Affinity Trust

Cregg Na Ba

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

Overall summary

This inspection was carried out on 9 and 10 July 2015 by one inspector. It was an unannounced inspection. Cregg Na Ba provides accommodation and personal care for up to six people who have learning disabilities and some associated physical or/and sensory disabilities. Some people are wheelchair user's and require help with all of their personal care.

There were people five people living at the home at the time of our inspection. People living at the home were unable to express themselves verbally. We spent time observing the support provided to understand people's experience of the service.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People's welfare was safeguarded by sufficient numbers of staff who met people's needs. The provider operated safe recruitment procedures which made sure staff employed were suitable to work with people. Staff had the appropriate skills and experience to meet people's needs. They were able to put this into practice by using

Summary of findings

the knowledge they had gained from training and from detailed guidance in the personalised care plans. The registered manager supervised staff to support them to work to expected standards.

People were protected against the risks associated with the unsafe use and management of medicines. The provider ensured that the premises were maintained safely and securely.

The environment was specifically adapted for people with restricted mobility. There was a sensory area in the lounge with plans to make the spare room into a sensory room and equipment available for people with sensory impairment. People's rooms were personalised, homely and comfortable.

People's care was personal and included their preferences and how they wanted their care to be delivered.

Staff communicated effectively with people despite their challenges, responded to their communication and offered people choices.

Staff sought people's consent before they assisted them. Where people lacked the mental capacity to make decisions the registered manager was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. The system for monitoring Deprivation of Liberty Safeguards (DoLS) within the home protected people from harm and protected their rights.

People were supported to have a choice of food and drink. People were supported to manage their health care needs when necessary.

Staff treated people with kindness. People were supported with their preferences and had choices in their day-to-day lives. Staff demonstrated respect for people's dignity and were careful to protect people's privacy. Staff promoted people's independence.

People and their relatives or representatives were asked for their views about how the home was run. The provider had a clear set of visions and values, which were put into practice by staff. The home had a clear, accountable management and staffing structure. There were regular audits to review the quality of care and safety of the premises.

Summary of findings

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 safe.

People were kept safe by staff who could recognise the signs of abuse and knew what to do if safeguarding concerns were raised.

People were able to live active and fulfilling lives safely because they were supported by sufficient and appropriately trained staff.

People's medicines were managed so they received them safely.

Good

Is the service effective?
The service was effective.

Staff had the skills to communicate with people effectively.

People were involved in decisions about what they eat and drink.

People's health was regularly monitored.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion.

Where they were able to people were supported to be involved in decision making about their care.

People's dignity was promoted.

Good

Is the service responsive?
The service was responsive.

People's care plans ensured they received care that was person-centred.

People were supported to take part in social activities.

Feedback from people's relatives was encouraged.

Good

Is the service well-led?
The service was well led.

The provider had a clear vision which was understood by staff.

The registered manger submitted notifications about incidents appropriately.

The staff were supported in an open transparent culture.

Good

Cregg Na Ba

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 9 and 10 July and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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 improvements they plan to make. Before the visit we examined previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also sought information from the local authority Quality Monitoring Team about the home.

We looked at five sets of records which included those related to people's care and medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these plans. We consulted documentation that related to staff management and four staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service and the activities programme. We observed care throughout our visit. People were unable to communicate verbally with us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two health professionals and contacted relatives of four people living at the home by telephone to gain their views.

Good

Is the service safe?

Our findings

People in Cregg Na Bar were protected and their freedom was supported and respected. Relatives we spoke with said, "I have no worries at all about X's safety, we can drop in at any time. It's always the same and there are enough staff." Another relative said, "I never ever have any concerns. There are plenty of staff and clients are never left on their own."

Staff knew how to identify different forms of abuse. They were able to tell us how they would respond and report it. Staff training records confirmed that their training in the safeguarding of people from abuse was up to date. Staff told us about their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. Staff knew where the policy related to the safeguarding of adults was located. This policy was up to date and included the correct local authority telephone numbers. Staff told us they would have no hesitation in reporting something they perceived as abuse. When agency staff were working, the policy at the home was that they should not work alone with one person, but should always be accompanied by a member of the regular staff. People's individual finances were audited weekly by the registered manager and were subject to further scrutiny monthly and quarterly by the operations manager. People were protected from the risk of abuse and harm.

The provider took steps to protect the human rights of people in the home and ensure their life experience was not discriminated against because of the challenges of their conditions. Their mission statement was to, "Enable people with learning disabilities to achieve active and fulfilling lives, gain increased independence and achieve equal rights as citizens." This carried through to the risk assessments in people's personal care plans which were designed to enable people to follow active lives in safety. This covered areas such as adapted mode of transport for trips, extra staff if required and staff taking any emergency medicine that might be needed with them.

Risk assessments in people's personal care plans were individual and covered areas such as risks of seizures, choking, falls and going out. For example one person was clearly at risk as they were "unable to maintain their own safety either at home or in their own community." Risk assessments included measures to protect people.

There were comprehensive risk assessments in place in relation to the home environment for example, chemical cleaning products in the laundry were to be locked away safely and there was a data sheet which gave staff actions to take if these were swallowed. If people were at risk of choking, their care plans person specific guidelines including how their food should be prepared for example chopped finely or pureed and the level of support they required if they weren't able to eat independently or the need to be observed while eating if they were able to eat independently. Staff were aware of these and followed them when supporting people to keep them safe. There were also risk assessments in place in relation to the use of the minibus when people went on trips to shows and concerts and shopping that staff were familiar with and adhered to so that people were able to get out and about safely.

The staff had access to contingency plans in the event of an evacuation or the home being rendered uninhabitable. These plans were detailed to ensure people's safety and included close liaison with the Community Learning Disability Team (CLDT). The plan included an assessment by this team that people who normally would need to use pressure relieving mattresses could use ordinary ones for a temporary time if they needed to be accommodated elsewhere.

There were action plans in place in relation to personal emergency evacuations covering scenarios, whether day or night, such as having a seizure, while eating, in the bath or in bed. People had had these plans explained to them using whatever method of communication they best understood. For example picture boards, physical demonstration, or verbally. Staff and people carried out a full evacuation drill once a year. All staff were trained in resuscitation techniques.

There were sheets within the personal care plans to be used in the event of the person going missing. These included up to date photographs, their preferred name, contact numbers, the best method of communication and any distinguishable features. We saw that accidents and incidents were recorded and subject to discussion and analysis to see if there were lessons to be learned or changes to procedures or care which might prevent a recurrence. The results of this analysis were discussed in

Good

Is the service safe?

staff meetings. The registered manager had submitted safeguarding notifications appropriately to the local authority. These included details of action taken to protect people in the future.

There was a high number of staff in relation to people living at the home because of the level of support that people required. On the day of our visit there were four staff plus the manager who also provided care support. At night there was one waking staff and one sleep-in staff on call. Staff told us staffing levels were always good and they were reviewed regularly as people's support needs changed. We saw that staff were always on hand and had time to spend with people engaging in meaningful activities to ensure they received person centred care.

Staff records showed that appropriate procedures had been followed to check their suitability for their role. The records contained evidence of a check of their ID, a Disclosure and Barring Service (DBS) check, references and a full employment history. Staff had completed an application form and had been interviewed before being offered a post. Staff had been issued with a job description for their role and a code of conduct which outlined expected standards of behaviour and disciplinary measures which could be imposed if necessary.

People's medicines were stored securely. Medication Administration Record (MAR) sheets included photographs of the intended recipient, whether they were able to take them independently and if they were taken with food or drink how to explain this to the person. There were pictures of the medicine on and its packaging for ease of identification for people and staff. The prescribed medicine was listed along with the purpose for which it was prescribed and the potential side effects. There was a clear policy regarding as required (PRN) medicines. We saw from the training matrix that staff had received training in the management of medicines including annual refresher training and an assessment of their competence to administer medicines. There were people in the home who lived with epilepsy. Personal care plans included detailed flow charts for staff response in the event of different types of seizures, including the emergency administration of medicines to people experiencing a seizure. This meant that people's medicines were managed so that they received them safely.

Good

Is the service effective?

Our findings

People received effective care from appropriately trained staff in sufficient numbers. One relative told us, "The staff have been wonderful, especially when X was ill in hospital. The home allocated staff to be with X 24/7 for three weeks." Another told us, "I am invited to all the meetings" and "If X is ill the manager always lets us know."

Staff training covered fundamental standards required for care, such as safeguarding, moving and handling and hygiene and infection control, but also included specific training to equip staff to support people living in the home effectively. For example in relation to managing epilepsy, learning disability training along with specialised communication methods. Staff had regular supervisions as well as appraisals and told us they felt valued and supported by the registered manager to do their job well.

Each person had an allocated keyworker and it was their responsibility to prepare for a care planning meeting twice annually. A key worker is a named member of staff with special responsibilities for making sure that a person receives the care they need. We saw how staff noted changes in people's behaviour and this informed updated guidelines. For example the needs of one person had changed so that they required more support with personal care and were less independent as a consequence. Staff had noted changes in how the person expressed themselves because of this and this was detailed in the care plan. Staff then adapted the support they provided to make sure this person got the care they needed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one. Applications for DoLS authorities had been submitted in relation to everybody living at Cregg Na Ba and were being processed by the local authority.

Where people lacked the mental capacity to make decisions the staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. We saw evidence of best interests meetings within personal care plans in relation to all aspects of people's care including daily finances, safety lap straps, bed rails, cross gender support and support with personal care. Best interest meetings are meetings where relevant professionals and relatives are invited and a decision is taken on a person's behalf which all those people believe is in the person's best interest in terms of their quality of life, safety and health. MCA assessments at Cregg Na Ba involved a team leader, a relative, GP and an adult social care assessor.

All staff were trained in Non-Abusive Psychological and Physical Intervention (NAPPI) to be able to effectively and safely support people who displayed behaviour that challenged the service. The home's policy did not allow use of restraint. NAPPI achieves conflict resolution through getting to know people and putting strategies in place to support them socially, productively and recreationally, so that the risk of behaviours that challenge developing is reduced.

People had separate files which related to their individual health and finance. Care plans were set out in sections in formats which made them accessible to the person about whom they were written. For example, one person's care plan included a plan of the week in picture format. Activity plans included detail about how people had been offered choice in that activity and how they had demonstrated their like or dislike of the activity offered. There were specific descriptions for staff regarding people's varied communication challenges and guidelines about achieving best outcome with people and to enable proper consent. For example "Maintain eye contact, unable to fully understand speech, keep sentences short, able to make choices either accepting or refusing an object or situation." The staff knew about and used these techniques to seek people's consent regarding their day to day activities. Personal care plans included a positive communication profile to enable effective consent. This included body language and in-depth knowledge of the person.

People with complex needs were supported to eat and drink enough with a balanced and appetising diet. Some people had to have their food mashed or pureed, but we saw that this food was still presented in an appealing manner with items separated on the plate. Where people were experiencing difficulties around maintaining healthy weight or regular movement, charts were used to record food (both quantity and type) intake and output. One person's GP had also prescribed PRN medicines for use to avoid constipation when necessary. Staff used fluid charts

Good

Is the service effective?

appropriately following recommendations by the Speech and Language Therapy Team (SALT) for some people as well as guidance around monitoring people while they were eating because of the risk of choking.

Personal care plans included detailed guidelines around food consistency to enable people to eat safely but with dignity. For example 'food to be chopped into 10p piece sizes, observe discreetly throughout meal because of risk of seizures with choking.' These guidelines were reviewed and varied according to people's state of health. For example, "when well – normal but cut up avoid dry crumbly food, when unwell and coughing – soft moist food in teaspoon sized amounts." There was the same detail available to drinking guidelines, "allow time – pause between swallows." These instructions were implemented by staff.

People were supported to have access to health professionals to ensure continuing healthcare. Care plans included records of regular contact with health professionals such as GPs dentists, chiropodists and SALT. Where one person had developed a stomach complaint the GP attended and the issue was resolved with a combination of medicine and diet. The dentist told us, "People from Cregg Na Ba always attend their booked appointments on time and the care staff have a very good rapport with the people they bring." The dentist attended the home to provide treatment for one person who did not like going to the dentist.

The environment at Cregg Na Ba had been designed and adapted to meet people's diverse needs. Bathrooms were adapted to make them easily accessible and usable by people. There was a separate bathroom and shower room which was a spacious wet room. People had their own walking aids and aids for transferring from chair to bed with staff support. While the premises were secure to keep people safe, one person was able to go out independently as he was able to operate the locks. There were DoLS authorities in place in relation to others who could not operate the locks. The home had a minibus for outings and this was equipped with a tail lift to facilitate people who used wheelchairs. People's wheelchairs were personalised and specialised and these were subject to weekly maintenance which was recorded.

Maintenance at the home was provided under a contract put in place by the provider. Equipment or structures within the home identified as needing repair or replacement were recorded by staff in the course of their work or the registered manager as part of his monthly environmental health and safety review, recorded and passed to the contractor to address. Staff told us that this system worked well and issues were dealt with in a timely manner. People in the home had varied and challenging mobility needs and all staff were trained in moving and handling both in general and in the specific needs of people in the home. Some people had air flow mattresses to prevent pressure sores and electronically moveable beds. Staff had access to a variety of specialized hoists and moving equipment to support people in transferring from bed to chair or bath.

Good

Is the service caring?

Our findings

People's needs were understood by staff and met in a caring way. One relative told us, "My sister is well cared for, with compassion and understanding." Another said, "The staff at Cregg Na Ba care. They love our brother, you couldn't ask for more." Staff we spoke with were dedicated and compassionate about their work supporting people at the home. One staff told us, "The best thing about working here, is the small but significant improvement we can make to people's lives."

We observed staff interaction with people during lunchtime. People required varying levels of support from verbal and physical prompts to no support at all. Staff were patient and kind and there was an obvious empathy between staff and people. It was a very positive experience. This same experience was witnessed throughout our visit. Staff spent one to one time with people and took an active interest in what they were doing. Staff were tactile and maintained a connection with people through eye contact and gestures.

People had their religious needs met at Cregg Na Ba. One person's care plan included the comment 'Church is important to X, staff must be willing and able to support X to attend his church on a weekly basis.' This person received a weekly blessing at church and was on the church electoral roll. People's choice in relation to the gender of their carer was sought and respected to promote their dignity.

Despite communication challenges people's involvement in the development of their care plans was constant and apparent. Care plans were personalised. They were titled 'My Support Plan' and included sections such as 'About me' and 'How I was involved in my plan.' The home had used the services of an advocacy project, but when funding was stopped, they involved people's families more in best interest meetings and decisions. Information was presented in a variety of user-friendly formats throughout care plans and the home generally, including activity timetables, complaints procedures and emergency exit information.

We saw that staff took time to explain patiently to people what they were doing before providing support and ensured the person understood, whether by signing, body language or verbally before providing that support. This showed that staff respected people's independence and dignity. Staff knew people and their ways well. One person who experienced high anxiety and displayed autistic traits had been bought lots of the same handbags and shoes with the support of their key-worker so that if one was broken or no longer serviceable they didn't become upset. Another person's room was seen to be untidy and staff told us, 'We don't over tidy their room, as they don't like it.'

It was clear from the person's reaction to this comment that they agreed and were happy with the situation.

Following risk assessments in relation to safety, people had their medicines stored privately in locked cupboards to give them a sense of ownership and increase their privacy and dignity. People's daily cash was also kept in the same cupboard. There were call bells in all the rooms but these had been disconnected as they were no longer needed because the size and layout of the premises meant staff always knew if people required support. When one person was in hospital for several weeks the home arranged for staff to be with them so that they were supported and cared for by familiar people to them. While in hospital a 'do not attempt resuscitation' (DNAR) order was put in place, but following a best interest meeting this was subsequently removed. This showed the home's concern for that person's wellbeing and wishes in a practical way. Relatives in response to the home survey commented, 'I don't think anything could be done better, it's care, as simple as that.'

People's independence was promoted one person who was able to go out safely in the community was supported to do so. Another person was entirely independent in their choice of clothing. People were supported in buying gifts and cards for family birthdays to maintain family links.

People were involved in the planning, decision making and arrangements for their end of life care. We saw arrangements detailed within their care plans for end of life. One person had a pre-paid funeral plan with a specified order of service. This had been drawn up by the person with the support of their family and their local vicar. This meant that people's choices for their end of life arrangements were clearly communicated and recorded.

Good

Is the service responsive?

Our findings

People at Cregg Na Ba received personalised care that was responsive to their needs. For example, one person chose to go to bed at 7pm each evening but then got up and was active from 4am in the morning. Staff supported them and night time staffing was in place to facilitate this.

People's rooms were personalised. For example, one person's room had been personalised to reflect their fascination for cars and everything about them. One person's bed faced the wall because that's what they wanted.

People coming to the home were subject to a comprehensive pre-admission assessment to make sure their needs could be met properly and that they would fit in with the other people already there. Care plans were then developed on the guidelines provided by the local authority learning disability team. People's care plans included a section entitled, 'The most important thing about me.' This was used to organise people's activities for example, one person liked to go to a particular church because the services were in the same style that his father used to conduct as a vicar. Another person was supported to attend steam rallies and classic car shows. People who chose to experienced weekly half hour aromatherapy sessions and had a support plan to maintain family contact.

There were detailed lists of people's personal likes and dislikes in people's care plans. Staff were familiar with these. For example, one person liked watching The Mikado, film of the opera, Rupert Bear Annuals and steam trains, but disliked being rushed, heavy rock music and going out on winter evenings. Care plans included clear guidelines about what people were able to do independently and what they needed support with. People's wishes regarding bathing times and preference for bath or shower were also recorded and respected. People had outcomes and goals and were supported to achieve these. These were subject to monthly reviews and these included good analysis of whether or not there had been good progress or the need of change. This was followed up by action plans formally noted by people, staff and relatives on a yearly basis and included targets such as 'buy a camera', 'arrange a trip to the zoo', or 'go on a steam train'. These targets were dated when met.

People's health was monitored regularly including weight and vital sign charts and used to identify activities to improve health. One person's seizures were monitored regularly and in detail, along with their medicines and this was reviewed regularly with their GP to try and reduce the number of seizures. Care plans included detailed summary of people's chronic health issues as well as what steps were being taken to improve them.

People who were unable to communicate verbally had detailed descriptions of their methods of acceptance or rejections of care or support within their care plans so staff would know how they communicated their wishes. For example, one person demonstrated acceptance by remaining alert and engaged and rejection by folding their arms and closing their eyes. With this knowledge, staff were able to support them in making personal choices. For example, one person indicated to staff that he wanted to lie in by pulling the bedcovers over his head.

Activities available included being supported to email friends and relatives, shopping, going to the library and reminiscence. Their activities for the week included aromatherapy, local walks, one to one reading, lunch out, visiting family, emailing friends, foot-spa and going to the library. One person who experienced acute anxiety outside the home was being supported in gentle stages to achieve being able to go out and about. This had progressed as far as going for tea at a local café. Every person had a basic account with the bank and were supported to use their monies independently. People's appointees deposited money in the account and then staff took people to the cash point to withdraw funds for shopping and treats on outings.

Diet and food guidelines included people's likes and dislikes and it was obvious that people had been involved in compiling this list. At meal time, food was presented in serving dishes on the table for the main meal so that people could choose how much they wanted. Menus were decided every Sunday evening at residents meetings using pictures to promote variety. People were involved in choosing their menus. For some this was achieved by picking out pictures or photos of food. The home also arranged tasting sessions to extend people's experience of different foods. Shopping lists were then drawn up and people went on the shopping trips to buy the food.

There was a homely dining room, a comfortable lounge and a sensory room which was in regular use by people

Good

Is the service responsive?

either alone for quiet time or with staff. The bathroom was equipped with a specially adapted bath to facilitate bathing people with mobility challenges. The staff regularly checked to make sure that people's pressure relieving mattresses were set at the recommended levels as detailed in their care plans.

There was a complaints policy advertised within the home and online. At the time of our visit the home had received no complaints. The staff sought feedback from people's relatives and health professionals through regular questionnaires. These were available for people to see and were complimentary about the care and support provided at Cregg Na Ba. Comments included, "No complaints" and "I don't think anything could be done better."

Good

Is the service well-led?

Our findings

The home was centred around the people who lived there and the registered manager promoted a nurturing, inclusive culture. Relatives told us, "The manager is very open. He keeps us informed and cares about X," and "The manager always invites us to review meetings and keeps us informed." Another told us," He is a good manager and has insight to people." Staff told us, "He is a very supportive manager personally and professionally. His door is always open."

The registered manager notified the Care Quality Commission of any significant events that affected people or the home. It was noteworthy that there had never been a complaint made about the home. Analysis of accidents and incidents allowed the registered manager and staff to learn from them and improve how the home was run.

Care plans were reviewed regularly and analysis made of goals set and progress made. In this way the registered manager was able to measure and review the delivery of care. The home had a clear, accountable management and staffing structure. We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities both to people and to the registered manager. The registered manager was clear about their responsibilities to the operations manager and provider. Staff knew who they were accountable to.

Staff were all clear and passionate about the home's mission statement to "enable people with learning disabilities to achieve active and fulfilling lives." People living at Cregg Na Ba were supported to maintain contact with their local community in one person's case by regular attendance at a local church and in another's by use of the community library.

There was a regular staff survey and this was also analysed to see if there were ways of making the staff's work more rewarding. People living at the home were involved in as many aspects of running the home as possible. This included planning and organising activities, deciding on menus and environmental improvements to the home. The provider had established ways to overcome people's communication difficulties to maximise their involvement.

Systems to regularly assess and monitor the quality of the service provided by the home were in place. People's continuing appropriate support was assured because staff experienced detailed handovers at shift change via people's daily diaries, a communications book and verbally. Staff were inspired by their manager. They told us, "X has a fantastic knowledge of the people living here and he has an open door policy." Another staff told us, "The best thing here is we never hear, 'We haven't got the budget.'"

There were six weekly staff meetings, annual appraisals and staff worked to a performance plan.

The registered manager encouraged reflective practice and staff told us they felt listened to.

People's finances were protected by robust procedures. They were checked weekly by the registered manager. They were then scanned monthly to a central office and then subject to a quarterly audit by the operations manager.

Cregg Na Ba's policies were suitable and appropriate for a self-contained home providing a specialised service. These were reviewed annually and in line with current legislation and guidance. The policies were readily available for staff to consult. All records we looked at were up to date, stored confidentially and well set out.