

Avery Homes Stafford Limited

Crispin Court

Inspection report

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Website: www.averyhealthcare.co.uk/care-homes/staffordshire/stafford/crispin-court/

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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

This inspection took place on 15 June 2017 and was unannounced. Crispin Court is registered to provide accommodation for up to 70 people who require nursing or personal care. At the time of our inspection there were 45 people living at the service. Some people required support due to living with dementia. There was a registered manager in post at the time of the inspection. 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.'

People had their risks managed by staff that were also aware of their responsibility of safeguarding them from the risk of potential abuse. People were supported by sufficient numbers of staff that had been recruited safely. People were supported by staff to take their prescribed medicines as prescribed.

People were cared for by skilled staff who were supported in their role by the registered manager. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink sufficient amounts and had a choice of meals. People were supported to monitor their health and had access to support from health professionals when they needed it.

People told us they felt cared for by staff and they had developed good relationships. Staff told us they had positive relationships with people. People were involved in all aspects of their care and could make choices about how they wanted to be supported. People were supported to maintain their independence and were treated with dignity and respect by staff.

People were supported by staff that understood their needs and preferences. People received person's centred care and could spend their day doing the things they enjoyed. People understood how to make a complaint and complaints were used to improve the quality of the service people received.

People and staff were aware of the management team and felt supported by them. Staff told us they were well supported by the management team and felt able to make suggestions for improvements. The registered provider had systems in place to monitor the quality of service provided to people and people were asked for their feedback which was used to drive improvements.

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 was safe.

People were safe and protected from the risk of harm by staff who understood how to keep them safe and by the systems, the registered manager had in place to protect people.

People had risks to their health and well-being assessed and plans put in place to manage the risks.

People received support from sufficient staff that had been recruited safely.

People received support to administer their medicines safely. Medicine was stored properly and given as it was prescribed.

Is the service effective?

Good ●

The service was effective.

People received care from trained staff who understood how to meet their needs. Staff received support from the registered manager.

People were able to make decisions about their care. Staff had a good knowledge of the principles of the Mental Capacity Act and could apply these principles.

People were supported to have sufficient to eat and drink and mealtimes were a pleasant experience for people.

People had access to healthcare professionals when required, their health needs were met and monitoring took place where required.

Is the service caring?

Good ●

The service was caring.

People received care and support from caring and kind staff that understood their needs and had good relationships with people

and their relatives.

People were involved in decisions about their care and support and were supported to maintain their independence.

People had their privacy respected and were treated with dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and responsive to their needs and were involved in their assessments, care plans and reviews.

People had opportunities to follow their interests and undertake activities and had good links with the local community.

People and their relatives knew how to make a complaint and raise concerns and they were confident these would be addressed.

Is the service well-led?

Good ●

The registered manager was accessible to people, relatives and staff and everyone felt they could approach them with any issues or concerns.

There were systems in place to monitor the quality of the service and care people received which led to improvements.

People, relatives and staff were encouraged to give feedback about the service and their views influenced changes to the service.

Crispin Court

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.

The inspection was the first comprehensive inspection which took place on 15 June 2017 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed the information we held about the service. This included statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We used this information to help us plan our inspection.

During the inspection we spoke with eight people who used the service. We spoke with the deputy manager, regional manager, one acting team leader, two senior care staff and three care staff. The registered manager was unavailable on the day of the inspection site visit but contributed to the inspection by email after the site visit had concluded.

We 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 reviewed a range of records about how people received their care and how the service was managed. These included five care records, medicine administration records, three staff records and records relating to the management of the service such as quality audits, complaints, safeguarding and accident records.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe because it is a lovely environment, everything is new. It's secure and staff are always there to help you if there is any problems. Anything you want and they will get it for you. Nothing is too much trouble". Staff had been trained and understood how to keep people safe and protect them from harm. Staff knew how to recognise signs of abuse and understood their responsibility to safeguard people. For example, one staff member said, "I would report things to the management team or share my concerns with other agencies if needed like the Care Quality Commission or the safeguarding team". We saw safeguarding concerns had been investigated and reported to the appropriate authorities where required. This meant the registered manager had system in place to keep people safe from abuse.

People's risks had been assessed, managed and reviewed and action had been taken to protect them from the risk of harm. One person told us, "Staff say don't forget to use your frame. I definitely need them to do this as my frame is a lifesaver. I have had falls previously, but none since I have been here". People told us they received support when there was an accident or incident. One person said, "I have had a couple of falls in my room since I came here. Luckily I was not hurt. Staff checked me over and afterwards we all decided it would be a good idea if I had a pendant in case it happened again so I could get help". Staff could describe peoples assessed risks and the action required to keep them safe. For example, one staff member told us about how they kept one person safe by ensuring they used their walking frame at all times. We observed staff were continually reminding this person to use the frame throughout the day. We saw that the person's care plan informed staff of the importance of reminding them to use their walking frame. In another example, staff were able to explain how they supported one person with their behaviour. The staff told us what made the person display behaviour and what actions they took to calm them down. They also described how they used charts to monitor for new triggers and we saw these. This showed people were supported to manage their behaviour safely.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People told us there was enough staff on duty. However, they felt staff were very busy. One person said, "The staff come as soon as they can and you don't really wait". Staff told us they thought there was enough staff provided. One staff member said, "Staffing levels are good, our unit is almost full now and it's working well". We saw there were sufficient staff on duty to provide support during the inspection. For example, we found staff were regularly going to check on people in their bedroom. On occasions this was to provide care as set out in the care plan, others times it was to check people were safe and comfortable. We saw staff were available when needed. The deputy manager told us care staff were only there to provide care. There were other staff to provide meals and drinks for example, called hostess staff and activities were also provided by different staff. This meant there were sufficient staff to ensure people's care and support needs were met.

People received their medication as prescribed. People told us they received their medicines when they needed them and staff spoke with them and explained what the medicines were for. One person said, "They ask me if I would like my tablets and just give them to me. this is usually around the same time every day". Some people administered their own medicine. One person told us, "I do my own medicines. It's not complicated and they are in a pack. I just pop them out and take them and staff check weekly and top them up". We found where this was the case people had been assessed to determine if they could manage their medicines safely and weekly checks were carried out to ensure people were taking their prescribed medicines. Staff told us their competency was assessed following training and the records we looked at confirmed this. The provider had effective systems for the ordering, storing and disposing of medicines. We saw medicine administration records were accurately completed and systems to check medicines were administered were effective. Where people were prescribed 'as required medicines', we found there was guidance for staff about when to give people these types of medicines. As required medicines are prescribed to be given only when required, for example, for the treatment of pain relief. This meant people received their medicines as prescribed and systems were in place to safely manage medicines.

Is the service effective?

Our findings

People were cared for by skilled staff. One relative said, "My overall impression is that staff are well trained. The way they support [person name] when going to bed at night shows they are skilled in what they are doing". One person said, "I think it is also to do with recruitment in the first place, I suspect the person in charge only employs the type of people they want in their staff team, people with the right sort of attitude". Staff told us they had an induction into the role and were well supported with their training and development needs. An induction is a period of time at the start of staff employment which gives training to staff and allows them to get to know people and how to meet their needs. They told us the training provided them with the skills to assist people with their care and support needs. Staff told us they had regular supervision and opportunities to discuss their role, they felt this helped them to be a better carer, our observations and the records we looked at confirmed this. We saw care staff were skilled and when supporting people with their individual needs they provided the required level of support. The registered manager told us staff had time to reflect on their role and look at how they managed different situations to see if they would do things differently in the future. They also told us staff had a development plan in place which identified areas for future development. Staff confirmed this was the case. This showed the registered manager ensured staff had the appropriate skills to support people.

People told us staff obtained their consent to care and support. One person said, "Sometimes it's a case of saying is it alright if I do this, or shall I help you now or would you like to do this. The staff do nothing without asking first as far as I can see". Staff understood the need to seek consent and we saw staff asked for consent and withdraw if this was not given. For example, when people needed help to stand or walk and with meals. Staff were respectful in how they offered this support and sought consent.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw where people were unable to consent their capacity had been assessed, discussions had been held with appropriate people and decisions were being made in their best interests. For example, one person had a decision taken in their best interests to share information about their care with family members, relevant people were involved in the decision and this was documented.

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 are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the local authority for DoLS assessments and staff understood how to use the least restrictive approach. People had their rights protected by staff that understood the principles of the MCA.

People had enough to eat and drink and told us they received a good choice of food and drink with the appropriate support provided. One person said, "It was really nice as usual, very tasty sausages. The rice pudding was deliciously creamy, could not fault it". We saw people had access to hot and cold drinks with

snacks such as fresh fruit, crisps and biscuits available. One person told us they had hot pastries mid-morning they said, "We have these every day, better than biscuits and then its cakes in the afternoon". Staff understood people's nutritional needs and preferences. For example they could describe where people had special dietary requirements. One staff member said, "[Persons name] has type 2 diabetes and they require a low calorie diet". Staff could tell us when people had allergies to certain foods and where people had preferences for making their own drinks. Staff told us people had a choice of meals and they offered people options, we saw staff offering one person that was living with dementia be offered two different plates of food so they could be supported to make a choice. The registered manger told us plate options were used to assist with choice and a room service which was managed like a hotel for those people who choose to eat in the privacy of their room. They said this had a positive impact on encouraging people to eat and be involved in meal times, and they felt this helped people to maintain their weight. We saw staff supporting people to manage risks associated with their nutrition such as using thickener in drinks where there was a choking risk and following the Speech and Language therapy team's advice about how people should have their meals. We could see care records reflected what we saw. This showed people were supported to meet their nutritional needs.

People were supported to maintain their health and wellbeing. One person said, "The staff have made sure that I am getting physiotherapy following my operation and encourage and help me to do my exercises". Another person said, "Staff are very good at taking me for hospital appointments and following these up for me as my family are not local". Another person said, "I still have my own GP although they did ask me to change to their surgery. I refused so they get my own GP if needed. I also have my own chiropodist, optician and dentist but the home will arrange these if you want". Staff described how they monitored people's health and sought support if they needed it. For example, one staff member said, "We monitor people all the time and seek advice, for example if someone refuses their medicine three times this is reported to the manager and the doctor is informed". Staff told us they escorted people to medical appointments where required and health professionals visited people. We saw records of visits from the doctor, visits to an eye clinic and district nurses. This showed people were supported to maintain their health and seek professional support when required.

Is the service caring?

Our findings

People and their relatives told us staff took time to form positive relationships with them. One person said, "Staff are extremely caring and sensitive. I can't criticise them in any way".

Another person said, "When we came here the first thing I noticed was the faces of the staff. From their faces you can see they are all happy in their work. No angry faces. They care about people as well as caring for them". Nothing is too much trouble. It's like living in a five star hotel. Staff told us they felt they had a good relationship with people and knew them well. One staff member said, "We do know people well, where people are happy to share but we recognise some people prefer to be quite private and we respect that". We saw staff taking time to talk to people throughout the inspection. We saw staff throughout the inspection address people by their preferred name. We saw one person was reading the paper and a story had made them feel upset. We saw a staff member recognise this and immediately go to the person to offer comfort and talk about what they had read. We saw this helped the person feel better and they began to smile and talk about something else. We saw a dining area was available for people to entertain their family. One person told us, "It's lovely here I had a special party some time ago for my family in the dining room". This showed the staff were caring in their approach to people and built good relationships.

People were able to make choices and were supported to maintain their independence. People told us they could choose things for themselves. For example, they could choose when to get up, what to wear and what meals to eat. One person said, "The service they give here helps people like me live my own life, enjoy that life and prosper in my own life". Whilst another said, "Both me and the family were involved in my care plan before I came. I am very independent and able to make my own decisions but staff do talk to me about any issues and anything you want they will try to get for you". Staff told us about one person that could not see well, they were provided with a coloured plate so they could eat their meal independently; this helped the person recognise the food on their plate. Staff told us people were involved in all decisions about their care, our observations supported this. We saw one person have their hand guided to their drink so they could drink independently. This showed staff enabled people to maintain their independence and make choices for themselves.

People were treated with dignity and respect and their privacy was protected. One person said, "All pleasant staff, that deal with us. I have never been spoken to in an inappropriate way". Another person said, "I feel we have proper relationships with pretty well all the staff. There is light hearted banter between residents and staff but it is always respectful on both sides". People could give examples of how staff maintained their privacy such as, "They do respect my privacy as they never walk in without knocking and waiting for an answer, and when they help me to wash they make sure I have a towel handy to cover myself". Staff could describe for us how they supported people in a dignified way and maintained people's privacy. One staff member said, "Always ask before you do anything". Staff told us they always knocked doors, our observations supported this and they made sure people were covered during personal care. This meant people were supported in a dignified and respectful way and their privacy was protected.

Is the service responsive?

Our findings

People received personalised care and support to meet their needs. People told us staff understood their needs and preferences. One person said, "We have been asked what we like not just what we need. This is very important and is ongoing. We can choose everyday things for ourselves within reason. I don't need any help to wash and dress but they come in when I shower to monitor and keep me safe". Staff gave us examples of how they had provided support to meet the diverse needs of people included supporting them to practice their religion, meet their needs in a culturally sensitive manner and staff understood the importance of relationships for people. Staff could describe people's needs and preferences to us and these were documented in people's care plans. One staff member told us how they supported someone practice their religion. We found that records supported everything we were told. For example, one person's care plan told staff of religious occasions which were important to a person and how they needed to remind the person when it was time to celebrate. This showed people received personalised support to meet their needs and preferences.

People and relatives told us they were involved in an assessment of their needs and developing their care plans. They told us they were involved in regular reviews of their needs. One person said, "I was fully involved in developing my assessment and care plan before making any decision about Crispin Court we had an interview with staff and came to look round". One staff member told us, "We have tea and cake with people and ask them about their care needs. This is done monthly and any changes mean the care plan is reviewed immediately". Records confirmed what we were told which meant people were involved in their assessment, planning and reviews.

People had opportunities to be involved in meaningful activity. People told us they were able to follow their interests and had access to a range of activities. They told us, there were opportunities to go out into the community individually or as a group in the mini bus to local places of interest. One person said, "I take advantage of all the beauty things like hair dressing and manicures and hand massage. I like to spend time talking to my friends over coffee in the café or in the little lounges which are lovely. I also like to go out on trips when I can. Not a shortage of things to do. You can please yourself and they do listen if you suggest something else". We found there was a policy not to have televisions in the communal areas. People told us this was a good thing, one person explained. "Nice that there is no TV which means people can talk to each other if they want". Staff told us people were supported and encouraged to take part in the activities they enjoyed for example, cake baking, quizzes and gardening. This showed staff supported people to follow their individual interests and take part in activities of their choice.

There were good links with the local community. The registered manager told us they felt good links with the community meant there were positive outcomes for people, relatives, staff and the local community. They gave the example, of a local widows group held at the home which included people living at the service which allowed people to talk about how they feel and have support from like-minded people. Other examples included, local residents attend activities and calling into the home to use the café or have lunch. In another example, a mothers and toddlers group, comes into the home weekly and the registered manager told us people living at the service were involved in supporting the toddler group and did exercises

with them, other young people's groups were also meeting at the home, the registered manager told us this was bridge the generation gap. The registered manager told us this had improved people's wellbeing through participation and given people in the community a meeting place, the aim of which was to help reduce loneliness and give a sense of belonging. The registered manger said, "Safety and risk assessments are always considered but we want the people who live here to be able to continue with all their commitments and develop new ones". This meant people living at the service felt as though they were part of the wider community.

People were supported to go out into the community with staff individually or in a group using the locations mini bus to local places of interest. The registered manager told us about one person that arranges quiz nights, monthly talks on subjects of interests, arranged for concerts to be streamed into the cinema room and arranged for a night at the local theatre for people to see a concert. The registered manager told us this was important to make people feel they have a purpose and improves their feeling of self-worth. In another example, one person has been enabled to manage a café in the home. The person has their own uniform and gives staff instruction. Staff report this has had a positive impact on the person's wellbeing. We found people were involved in deciding what activities they would like to see offered. One person told us, "The staff ask us what we want to see on the programme, we had a meeting about it the other week". These were shown to people then on a monthly programme with a daily news sheet showing detailing the activities for the day. This showed people were involved in developing and delivering social activities of their choosing.

People and their relatives told us they knew how to make a complaint. People told us they felt able to raise concerns and were confident these would be addressed. One person said, "I would go to anyone of the staff if I had any concerns and be confident they would do whatever was needed". Another person said, "I would feel comfortable going to anyone if I had a complaint maybe a senior or the registered manager if I felt it necessary". Another person said, "I have never had to complain but would feel comfortable if I needed to do this. I would go to the registered manager and I think everybody could have confidence in them. I personally could take anything to them". Staff were able to describe how they would support someone with a concern or a complaint. We saw complaints had been investigated and a response given to people. For example, one person had complained about an issue they had during a temporary stay regarding their doctor, this was investigated and the situation was resolved. We saw the registered manager had a system to capture verbal complaints and provide a response. We could see actions taken to learn from complaints. For example one person had complained about not having enough gravy for their meal. This was solved by having individual gravy pots on the tables; we saw this was happening on the day of the inspection. This meant the provider had a system to learn from people's complaints.

Is the service well-led?

Our findings

People described the registered manager as approachable and told us they felt there was a good atmosphere in the home. One person said, "The registered manager is very approachable. They listen and will try to tell you anything you want to know in a nice way and will act on anything you raised with them". Another person said, "I have found the registered manager is very approachable and always happy to try and get things right for you. They are also very efficient and good at their job". Staff told us they felt they were part of a team and were positive about the support they received from the registered manager. One staff member said, "The management team are lovely and supportive, very approachable". We found the deputy manager was accessible to people, relatives and staff throughout the inspection. Staff told us they could make suggestions and felt these would be considered. For example, one staff member had suggested they start running an activity group for people and this had been implemented. Records supported what we were told. This showed the atmosphere was positive and the registered manager was approachable.

The management team were supportive of staff. Staff told us they had regular staff meetings to discuss people's care and keep up to date. One staff member said, "I would be happy to live here, it's like being in a hotel. People here are well looked after, we have time to interact with people, everyone is supportive, we are like a family". Another staff member told us, "I would recommend this place, I love it here, it's the best care I have ever seen, it feels like home, people can have their breakfast in their nightwear and read the paper before getting dressed". We saw the deputy on duty during the inspection made sure people's needs were met appropriately and offered support to staff. The deputy manager told us about a meeting which took place daily to keep staff informed about matters in the home. They said, "There is a ten minute meeting everyday which includes different departments so they are aware of events and issues, it's a good communication tool". Staff told us they had the opportunity to progress in the home, taking on more responsibility. The registered manager told us the leadership approach enabled staff to take ownership of their actions and what goes on in the home. They said this improved the service and a number of staff had already been successful in receiving a promotion. This showed staff were supported to meet people's needs and preferences by the management team and had opportunities for progression.

The registered manager had plans in place to further develop the service. They told us they worked to develop the service and constantly strived to be more creative and allow others to be involved in this development. The registered manager was able to share some plans for the future for example, the development of a memory garden which would enable people to remember people that had lived at the service and the introduction of an annual award ceremony.

The quality of the service was assessed to ensure people received good quality care and support. The deputy manager told us there were extensive audits in place to check the quality of the service people received. We saw evidence of audits for medicines, the involvement of people, care plans and significant events. We found the audits were effective in identifying areas for improvement and action had been taken to make the required improvements. For example, the involvement audit had identified a need for a residents committee, we found this had been set up and there was evidence of meetings having taken place. In another example care plan audits had identified where aspects of a person's care plan required updating,

we checked and could see these updates had taken place. The regional manager told us about how the outcome of audits were reviewed and actions plans put in place by the provider to make improvements. For example an audit had led to some work to an external area of the home. Accidents and incidents were monitored to look for patterns and any actions to reduce or remove the possibility of a reoccurrence. This showed the provider had systems in place to monitor the quality of the service.

People, their relatives and staff were asked for their feedback, People told us they felt as though they were involved in the home and their views were sought on a regular basis. One person said, "I do feel involved. There are regular meetings with staff present about the quality of the service. I have found that whatever I have raised, even if seeming trivial has been sorted. For example the clock in the lounge was broken I asked about it and it was replaced". The person gave a further example telling us, "I asked why there was no mint sauce when we had lamb. The kitchen staff provided this, little things but important to make a place home." We saw evidence that supported what we were told. Staff were involved in sharing their views about the service. A recent staff survey showed staff felt supported and were proud to be part of the team. One comment said, "Reflective practice can improve how you do things". We saw the staff questionnaire also explored their understanding of how a service was safe, effective, caring responsive and well led. We were told this was used to ensure staff were aware of how to provide a quality service. This showed the registered manager had systems in place to seek people's views about the quality of the service.