La Vita Nova Limited

Crann Dara

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

The inspection took place on 4 August 2016 and was unannounced. This was a comprehensive inspection.

Cran Dara is registered to provide accommodation with personal care for up to seven people. On the day of our inspection there were seven people living at the home. Cran Dara supports people with learning disabilities; some people also had physical disabilities.

The home had a registered manager in post. 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.

Staff understood their role in safeguarding people. They had received training and demonstrated a good understanding of how they would protect people from abuse of potential harm. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence.

We found that policies and procedures were in place to keep people safe in the event of emergencies. People had individual plans to keep them safe in the event of an emergency and there were contingency plans in place.

People were administered their prescribed medicines by staff who had received medicines training. Medicines were stored safely and systems were in place to ensure medicine stock could be monitored and audited.

Staff training was tailored to the individual needs of people who live at the home. Staff told us that they had good access to training and people and relative told us that staff were effective in their roles.

Staff provided care in line with the Mental Capacity Act (2005). However, we noted one instance where records required updating.

Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

People told us that they enjoyed the food and we saw evidence of people being provided with choice and also being involved in writing menus.

Staff treated people with dignity and respect. All caring interactions that we observed were positive and staff demonstrated a good understanding of how to respect people's dignity.

Information in care plans that reflected the needs and personalities of people that we spoke to. People had

choice about activities they wished to do and staff encouraged people to pursue new interests.

People were given the opportunity to provide feedback on the care they received through residents meetings and keyworker sessions. We saw evidence that issues raised by people were responded to by management.

Staff told us that they were well supported by management and had regular supervision. People and relatives told us that they had a positive relationship with the registered manager.

People's records were kept up to date and stored securely.

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.

Staff were aware of their responsibilities in safeguarding people and understood how to follow procedures to keep people safe.

Risk assessments promoted independence whilst also ensuring people were kept safe from known hazards.

Accidents and incidents were recorded and systems were in place to monitor patterns and respond appropriately.

Contingency systems and emergency procedures were in place in case of emergencies and staff understood how to respond.

Medicines were administered safely by staff who were trained to do so.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and knowledgeable about their individual needs.

People were happy with the food served at the home and were involved in writing menus.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its' guidance.

Healthcare professionals were involved in assessments and reviews.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well.

People were included in decisions about their care.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Assessments and care plans were person centred and reflected people's needs, interests and preferences.

People were supported to engage in activities that were meaningful to them.

A complaints policy and procedure was in place that gave people opportunities to raise any concerns that they might have.

Is the service well-led?

Good

The service was well led.

Staff told us that they had support from management and we saw evidence that staff feedback was acted upon to improve people's lives.

People's feedback was sought by the registered manager in order to improve the care they received.

Systems were in place to monitor the quality of care and to ensure that people received good care.

Records were kept up to date and stored securely.

Crann Dara

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 04 August 2016 and was unannounced. Due to the small size of the service, the inspection team consisted of one inspector.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not request that the provider completed or returned a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. Instead we sought evidence of the quality of the service during the inspection.

As part of our inspection we spoke to five people who used the service, one relative, three members of staff, the registered manager and the nominated individual. We observed how staff cared for people and worked together. We read care plans for three people, medicines records and the records of accidents and incidents.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

People told us that they felt safe at Cran Dara. One person told us, "It's just safe here. I used to fall over a lot at home and I don't now." Relatives felt their family members were safe. One told us, "I am in no doubt that (person) is safe there."

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. The safeguarding policy was up to date and had been signed by staff to confirm that they had read it. Staff had received training in safeguarding and when asked demonstrated a good understanding of how to raise the alert if they suspected abuse had occurred. One staff member told us, "I would speak to my manager first. If I wasn't happy I'd speak to CQC and I could follow the whistle blowing policy." Another staff member said, "I would speak to my manager as quickly as possible and be more alert and aware of the person. I could also ring the safeguarding number."

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. For example, one person had caused damage to their room. At the time, this behaviour was out of character. The incidents and actions taken were recorded clearly and fed back to healthcare professionals. After a risk assessment, the person agreed to have some of their belongings stored elsewhere within the home. The person got quick access to healthcare professionals and staff worked with them to find what was causing the change in the person's behaviour.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, one person told us, "I enjoy going to work twice a week and I go shopping on my own." This person's care records contained a detailed risk assessment for them going out alone in the community using a local taxi service. Measures were identified to minimise risks, such as a mobile phone that they took with them. The taxi driver had the phone number of the home and could make contact if there were any problems. These measures allowed the person to be independent whilst remaining as safe as possible. This person told us that they enjoyed going out into the community independently. Another person had a risk assessment in place for their epilepsy and seizures at night time. Staff put bedrails in place and monitored this person regularly in order to ensure that this person was safe.

People and staff members told us there were enough staff working at Cran Dara to keep people safe. One person told us, "Yes, there's enough staff." A relative told us, "They are very particular about staff numbers." On the day of our inspection enough staff were present to meet the needs of the people living at the home. The registered manager worked on a ratio of three staff to one person. People's initial assessments took into account the amount of support that they would need which the registered manager could use to calculate staffing numbers. Due to the small size of the home the registered manager was able to calculate staffing numbers on an individual basis.

Safe recruitment practices were followed before new staff were employed. A relative told us, "They are very good in their choice of staff." Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

Staff administered people's medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test before being able to support people with medicines, these were documented in all staff records. This demonstrated that the provider made sure that staff who administered medicines were skilled and competent enough to do so.

People's medicines were stored, administered and disposed of appropriately and securely. Medicine Administration Records (MARs) were up to date and showed who had administered medicines or the reasons for medicines not being administered if applicable. People's medicine records had photographs of them on; this ensured that staff knew who they were administering medicines to. We observed medicines being administered. Staff did this carefully and safely. Best practice was followed when medicines were signed off after staff had administered them.

People's care records contained information on how they liked to take their medicines. For example, one person's records stated that they preferred to swallow their medicines on a spoonful of yoghurt. We observed staff administering medicines to this person in the way in which they had asked. People's care records contained information on when to use 'as required' PRN medicines. For example, one person had epilepsy and their care records contained clear guidance from healthcare professionals on when to administer medicine in the event of a seizure lasting more than three minutes. When asked, staff knew this information which demonstrated that they understood people's medical needs.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take. There were individual personal evacuation plans in place that described the support each person required and these had been reviewed to make sure they reflected people's needs. For example, one person understood the need to evacuate the building upon hearing the alarm but would require some guidance from staff to ensure they went to the correct evacuation point. This information was clear in their records.

There was a plan in place for continuity of service in the event of the home being unusable in the event of a fire or flood, for example.

Good

Is the service effective?

Our findings

When asked what they thought of staff, people told us that staff were well equipped to do their job. One person said, "They are good." Another person said, "Yes", when asked if staff were well trained.

People's needs were met by staff who had access to the training they needed. One staff member told us, "I had an induction at the start and after that they've provided me with a lot of training. It's all really useful." Another staff member said, "I have done all of the training, it was really helpful." Mandatory staff training included safeguarding, health and safety and the Mental Capacity Act (2005). Staff had attended training specific to the needs of people. For example, some people at the home had epilepsy. Staff dad attended training on epilepsy and demonstrated a good understanding of how they would identify different types of seizures and when to use PRN epilepsy medicine. Most staff had completed an NVQ and those that hadn't were in the process of working through the care certificate. This demonstrated a commitment from the provider to ensuring that staff were well equipped to carry out their roles. A relative told us, "Some of the staff are qualified and they all have really good experience in the field."

The registered manager used supervision to identify learning needs and to develop staff skills and knowledge. Supervision records were documented and showed staff had regular supervision meetings and were able to speak about their development. For example, one staff member had discussed refreshing their training in medicines and the Mental Capacity Act. The registered manager had arranged this. One staff member told us, "I find supervision really useful and I can ask if I want to learn things."

Staff told us they worked well together as a team to ensure people received the support they needed. One member of staff said, "It's a really good place to work. We help each other and work as a team. Tasks are always divided fairly." Daily handovers took place and staff attended regular meetings where they could raise issues. For example, one member of staff had recently fed back that staff could fold people's clothes in a tidier and more efficient way when dealing with laundry. This demonstrated good communication between staff to ensure that they would meet people's needs effectively.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered

training in this area and staff understood how the principles of the legislation applied in their work.

At the time of our inspection, no DoLS applications had been made. The front door of the home was not locked and people were able to come and go as they wished. In one circumstance staff were working with healthcare professionals to assess one person's capacity and to establish what was in their best interests following a change in their circumstance. Advice on a DoLS application had been sought.

People had the mental capacity to make most decisions themselves. We observed staff respecting this and offering people choices such as with what they wanted to drink or what time they wished to go out. A staff member told us, "We respect their choices. I go away and come back if they need more time to make a decision." One person's finances were currently being managed by the local authority due to the fact that they lacked the mental capacity to manage it themselves. Record of this best interests decision was clear in the person's records. The registered manager was working with the local authority to find ways that this person can have more control over their money whilst also being kept safe. Staff had been working with the person on money management and this was discussed at the person's review which was documented in records. This demonstrated that staff wished to help find the least restrictive option for the person, which is an important principal of the MCA.

People were involved in choosing meals whilst staff encouraged people to make healthy eating choices. One person told us, "They always ask what food I want." Another person said, "I like it when we have soup, my favourite." The provider told us, "At first it was all their choice but it lacked healthy options. We did some work with them (people) and we now discuss healthier foods at meetings." Minutes of residents meetings showed that food was discussed weekly including healthier options and people could make suggestions or requests for the menu. On the day of our inspection, people were eating a healthy lunch with salad, an alternative option was available if people did not want this. One person told us, "I like it and I suppose it is healthy."

At the time of our inspection, nobody had any specific dietary requirements. People's dietary requirements made up part of their initial assessment and were considered at reviews. This meant that should people develop specific dietary requirements, systems were in place to identify changes. People were being weighed regularly to identify any changes in their health and food intake was recorded in daily notes. People were able to eat independently with appropriate support. We observed staff talking to people and assisting when required. For example, when one person spilt some of their drink staff were able to assist them quickly. This demonstrated that people were encouraged to maintain their independence whilst eating with support from staff when appropriate.

People's care records showed relevant health and social care professionals were involved with people's care. Care records included information about people's healthcare needs and these had been reviewed on a regular basis. Visits to healthcare professionals were documented in a way that involved people. Records contained a 'What Happened at the Doctor's' document which was written in an easy to read format and told people what would happen next. For example, one person's records stated they had been to the doctors as they had been feeling tired. It clearly stated that the person would go for a blood test as a result of the visit.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, "They're (staff) nice." Another person said, "It's alright in here, it's a bit like a holiday." A relative told us, "It's a very nice caring group of staff. They're there for the residents." A staff member told us, "I like all the people, I feel I know them well."

Interactions between people and staff showed kindness and compassion. People were supported by staff who interacted with them warmly and with good humour. For example, one person shouted, "Whatever!" when asked what they wanted for lunch. The person and staff were laughing as they shared this joke together. No one was rushed and staff made sure they took time to listen to people and engaged them in conversation they knew would interest them. One person really enjoyed playing guitar and staff prompted them to show us. The person was very happy playing their guitar. They said, "They help me find videos on my tablet to teach me how to play."

Staff knew the people that they were supporting. Staff were knowledgeable about people's preferences and life histories and the information they told us clearly matched with the information recorded in people's care records. For example, one person was very keen on gardening and had planted flowers in the garden. Staff were able to tell us which flowers had been planted most recently. Staff engaged in conversation with this person about their hobby whilst they showed us the garden. A staff member told us, "We know the routines of people as we work so closely with them here."

The home operated a keyworker system. This means that one member of staff was identified as having special responsibility to coordinate the care of one or more person and communicate with the staff team. Each person had a member of staff who acted as their keyworker. One person told us, "I like the staff and I get on well with my keyworker." Care records contained information from one to one keyworker meetings and action points or outcomes. We could see from the content of these that people could bring up things that they were concerned about and also feedback what's working well. For example, one person had been keen to get involved in more activities outside of the home and documents showed that these were discussed and arrangements made when needed. The person had stated in their review document, "My life has turned around since coming here."

People's privacy and dignity was respected by staff. A relative told us, "They are always very sensitive with them." For example, we observed one person come to have lunch but they had put on clothes that were not clean. Staff quietly prompted the person and they were able to go and change independently. Throughout the inspection staff sat with people and asked if they were ok so that they were always in a position to anticipate people's needs. A staff member told us, "If I need to help with something private I take them to a personal space and make sure doors and curtains are closed." Our observations throughout the inspection demonstrated that staff respected privacy when carrying out personal care.

People's bedrooms were personalised and decorated to their tastes. One person's care records stated that they enjoyed woodwork. Their bedroom was decorated with pictures and ornaments as well as items they had made themselves. This person had also worked on garden furniture that was used in the summer

months.

The home environment was bright and modern and added to the warm atmosphere of the home. Large windows in the communal spaces looked out over fields and farm land. A relative told us, "It is so beautiful there and it is very well kept and looked after." People told us that they liked the rural surroundings. One person enjoyed looking out across the fields and spent time showing us where various landmarks were. This person told us, "You can see deer out there and I just like the view."

People were supported to be as independent as possible. For example, one person's care records stated that they could clean their own bedroom and bathroom. We observed that these rooms were clean and this person told us they liked to do these tasks as part of their routine. People's assessments and reviews focussed on what people could do themselves and people were given more independence as their abilities and confidence in tasks improved. For example, one person's assessment stated, "(Person) is able to make a cup of tea themselves and can go out independently." Another person's records stated, "I can be involved in any meeting once things are explained to me." We observed staff offering this person explanations throughout our inspection and records of reviews contained lots of information provided by the person about what was important to them. This demonstrated that the person had been involved in them and that they reflected their views.

Good

Is the service responsive?

Our findings

People told us that they were able to pursue their interests at the home. One person told us, "I enjoy pottering around in the garden, it keeps me fit." Another person said, "I like it when the band visits, I love music." Another person told us, "I've got a bike and I like to go out." A relative told us, "They put on some good things there."

People were encouraged to take part in activities that suited their interests and hobbies. Activity timetables were on display in an easy read format throughout the home. Activities covered a range of interests and people had their own individual activity plans. People attended activities independently and the home had links with three local day centres which people attended. Staff provided enough support for people to be able to go out independently. For example, one person enjoyed going into town, going to the pub and to the barbers. Staff assisted this person with transport to enable them to go out. Staff also arranged activities within the home. For example, a dog visited the home regularly and people told us they enjoyed seeing him. People could make suggestions, such as a visit from some birds of prey which was being arranged to come to the home. People had use of a lot of outdoor space which was utilised for gardening, barbecues and outdoor activities. People told us that they enjoyed going outside.

People enjoyed regular day trips and holidays. One person showed us a photograph of them on a boat going fishing, they told us that this was their favourite trip. A trip to Blackpool was planned where people would stay at a specialist hotel suited to their needs. One person told us that they were excited about their holiday. Another person really like steam trains and staff were arranging for them to go on a steam train journey.

Assessments were undertaken before people moved into the home to make sure their needs could be met. People's assessments were detailed and they included information staff would need to understand their needs. These also included preferences such as what food they liked and how they liked to be addressed. We saw evidence that assessments were an opportunity for people to discuss their goals and aspirations. One person's assessment stated that they wished to go into the community more and engage in more activities. Since living at the home this person has engaged in more activities in the community.

Care plans were personalised and information on what was important to people was clear. People's photographs were in their records and details of care plans were in a pictorial format. For example, one person enjoyed outings and these were a part of the care plan. They were presented with photographs of the person on the outings along with a written form. People had also signed their care plans. This demonstrated that people were involved in writing their care plans with staff. Care plans were clear with clear instructions for staff to get to know people. One person needed support with personal care. The care plan stated that they would shout 'ouch' if they were experiencing physical discomfort as a result of their condition whilst being supported.

People told us that they knew how to make a complaint. One person told us, "I haven't had to complain." A relative told us, "Yes, I'd have no hesitation to make a complaint." The complaints policy was clearly visible

on a wall in an easy read format, it was mentioned at every residents meeting and one to one keyworker sessions provided people with an opportunity to raise any concerns. The complaints records showed that complaints had been dealt with. At the time of our inspection records showed that there had been very few complaints from people and relatives. One person had gone to day centre without their medicines and had arrived late. The registered manager had responded and took steps with the staff member involved to ensure that this did not happen again. A record of compliments was kept which demonstrated that people were happy with the care their relatives received. One compliment read, "Thank you for the time taken. It has made (person) feel very comfortable there."

Good

Is the service well-led?

Our findings

People were happy with the leadership of the home. One person said, "I like the manager." Another person said, "He's nice." A relative told us, "It is very well led. The manager has good standards."

Staff told us the support they received from the management team was good and they were able to make suggestions or raise any concerns. One member of staff said, "It's a really good place to work. We help each other and work well as a team." Another staff member said, "Supervision and appraisal is very good, I'm happy here."

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. For example, at the last meeting one staff member was concerned that the hairdresser had not done a good job on one person's hair. They suggested staff sit with the person on the next visit to make sure they are happy with the haircut. Staff were also encouraged to provide feedback in an annual staff survey. These documented staff concerns which the registered manager had responded to. One staff member told us, "We can suggest anything, such as activities. We bought a Wii which they (people) really love."

People were involved in the running of the home which created an inclusive atmosphere. Residents meetings provided an opportunity for people to make requests and bring things up. For example, one person had stated at a recent meeting that they enjoyed a trip to the pub and wanted to go more often. Staff had arranged for this to be actioned. Where maintenance work needed to be carried out, these were discussed at residents meetings. People's records contained easy read letters explaining what would happen. For example, there had been a problem with the water and a plumber had come to fix it. An easy read letter explained what would need to be done and why. People had signed at the bottom to agree to it.

Where mistakes had occurred, we saw evidence that staff and management dealt with them in an open and transparent way. For example, a member of staff had missed a person's dose of medicine. The staff member made management aware as soon as they realised the mistake. The incident was clearly documented and the registered manager responded by taking the person off medicine administration and holding a supervision on the subject. The staff member then shadowed medicines for two weeks and took another competency test before administering medicines.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out regular audits and documented their findings and any actions taken. For example, the last audit identified that there was no dignity champion in place. The registered manager addressed this and appointed a member of staff as dignity champion. The registered manager also gathered people's feedback every year which people provided to their keyworkers. This was collated and the registered manager wrote up a response for people. The most recent feedback contained no negative responses but people had raised things that they were unsure of. For example, there had been a query about what time staff should arrive which the registered manager addressed in their response.

Other audits in place helped to ensure quality. The provider carried out a quarterly medicines audit and they also benefitted from regular audits buy the pharmacy. The provider carried out a quarterly health and safety audit which identified any issues. For example, the last one had identified that the freezer door was not closing properly. The registered manager had addressed this.

The registered manager understood the challenges facing the home and was taking steps to address them. The registered manager felt recruitment was their biggest challenge. The registered manager had ideas on how to improve the recruitment of staff.

People's records were stored securely where only staff could access them. This meant that people's personal information was protected and their confidentiality respected. The registered manager maintained a filing system that meant important documentation about the home was readily available.