

# Cygnet Care Limited

# Cresta Lodge

## Inspection report

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## 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

Cresta Lodge is a residential care home registered to provide support to 27 people, some of whom were living with dementia. At the time of inspection there were 22 people using the service.

At the last inspection on 17 and 20 July 2015 the service was rated Good overall. In effective the service was rated 'requires improvement' and was breaching Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provided us with an action plan stating how they intended to improve in this area. At this inspection we found that the necessary improvements had been made to comply with this regulation. The service was rated good in all five domains and maintained a rating of good overall.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's relatives told us they felt their relative was safe living in the service and that staff made people feel safe. Risks to people were appropriately planned for and managed. Medicines were stored, managed and administered safely.

Checks were carried out to ensure that the environment and equipment remained safe. The service was clean and measures were in place to limit the risk of the spread of infection.

People's relatives told us there were enough suitably knowledgeable staff to provide people with the care they required promptly. A health professional wrote to us and said they felt the staff were competent and well trained.

Staff had received appropriate training and support to carry out their role effectively. Staff received appropriate supervision which helped them develop in their role. People received appropriate support to maintain healthy nutrition and hydration.

People's relatives told us staff were kind to people and respected their right to privacy. Relatives told us staff supported people to remain independent and our observations supported this.

Relatives told us they were encouraged to feed back on the service and participate in meetings to shape the future of the service.

People received personalised care that met their individual needs and preferences. People and their relatives were actively involved in the planning of their care. They were supported to access meaningful activities and follow their individual interests.

The home was decorated in a way which helped people living with dementia find their way to key areas such as the bathroom and their bedroom. There was an accessible garden available to people and ample sources of engagement available for people to access independently.

The registered manager and the providers created a culture of openness and transparency within the service. Staff told us that the managers and providers were visible and led by example. Our observations supported this. Relatives told us they knew how to complain and felt they would be listened to.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service. There were plans in place to develop the service and the knowledge and skills of the staff team. Plans were in place to continually update and refresh the decoration of the home in line with people's preferences. People were being consulted about what activities and outings they would like in 2018.

The service worked well with other agencies such as Norfolk County Council to ensure they stayed up to date with the latest policies, procedures and best practice.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service was effective.

Improvements had been made and the service was meeting the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. Staff had received further training and mentorship in this area to improve their skills and knowledge.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Cresta Lodge

## 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 comprehensive inspection was carried out by one inspector on 20 December 2017 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the service.

People using the service were unable to communicate their views about the care they received. We carried out observations to assess their experiences throughout our inspection. In addition we spoke with three relatives, three care staff, the registered manager, the providers and the training manager. Following our inspection we received a letter from the local doctors surgery about their experience of working with the service.

We reviewed five care records, three staff personnel files and records relating to the management of the service.

## Is the service safe?

### Our findings

At our last inspection on 17 and 20 July 2015 we rated the service 'good' in this key question. At this inspection the service remains good in this area.

The service took steps to ensure people were protected from avoidable harm and abuse. There were systems, processes and practices in place to safeguard people. Relatives told us they felt people were safe in the service. One said, "I don't have concerns about [relatives] safety here. Knowing [relative] is here gives me peace of mind." Another commented, "I don't have any worries at all about [relatives] safety." One other relative told us, "[Relative] is very safe here." People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included how to recognise and report abuse.

Risks to individuals were managed well. Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. Staff demonstrated that they understood the principles of 'positive risks' and how they could protect people from harm whilst ensuring their independence was not restricted. An example of a positive risk could be enabling someone to retain their mobility skills by encouraging them to mobilise even where there was a risk of them falling. Care plans were in place which provided detailed information for staff on how to meet people's needs safely. These were available to staff in communal areas of the service for quick reference.

There was evidence that the service took action and learned from incidents such as falls. For example, following falls actions were taken to minimise risks and gain the advice of the specialist falls team. Other actions included putting in place equipment such as pressure mats which alerted staff when people were mobilising independently so they could be provided with prompt support.

Relatives told us and we observed that there continued to be enough staff to meet people's needs. One relative said, "They spend quality time with [relative] and when I come in staff are always around and engaging with people." Another relative told us, "The staffing level appears good. You're never stuck looking for someone to help, people are never left on their own." One other relative commented, "They are very responsive if you need something. They spend a great deal of time with [relative] getting them out of bed and improving their mobility again." Staff told us that the staffing level continued to be appropriate to the needs of the people using the service. The registered manager used a dependency tool to calculate the number of staff required to meet people's needs. Sufficient staff were deployed to support people to stay safe and meet their needs.

Medicines continued to be stored, managed and administered safely. After our visit the local doctor's surgery wrote to us to provide feedback on the service. They described the service's medication compliance as 'very good' which supported our findings. They told us that the manager and the allocated GP meet quarterly to review people's medicines and ensure they remain appropriate.

The environment appeared hygienically clean and the service was free of unpleasant odours. There were

cleaning rota's in place which delegated duties to specific domestic staff. An audit of cleanliness and infection control was carried out to limit the risk of the spread of infection. We observed that staff wore appropriate protective aprons and gloves when providing personal care which were discarded between tasks. There were appropriate hand washing facilities available to staff and antibacterial hand gel was available throughout the service. Staff involved in the preparation of meals had food hygiene training and wore appropriate garments such as aprons and hats in the kitchen when preparing food. The service received a rating of five at a food standards agency inspection in May 2017.

The environment was safe and appropriate processes were in place for maintaining the safety of the service. The service had a member of maintenance staff who carried out regular checks on water temperatures, window restrictors, fire alert systems, call bell systems, electronic appliances and gas appliances. The maintenance person also carried out regular flushes of the water system to ensure the risk of legionella was reduced. The service had a legionella policy in place and an external company carried out regular testing on the water quality at the service. Checks were also carried out regularly by an external company on the fire systems in the service.

Records demonstrated that equipment such as hoists and wheelchairs were serviced yearly. Regular checks were carried out on walking frames to ensure that they remained fit for purpose and to reduce the risk of people falling.

## Is the service effective?

### Our findings

At our last inspection on 17 and 20 July 2015 we rated the service 'requires improvement' in this key question. Improvements were required to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) practices in the service. This included ensuring staff had appropriate knowledge of the MCA and DoLS and ensuring DoLS applications were made for people who required them. The service was in breach of Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service had made the necessary improvements to comply with this regulation and is now rated 'good' in this key question.

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). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff had received further training and mentoring in the principles of the MCA and DoLS since our previous inspection. They were able to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. We observed that staff encouraged people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions and consent to care regardless of their ability to verbally communicate their views.

Relatives told us and we observed that people continued to be supported by appropriately skilled and competent staff. One relative said, "They're fabulous at their job, I can't vouch for them enough." Another relative told us, "People are really looked after and staff are consistently good. I often see the training manager here doing training with staff." After our visit a health professional wrote to us about the quality of the service. They confirmed our observations and told us that staff demonstrated that they were well trained.

Staff told us that they had the training and support they needed to carry out their role effectively and were encouraged to build upon their skills. One staff member told us how they had progressed quickly into roles with more responsibility and had been mentored by the training manager to improve their skills. Other staff told us that the training available was different for everyone and one commented that it was not 'one size fits all'. This staff member was very positive about the support they had received from the training manager and told us they had received one to one training to improve upon their knowledge. The training manager confirmed that they provide both one to one training and group training to staff. They demonstrated to us they had a system to assessing staff competency and providing updates to knowledge where issues were identified.

Records demonstrated that staff received appropriate supervision. Staff told us they found these sessions useful and discussed training needs and development in these sessions.

Relatives told us the food people were provided with was good quality. One said, "I am invited for lunch regularly and the food really is first class. The chef is great and very accommodating." We observed that people were given a choice of meals. Those who could not verbally communicate a choice were shown the different options so they could make a visual choice. We saw that menu choices for the day were displayed clearly in the dining area, and alternative options were also on view. We observed that the meal time was a positive one and people were given the support they required to eat in a dignified way. We concluded that people continued to be supported to eat and drink enough to maintain a balanced diet to meet their needs.

The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Concerns about people's nutrition such as changes in weight were identified promptly and action taken to minimise the risks of malnutrition.

Before people moved into the service, a comprehensive assessment of their needs was carried out. This included the support they required with decision making, staying engaged and stimulated and the social support they required.

People were supported to maintain good health. After our visit the local doctors surgery wrote to us about the quality of the service. They told us that they had an 'excellent two way relationship with the manager and carers at the home.' They also said 'the managers and carers flag with us when an urgent intervention is needed.' This demonstrated to us that the home was proactive in obtaining support from health professionals when they had concerns about a person's wellbeing. Staff worked well with other external health professionals and referred people for support in a timely way.

Care was taken to ensure the environment and décor of the building was suitable for those living in the service. Appropriate pictorial signage was in place to guide people living with dementia to rooms such as bathrooms and toilets. Bedroom doors were personalised with people's names and things they liked which helped people identify which room was theirs. People were consulted about the decoration of the service and people's comments were acted on. For example, the service had recently replaced the curtains in a communal area and asked people and their relatives for their preferences.

There were sources of engagement and activity available for people in all the communal areas, such as books, board games and craft materials. There were two communal areas available, the main lounge and the conservatory. A family member told us that the conservatory was a nice area to have quiet time with their relative and this was facilitated by the service.

We saw that there was a garden available for people to use. It had been designed to ensure that it was accessible for people using mobility equipment.

## Is the service caring?

### Our findings

At our last inspection on 17 and 20 July 2015 we rated the service 'good' in this key question. At this inspection the service remains good in this area.

Relatives told us and we observed that staff were kind and caring towards people. One relative said, "Staff really care about people and it is clear it's genuine and real." Another commented, "All the staff are very caring and attentive. They make a fuss of [relative]. They're very kind."

We observed that staff continued to engage with people in a friendly and thoughtful manner. Staff made an effort to spend one to one time with people, speaking about their interests or engaging them in activity. It was clear from our observations that staff knew people well.

Relatives told us that they continued to be involved in making decisions about their relatives care. One said, "I'm fully involved every step of the way. They try and include [relative] too even though [their] understanding is poor." Another told us, "They keep me informed as soon as anything happens. I'm fully involved in all care planning and decisions." The views of relatives and the views people were able to express were documented in their care records.

Relatives told us and we observed that people's privacy was respected by staff. One relative said, "They treat people with real respect. They allow us private time as a family." Another commented "They're there when you need them but are also good at respecting when you'd like alone time."

People were encouraged by staff to remain as independent as possible and use the skills they still had. A relative told us, "When [relative] first came they had been in bed all the time and we were told they weren't able to get up. Since being here they've got [relative] up into communal area's most days and [relative] seems to really enjoy that." Another relative said, "They've got [relative] mobile again and gaining back some of that independence." Care records made clear what tasks people needed support with and what they could do for themselves. Staff we spoke with demonstrated to us that they understood how to support people to remain independent and the importance of this.

## Is the service responsive?

### Our findings

At our last inspection on 17 and 20 July 2015 we rated the service 'good' in this key question. At this inspection the service remains good in this area.

Relatives told us that staff knew people well. One said, "They have taken the time to truly get to know [relative] and they know exactly what they like and dislike and how to make them happy." Another told us, "I think they know [relative] very well and they know me well too." This was supported by our observations and speaking with staff about people's needs.

The service continued to ensure that people's care records were person centred to include information about them, such as their hobbies, interests and preferences. There were detailed life histories in place for people living with dementia. These included detailed information about their past life, family history and activities they have previously enjoyed. We observed activities staff spending time with people talking about their past. This information enabled staff to better support people to engage in meaningful activity they enjoyed.

The service continued to support people to engage in meaningful activity and maintain a healthy social life. Relatives made positive comments about the member of activities staff and we observed that they were engaged with people throughout our inspection. We observed that they undertook a number of activities on both a one to one basis and as a group. Our observations supported that they were knowledgeable about the activities provided and how these were engaging and stimulating for people.

The support people required to access activity within the service was assessed so that there were always enough staff available to support people with their individual interests. We observed that care staff also engaged people in activity and demonstrated to us that they were committed to ensuring people remained stimulated. Relatives told us that people had opportunities to suggest places they would like to visit outside the home and that people regularly had opportunities to visit the community.

The service had end of life care plans in place for people. These contained sufficient information about the person's wishes at the end of their life such as where they would like to be cared for. These care plans included information about how to limit the risk of unnecessary hospital admissions to ensure people were able to remain in their place of choice at the end of their life. The local doctor's surgery wrote to us following our inspection and stated that their experience of the home's delivery of end of life care was 'excellent'. They said the service worked closely with them and other health professionals to implement anticipatory medicines where required. Anticipatory medicines are medicines which are prescribed for a person approaching the end of their life. The doctor's surgery also stated that the rate of emergency admissions from the service was the lowest of all the care homes the surgery provides support to.

At the time of our inspection the service had not received any complaints. However, there was a complaints procedure in place which was displayed in a communal area. Relatives told us they knew how to make a complaint and felt they would be listened to. One said, "I've never had to make a complaint but if I had a

concern I know any of the staff would do something to resolve the situation immediately.

## Is the service well-led?

### Our findings

At our last inspection on 17 and 20 July 2015 we rated the service 'good' in this key question. At this inspection the service remains good in this area.

There was a registered manager working at the service. 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. Statutory notifications received by the Care Quality Commission showed us that the manager understood their registration requirements.

The registered manager and providers continued to promote a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service, relatives, staff and external health professionals. Staff and people's relatives told us they felt able to talk to the registered manager or providers about anything they wished. One relative said, "I see the [registered manager] around regularly and the [providers] too. They know me and I've made a few suggestions in the past which they've been more than happy to act on." We saw evidence to support that relative's views were used to influence what happened in the service. For example, we saw that things relatives suggested in meetings such as activities, changes to the decor or new meals for the menus were actioned.

Both the registered manager and providers were visible within the service. The registered manager actively participated in providing care and support to people and demonstrated to us that they knew people well. Staff told us the manager, providers and training manager led by example and supported them in their role.

The service continued to maintain good links with the community and other care services. The service is part of a group of similar services owned by the same provider. The managers of these services share best practice and experience to improve the service they provide. The manager also attended other externally organised meetings, such as on infection control, to ensure they kept up to date with best practice.

The registered manager and provider continued to assess the quality of the service through a regular programme of audits. Records demonstrated that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls had been identified, records demonstrated that these were acted upon promptly.

Plans were in place to continually improve the service, such as by refreshing the décor in line with people's preferences. The service was actively consulting with people about outings and activities they would like to do in 2018 and looking into ways they could fulfil people's wishes.

Plans were in place to continually improve upon the knowledge of the staff team and develop particular staff member's skills for them to take on more senior roles.

The service worked with other organisations such as Norfolk County Council to improve upon their

understanding and practices in areas such as MCA and DoLS, care planning and dignity. The registered manager had attended courses to improve upon their knowledge and disseminate best practice to staff.