised about the service. We received feedback from the NHS Specialist Infection Prevention and Control Practitioner at the local hospital, who provided details about the support provided to the service during the pandemic. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises, reviewed documentation and carried out observations in communal areas.

We spoke with three people who used the service, two relatives, and eight members of staff including the registered manager, regional manager, a nurse, a senior care staff member, business services manager, a housekeeper, and two care assistants. We reviewed the medicines records for ten people and the recruitment records for four members of staff.

After the inspection

We continued to review documentation relating to the quality and assurance systems in place.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not always kept safe.
- Risks to people were not always identified or mitigated by staff. People who lacked capacity and could mobilise independently had access to cleaning products, food and drink, personal care items and sharp items which may have caused a serious injury. For example, the registered manager had placed signage on one cupboard door stating for it to be kept locked at all times. Staff had failed to lock the cupboard and people had access to cleaning products, personal care items and other items that may have caused serious injury.
- Combustible materials were left on the external fire escape. Internal fire escapes were being used to store moving and handling equipment and presented a trip hazard.
- The external gas meter had a broken door and could no longer be securely locked. We found on both days of inspection that clinical and general waste bins were not securely stored in the main car park and were open.

People were at serious risk of harm as staff were not following the registered manager's or provider's processes to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- The registered manager and provider assured us that further action would be taken to ensure staff followed the correct process and would have additional training if required to support with this.
- The registered manager carried out daily checks of the environment to make sure people were safe. We found that after completing these checks staff continued to not follow the correct processes.

### Preventing and controlling infection

- Staff were not always following the provider's processes to keep people safe by reducing the risk of cross infection. For example, there were personal moving and handling equipment and personal care items located in corridors, cupboards and bathrooms.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the



premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives were able to access regular visits in and out of the service. Risk assessments were in place to support safe visiting throughout the home.
- Professional visitors and visitors were required to provide a negative lateral flow test before entering the home.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to reduce the risk of potential abuse to people. Safeguarding investigations had been completed by the registered manager and lessons learned from incidents were shared with staff, people, relatives and the Local Authority.
- Staff were aware of what action they would take if they identified any form of abuse and confirmed they had received training around this. A staff member said, "Safeguarding training is completed, and I know what to do. We all have safeguarding training to keep the residents safe."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely and there were enough qualified staff to safely support people.
- Staff records detailed all essential pre-employment checks that had been carried out. Every staff member had a valid Disclosure and Barring Service (DBS) check in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels reflected the assessed needs of people. One relative told us, "There's always sufficient staff and [person] tells me there's always plenty of staff."

Using medicines safely

- Medicines were managed safely. There was a clinically trained member of staff on site at all times to support with safe medicines management.
- Staff who administered medicines had their competencies checked regularly and received regular training.
- Medicines were regularly audited by the registered manager and clinical lead. Staff told us they carried out peer audits daily to make sure medicines were being administered safely and in line with the provider's policy.

### Learning lessons when things go wrong

- When incidents or accidents occurred, lessons were learned and used to improve the quality of care provided. Learning points were shared with staff via team meetings and supervisions.
- Accidents and incidents were fully investigated, and outcomes were shared with people, relatives and 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff were not clear about their roles and their requirements regarding risk management and health and safety. We observed staff ignoring clear signage detailing what steps they had to take to keep people safe and to mitigate risk. The registered manager was taking action to support staff to fully understand their roles in keeping people safe and following the processes in place.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the Commission for significant events that had occurred at the service, for example, accidents and incidents.
- There was an effective governance framework in place which was used to identify areas of improvement within the home. The regional manager was working with the provider to improve these further.

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

- There was a positive staff culture which focused around the people living at the home to achieve positive outcomes for them.
- The registered manager had an honest relationship with staff and provided them with support. One staff member told us, "There's been so much improvement in two years. I feel supported by [registered manager] and valued."
- Relatives told us that staff were always positive and caring. Comments included, "The [staff] are lovely, a great bunch. I can't fault them. They're really warm and kind with her" and, "Staff are very nice always friendly."

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; Continuous learning and improving care

- When things went wrong, apologies were given to people and lessons were learned. These were used to improve the service.
- Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback surveys were given to people, relatives, staff and other professionals. The results from these were added to the service's overarching action plan and enabled the management team to see what they were doing well and what needed to be improved.
- Staff attended regular team meetings where they could share learning experiences, safeguarding information, reflect on how the service was performing and provide suggestions for improvement. A staff member told us, "The registered manager takes on board feedback and how to improve, he listens to you."
- The service worked in partnership with a range of other organisations and professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks associated with health and safety were not always identified, assessed or mitigated. Staff were not following the provider's processes with regards to risk management to keep people safe.  Regulation 12