Valeo Limited

Cragside

Inspection report

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Huddersfield
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Tel: 01484460051

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced inspection which took place on 23 March 2016. The service was last inspected 28 January 2014 and we found the provider met the all regulations we looked at.

Cragside is a care home for up to nine people with complex needs. The home is bright and spacious with bedroom accommodation on the first floor. The secure gardens provide a private leisure area and a large modern sunroom provides additional daytime space for activities. The home is located just outside Huddersfield, close to local amenities including, shops, cafes, bank, post office and a garden centre. Cragside is on a regular bus route.

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

On the day of our inspection there were three people using the service. Not all of the people spoken with during the inspection were able, due to complex care needs, to tell us about their experience of living at the home. We spoke with one person using the service and they told us they were happy with the support they received.

Effective systems were not in place to ensure people's safety and manage risks to people using the service. Accidents and incidents were monitored however, there was no evidence to show that learning had taken place following serious incidents. Risk assessments were not in place for one person.

Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough. Appropriate checks were carried out to make sure staff were suitable and safe to work with vulnerable people.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in medicines management.

Maintenance issues were not addressed in a timely manner.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and support required to meet people's needs.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions where they had the capacity to do so and where people did not have the capacity, decisions had to be in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Suitable arrangements were in place and people were supported and provided with a choice of suitable healthy food and drink ensuring their nutritional and hydration needs were met.

Staff had good relationships with the people using the service. Staff knew how to support people to raise concerns and complaints. The complaints procedure was also available in a pictorial format. We saw the provider had not received any complaints in the last 12 months however, we found that were concerns were raised these were not responded to appropriately.

Staff were kind and considerate with people, listening to them and involving them in decisions. Arrangements were in place to provide advocacy services for people who needed someone to speak up on their behalf.

There was no planned activity programme in place to ensure the people's social needs were consistently met. People were at risk of receiving care that did not meet their needs as guidance within care records was not utilised.

We received mixed feedback from staff regarding the support they received from the organisation.

The service had not sought feedback from people using the service and/or their representatives.

We found three breaches during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff knew how to recognise abuse and had all received training on safeguarding vulnerable adults.

Risk assessments were not in place for one person.

Staff told us one person using the service posed a high level of risk and challenged the environment in which care was being provided. There had been a number of serious incidents which meant the person was currently not able to leave their accommodation.

Accidents and incidents were monitored however, there was no evidence that learning had taken place following serious incidents.

Maintenance issues were not addressed in a timely manner.

Is the service effective?

Good

The service was effective,

People using the service could be assured that staff caring for them had up to date skills they required for their role.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People had access to healthcare services when they needed them.

People were involved in the planning, preparation and cooking of meals and had free access to food and drink.

Is the service caring?

Good

The service was caring.

Staff were kind and considerate with people, listening to them and involving them in decision making.

Arrangements were in place to provide advocacy services for people who needed someone to speak on their behalf.

Relatives of one person said they were made to feel welcome when they visited the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Systems were not in place to respond to concerns and complaints.

We saw one person using the service was unoccupied for periods of time. There was no planned activity programme in place to ensure the person's social needs were met.

People were at risk of receiving care that did not meet their needs as guidance within care records was not utilised.

Is the service well-led?

Requires Improvement

The service was not well-led.

There was a registered manager in place.

The system in place for monitoring the quality of the service provision had not identified where improvement were needed. People were put at risk because systems for monitoring quality were not effective.

We received mixed feedback from staff regarding the support they received from the organisation.

The service had not sought feedback from people using the service and/or their representatives.

Cragside

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 was planned to check 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 inspection took place on 23 March 2016 and was announced.

The inspection was carried out by one Care Quality Commission (CQC) inspector. The provider was given 48 hours' notice because the location was a care home for adults with learning disabilities who are often out during the day; we needed to be sure that someone would be in.

Before our inspection we reviewed all the information we held about the service. We also reviewed the information we held about the home. This included previous inspection reports and statutory notifications. We also contacted the local authority for feedback. Following the inspection, we spoke with one service commissioner from a CCG, an advocate of a person who used the service.

There were three people using the service at the time of our visit. Not all of the people spoken with during the inspection were able, due to complex care needs, to tell us about their experience of living at the home. We spoke with one person using the service, one person's relative, three support staff and the locality manager.

We looked at two people's care records as well as records relating to the management of the service. We looked at the building and saw people's bedrooms (with their permission), bathrooms and communal areas. Following the inspection, we were sent a number of documents that we could not access during the inspection. These included; staff training records, recruitment information and audit information.

Requires Improvement

Is the service safe?

Our findings

We saw the service had a policy for safeguarding adults at risk. The policy gave information on the different types of abuse and informed staff of the actions they should take if they suspected a person in their care was suffering abuse. This included reporting the abuse to their manager as soon as possible. We spoke with three staff who were able to describe a number of different types of abuse. One member of staff said, "I would know right away if any of the people here were the victim of abuse". However, only two of the staff were aware they could escalate their concerns to the local authority or Care Quality Commission. We looked at the staff training matrix and saw that all the staff listed were up to date with training on safeguarding of vulnerable adults. This meant people using the service were protected from the risk of harm.

We spoke with one person using the service and we asked them if they felt safe. They told us they did and they liked living at the service. We spoke with staff and asked whether they thought there were any issues in relation to people's safety at the service. Staff told us that one person using the service had been involved in a number of serious incidents both inside and outside the building. They told us this made them worry about people's safety. We looked at the person's care records and saw that although a number of risk assessments were in place, these had not been updated to reflect necessary changes when incidents had occurred. There was a lack of guidance for staff to follow to enable them to manage the person safely when they accessed the community. Consequently, the person had not been out of their accommodation for 24 days. We asked staff if the person was able to access outside. They told us a designated garden area at the rear of the building was available for the person's use however; this was not safe for them to use at the present time. We were concerned at the level of impact this was having on the person. Due to their complex care needs, we were unable to speak with the person.

We looked at the systems in place for accident and incident management. We saw there had been 12 accidents/incidents from January 2016 to March 2016 which all involved one person using the service. These included; assaults on staff, destruction of the environment and absconding. We were concerned as we were only able to look at one investigation which had been carried out. This affected staff's ability to manage future incidents involving the person as no learning had taken place. We discussed our concerns with the locality manager who told us they would raise this issue within the organisation and ensure that future incidents were investigated.

We asked the locality manager how the building and equipment were maintained. They told us a maintenance log was kept in the office for staff to record any maintenance issues. They told us the maintenance person visited the service whenever there were repairs to carry out. We looked at the maintenance log and saw that items logged in the file had not been dealt with. For example, a radiator cover was reported as coming loose from the wall in a person's lounge on 26 February 2016. This was pulled off the wall by a person using the service on 14 March 2016. Had this maintenance issue been addressed, the person would not have been able to do this which put both the person and staff at risk. This demonstrated the provider did not have a system in place to ensure minor maintenance matters were dealt with in a timely manner.

We looked at the care records of two people using the service and found one person did not have any risk assessments in place. They had been using the service for 100 days, since 18 December 2015. This meant there was no evidence to show the service had taken reasonable steps to prevent harm to the service user. In the other care record we looked at, we found the person had a number of risk assessments in place. However; these were not always reviewed after an incident had occurred to reflect any changes in their care needs. We saw that for one of the main behaviours this person had begun to display recently, there was no risk assessment in place. This meant care and support was not planned and delivered in a way that reduced risks to people's safety and welfare.

The service did not employ staff to carry out the cleaning of the service; this was part of the staff's role. Staff told us they supported people using the service, where appropriate to clean their own accommodation. However, we saw the service did not have cleaning schedules in place for staff to follow. We found the majority of the accommodation was clean however; in one person's en-suite shower room we noted a malodour. There was a lack of adequate ventilation in place and the en-suite was located next to the person's bedroom. Staff told us due to the absconding risk the person posed, they were not able to leave a window open to air the area. We found there was a lack of guidance in place for staff with regard to the daily cleaning for this area due to the behaviours of the person. This meant the provider could not be sure that adequate cleaning was taking place.

We spoke with the locality manager who showed us the infection control policy for the service. They said this was available electronically for staff. We asked staff what actions they would take in the event of an outbreak of infection. All three staff were unable to tell us what actions they would take. We saw the registered manager had completed an infection control audit for the service on 11 January 2016. However; we saw that areas of the document were ticked as 'yes' but we found evidence to show this was not the case. For example, under 'Environment' the document stated, 'There is a robust cleaning schedule in place identifying, daily, weekly, monthly, quarterly and yearly cleaning tasks'. This meant the systems in place for monitoring the cleaning of the service were not effective.

This demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found medication was safely administered. Each person's medication administration record we looked at had been accurately completed. We saw people's medication was administered at the times and doses prescribed. We saw medication was stored correctly. We saw records of the daily temperature checks of medication rooms and the medication fridges. Where a person had 'as required' medication (PRN) we found there was guidance for staff to follow. However, this was not located with the person's medication administration (MAR) record. We found the guidance was individual to each person; it gave details of when to administer the medication, for example signs to look out for that may indicate the person would need pain relief. We also saw for each person there was a description of what their medication was for and any known side effects. We looked at the homes medication policy and found it was comprehensive and gave staff good guidance on how to safely administer people's medication.

We spoke with staff about the staffing levels at the service. They told us, and rotas confirmed, that one person required two staff with them when they were not asleep. Staff told us that due to the person's level of unpredictability and aggression; they thought a male member of staff should always be present especially when assisting with personal care. Staff told us there were times when there were no male staff available to care for this person. We discussed this with the locality manager who told us they would speak to staff and the registered manager about this issue and take action to ensure staff felt safe. The other people using the service had periods of one to one care provided which enabled them to participate in activities of their

choosing. For example, going for a coffee, doing their shopping and visiting family. We saw staff supporting people during our visit and saw they were assisting people with domestic tasks such as laundry and washing dishes.

We were not able to look at staff files during our inspection but were sent recruitment information following our visit. This included documents which confirmed the service had completed a Disclosure and Barring Service (DBS) check before staff started work. The DBS is a national agency that holds information about criminal records. This demonstrated that appropriate checks were undertaken before staff began work to make sure they were suitable to work with vulnerable people. We saw examples of references sought from previous employers and also copies of documents to check people's identity, for example, a birth certificate or driving licence. Staff we spoke with told us that prior to beginning employment they had completed a comprehensive induction programme which included for example, the safeguarding of vulnerable adults, nutrition and awareness of epilepsy.

Good

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training on induction which was updated annually. This included; safeguarding, infection control, food safety, health and safety and Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). In addition to this, we saw that five staff members had received training on 'Advanced Autism', six staff had completed 'Understanding Autism Spectrum Conditions' training and three staff had' Augmentative and Alternative Communication training'. This meant people using the service could be assured that staff had the skills they required for their role.

Staff spoken with gave mixed feedback when we asked them if they felt supported by the organisation. Some staff said they did not feel supported by the registered manager and found them unapproachable They said they received one to one supervision meetings however, this had not been carried out recently. One staff member said they had last received supervision in November 2015. Records we reviewed for two staff members confirmed that it was November 2015 since supervision meetings had taken place. We spoke with the locality manager who told us they were aware this had slipped recently. They told us they would ensure this issue was addressed.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We were told that one person using the service was subject to authorised Deprivation of Liberty. Our review of care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful.

Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, administration of medication and personal care.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a general health care plan in place which included details of their medication, details of visits to

or visits by professionals which demonstrated that people had regular check- ups with GPs, dentists and consultants. Where one person was unable to leave the building we saw that a home visit from the dentist had been arranged for them.

One person we spoke with told us the food was good and described how staff supported them with meal planning and preparation. Staff told us people had their own shopping budgets. One person told us that with staff support they did their own shopping and cooking, which they said they enjoyed. During the inspection we saw the kitchen area of each person's living accommodation and saw there was plenty of food and drinks available to them. People's dietary needs were recorded in care plans and we saw people's weight was monitored monthly and records showed they remained stable.

Good

Is the service caring?

Our findings

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "I always knock on the door before entering someone's flat." Another member of staff said, "People have privacy whenever they want it. If they want to spend time alone they have the space and independence to do that." We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way.

People using the service had their own flat in which they received support. This included a bedroom, living room/kitchen area and bathroom. We saw these were decorated to a high standard and people had personalised their accommodation with photographs and items personal to them. There were no communal areas of the home other than the reception area and the staff office. The service also had a flat which they used for supporting people who needed respite services. At the time of our inspection this area was not in use.

We spoke with the locality manager who told us they felt the staff team were enthusiastic and cared about the people they were supporting. They told us, "This service is really great, it supports people to be as independent as they can be. When we see people enjoying time in the community and building on the skills they have I see that as us doing our job well." We spoke with staff and they told us they found the job rewarding although they did struggle to meet the needs of one person using the service. They said the person had very complex needs and this limited the ways in which they were able to interact with the person.

We spoke with the relative of one person using the service who told us that although they were aware of the challenges the staff faced supporting their relative, they were confident that all the staff providing support were caring.

Systems were in place to help people understand what they could expect from the service. This included a service user guide in easy read format which people were given when they started using the service. We saw there were arrangements in place to ensure people had access to advocacy services. One person had an advocate who had supported the person for a number of years and visited them on a regular basis, often weekly.

People were encouraged to maintain relationships with their family and others close to them. The relative of one person said staff always made them feel welcome when they visited the service.

Requires Improvement

Is the service responsive?

Our findings

There was a complaints procedure available within the service user's guide. This was also available in an easy read pictorial format. We looked at the complaints log and saw the service had not recorded any complaints in the last 12 months. One person using the service told us they would speak to staff if they had any concerns. One relative told us that they felt communication could be improved. When they had contacted the service regarding their relative not having a TV in their room for some time they told us the manager of the service had not been helpful saying there were other people in the service to consider. This meant the relative did not feel supported in having their concern dealt with. We also saw this had not been logged as a concern within the complaints log. This demonstrated that concerns raised were not were responded to appropriately.

On the day of our visit we saw two people using the service were receiving one to one support from staff. This meant they were able to engage in activities based in the community. We saw one person had spent the morning shopping and had been for a coffee. Staff told us people had their routines and preferences of how they liked to spend their time, which was of their choosing.

We found one person using the service had not been out of their accommodation for 24 days. Staff told us this was due to the level of risk the person posed to themselves and others when they were outside of their home. We looked in the person's care records and found the person did not have a plan of activities in place to take part in at times when they were unable to leave the service. We spoke with the locality manager and asked them to look into the areas of concern. They told us they would take immediate action to ensure the person did not become isolated.

This demonstrated a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout our visit, we saw staff entering one person's accommodation to carry out tasks such as making meals. However, we observed that the level of engagement was minimal at times. Staff told us their level of engagement was dependent on the presentation of the person which was changeable. However, when we looked in the person's care records we found the guidance for staff to follow on how to support the person effectively at these times was situated towards the back of the person's care records. We spoke with staff who were able to describe the ways they managed these situations but this had not come from reading the information within the person's care records. This meant the person was at risk of receiving care which was inappropriate and did not meet their needs.

People's needs were assessed prior to them moving into the service. People were involved in their assessment as much as possible and were supported by a relative or advocate if appropriate. Assessments were completed in detail and covered all aspects of people's care and support needs. Reviews of people's care were completed on a regular basis. Reports were sent to commissioners on a quarterly basis where requested and contained details of what the person had done and statements regarding their general well-being. Monthly reviews were held for each person, there was evidence that where appropriate family

members and advocates were invited to attend.

Requires Improvement

Is the service well-led?

Our findings

It is a requirement under The Health and Social Care Act that the manager of a service like Cragside is registered with the Care Quality Commission. When we visited the home had a registered manager who has been registered since January 2016. On the day of the inspection, the registered manager was not present at the home.

We looked at the systems the service had in place for monitoring the quality and safety of the service provision. We reviewed a 'quality audit' document which was sent to us following our inspection. This showed the locality manager monitored administration and storage of medication, health and safety, fire safety, finances, care records, service user feedback/surveys, staff supervision and appraisals and recruitment. Audits of each of these areas were completed once every six months and findings contributed to an overall action plan the service had in place.

We saw a number of incidents had occurred involving the same person both inside the service and in the community. We saw that although these incidents had been recorded appropriately there was a lack of investigation into them by the organisation. We did not see improvement action plans put in place and cross-referenced with the individual risk assessments and care plans, to minimise the risk of re-occurrence. Incidents had been monitored by the registered manager although we did not see evidence which showed any action was taken to monitor for any patterns or trends. This showed that an effective system was not in place to monitor incident systems and that the service did not learn from incidents, to protect people from harm.

The service had not sought feedback from people using the service and/or their relatives and representatives. We were told by the locality manager that plans were in place to carry out this piece of work. They did not provide any dates for when this work was planned to take place.

This demonstrated a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they thought there was limited opportunity to have their opinions taken into consideration with regard to the running of the service. One member of staff said, "I know the manager has always told staff they have an open door policy but you don't always get feedback when you have raised issues." Another staff member said, "I have hardly spent any time with the manager. They have been around but they are in meetings and in the office. The other staff have been a great support."

Staff told us there were opportunities to discuss concerns at staff meetings. During our visit we looked at the minutes of three recent staff meetings held in November 2015, January and February 2016. The meeting covered items such as, service users, training, confidentiality and activities. Staff meetings provide opportunities for open communication with staff about changes within the service and opportunities for staff and managers to raise issues for discussion.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service was not providing care which met the needs of all of the people using the service. Regulation 9 (1)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service was not able to manage the risks posed by people using the service. The service premises did not ensure that care and treatment could be provided to people using the service in a safe way. The service did not have any appropriate guidance in place for staff to follow with respect to the cleaning of the home. There was a lack of risk assessments in care records we reviewed. Regulation 12 (1) (a)(b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have an effective system in place to ensure the risks to people using the service and staff who worked at the service were managed safely. The service had failed to mitigate all risks to ensure the health, safety and welfare to people using the service and staff who worked at the service. The service had failed to seek and act on feedback from people

using the service and/or their representatives.

Regulation 17 (1)(a)(b)(e)