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Crantock Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Crantock Lodge is a residential care home which predominately provides care for older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 14 people. On the day of the inspection 13 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. 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 and associated Regulations about how the service is run.

We carried out this unannounced inspection of Crantock Lodge on the 14 January. The registered manager was not present and as we needed to discuss some issues with the registered manager we revisited the service on the 28 January 2016.

From our visits we found that some systems in the service needed to be more robust. The registered and deputy manager acknowledged that people's care plans needed further development and had started to address this. We saw examples in some care plans where certain care needs, such as information regarding people's social and emotional wellbeing were not up to date. We found examples where people's physical needs had changed but this had not been up dated on their care plans. As staff had worked at the service for some time they knew people's care needs well and had ensured people received appropriate care but the paperwork was not as current as staff knowledge. This could cause potential errors especially if new staff joined the service.

From our visit certain process had been amended. For example medicines systems needed further development to ensure they were safe. We also found that staff lacked an understanding of the Mental Capacity Act and Deprivation of Liberties Safeguards (DoLS). This meant that people who had some restrictions on their liberties placed in their best interests in order to keep them safe had not been referred to the DoLS team for assessment. This was not following legislative practice. We were reassured that staff training in this area had been arranged.

The registered manager was aware that some of the services auditing processes needed more development. For example the registered manager investigated and reviewed incidents and accidents in the home. But the risk assessment format needed further development to provide guidance to staff in how to minimise further risks. We identified a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

We saw people were happy living at Crantock Lodge. The atmosphere was friendly and relaxed and we observed staff and people using the service enjoying each other's company. People's comments included;

"It is good here" and "I couldn't find anywhere better than this." People felt staff responded to their needs promptly and were; "Fantastic" and "Marvellous." People told us they were completely satisfied with the care provided and the manner in which it was given.

People looked well cared for and their needs were met quickly and appropriately. People who used the service and their relatives were complimentary about the care they received from staff who they felt were knowledgeable and competent to meet their individual needs.

People told us; "Staff are very friendly, I feel safe and secure and don't worry." Relatives felt their family member was cared for safely. Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People's care and health needs were assessed prior to admission to the service. Staff ensured they found out as much information about the person as possible so that they could get to know the persons wishes and preferences. Relatives felt this gave staff a very good understanding of their family member and how they could care for them.

People were supported to live their lives in the way they chose. People's preferences in how they wanted to spend their day were sought, listened to and respected. Activities were provided by the service individually and in a group format, such as for arts and crafts and through outside entertainers coming into the service. Visitors told us they were always made welcome and were able to visit at any time.

Records showed staff had made referrals to relevant healthcare services quickly when changes to people's health or wellbeing had been identified. During our visit a person required emergency assistance. Staff were quick to recognise that the person needed emergency treatment and promptly contacted the relevant services. They provided paramedics with the information needed to ensure the correct treatment could be provided. Once paramedics had left managers reviewed how often the person needed monitoring and ensured all staff were made aware of the current situation. This showed that staff responded effectively to the person's changing health needs.

People told us staff were very caring and looked after them well. We saw staff providing care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a really good knowledge of the people they supported. Peoples' privacy, dignity and independence were respected by staff. At this visit we undertook direct observations to see how people were cared for by staff. We saw many examples of kindness, patience and empathy from staff to people who lived at the service.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. People said that staff respond to the call bell promptly, which we observed. Relatives echoed this view commenting staff were always available if they had any queries at any time. One relative who worked in the care sector stated "If I had those staff I'd be more than happy. I am very confident with them." Relatives told us staff were; "competent and professional."

Staff told us they attended meetings (called supervision) with their line managers. Supervision meetings provided an opportunity to review the staff members aims, objectives and any professional development plans at regular intervals. Staff had an annual appraisal to review their work performance over the year.

Staff received a thorough induction when they started work at the service and fully understood their roles and responsibilities, as well as the values and philosophy of the home. People and relatives felt staff were

skilled and competent to undertake their job.

We saw the service's complaints procedure which provided people with information on how to make a complaint. People and relatives told us they had no concerns at the time of the inspection and if they had any issues they felt able to address them with the management team.

The registered manager promoted a culture that was centred on people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved in decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences.

The service was keen to gain the views of people's relatives and health and social care professionals. Some of this was completed via a questionnaire and the results of these were compiled in a report which identified areas for improvement and any actions the provider needed to make.

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 felt safe living in the home and relatives told us they thought people were safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training to so they had the skills and knowledge to provide effective care to people.

The registered manager had some understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff training in this area had been arranged.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with their wishes.

Positive relationships had been formed between people and supportive staff.

Is the service responsive?

Good

The service was responsive. People's care needs had been assessed prior to admission to the service. This meant people received support in the way they needed it.

People had access to activities that met their individual social and emotional needs.

People and visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

Requires Improvement

The service required some improvements to be well-led. Records in the service needed to be more robust so that people received safe and effective care. Staff needed to attend training to ensure their skills were up to date with current guidance and legislation.

Staff said they worked together as a team, putting the needs of the people who used the service first.

The registered manager had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions

Crantock Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was unannounced which meant the registered manager, staff and provider did not know we would be visiting. Two inspectors visited the service on the 14 January 2016 and met with the registered provider and the deputy manager. Issues were highlighted on that day of the inspection. We arranged to undertake a second visit so that we could meet with the registered manager. One inspector revisited the service on the 28 January 2016.

Before visiting the service we reviewed previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider completed the Provider Information Return (PIR) following our first visit to the service. The PIR 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. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with nine people who were able to express their views of living at Crantock Lodge, and received feedback from five relatives. We also spoke with a visiting health professional. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the visit which included observations at meal times. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six care staff, two domestic staff, the deputy manager, the registered provider and the registered manager. We looked at four records relating to the care of individuals, two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They told us; "Staff are very friendly, I feel safe and secure and don't worry" and another commented; "They look after me as well as they can." Relatives told us they felt their family member was cared for safely. One relative responded when asked if the service was safe; "Exceptionally so." People and their relatives were complimentary about how staff approached them in a thoughtful and caring manner. We saw people approaching staff freely without hesitation and positive relationships between people and staff had been developed.

On our first visit we noted that staff on two occasions had not supported two people safely when assisting them to transfer from a chair to standing position and from wheelchair to reclining chair. We raised this with the deputy manager who agreed to address this immediately. On our second visit we were told that the issue had been addressed with staff and that the moving and handling belts were "more accessible." We saw staff were using them appropriately. Staff were booked to attend planned refresher manual handling training.

Medicines were stored in individual locked cabinets in people's bedrooms and some were stored in a communal area securely. On the first day of our visit we noted that the Medicines Administration Records (MAR), were not completed as required. For example they did not record what medicines had been received into the service or carried forward to the next month. There was a large plastic container with unused medicines in it which had not been returned to the pharmacist. The returns book for medicines had not been signed by the pharmacist since June 2015. Staff said this was no longer being used. This meant that when we attempted to count the medicines in stock and check these corresponded with the records we were unable to do so. Therefore the service could not account for all medicines they held in the service.

It was also noted that when staff hand wrote entries on to the MAR sheets these were not witnessed or signed by two staff. This process needs to occur so that the staff member who wrote the medicines and dosage has it checked by another member of staff to ensure the details they had written was correct. This would help prevent errors when administering medicines.

When we revisited, the service had liaised with the local pharmacist and had spent time ensuring that MAR sheets were now completed correctly and that the medicines in stock tallied with the records. We checked the medicines and found this to be the case. Disposed medicines were now being returned to the pharmacist. A memo explaining the new medicines system had been provided to all staff so that there was clarity around the medicines processes. In addition medicines were being audited weekly to ensure that the systems were now effective.

A small amount of medicines were stored in the main fridge in a locked tin (eye drops). On the second visit a risk assessment regarding medicines being stored in the fridge had been put in place and a record of fridge temperatures was kept. The systems in place for the storage of medicines were not robust and action for the service to take is referred to in the well led section of this report.

The service had fixed a cabinet to the wall for the storage of medicines which required stricter controls by law. Records in relation to these medicines were accurate on both visits. Where oxygen was being used appropriate storage and signage was displayed.

Staff were aware of the service's safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of working practices. Staff said they felt able to use the policy, had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The registered manager was aware of, and had followed, the Local Authority reporting procedure in line with local reporting arrangements. This showed the service worked openly with other professionals to help ensure that safeguarding concerns were recognised, addressed and actions taken to improve the future safety and care of people living at the home.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. We saw that equipment such as hoisting equipment was serviced and was in working order. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service.

The majority of people told us they felt there were sufficient staff on duty. A person told us "I press my call bell and staff come quickly. There seems to be enough staff." Another person told us they felt staff spent more time in the lounge area, and as they were in their room this meant they had less contact with staff and felt at times "isolated". This was raised with the managers who reassured us that people in their rooms had regular contact with staff and could access them promptly by using the on call system. We did note that staff responded promptly to calls of assistance during both days of our visits

Relatives commented they felt there was sufficient staff on duty. They said staff were always available if they had any queries at any time. On the day of inspection there were three carers on duty from 7am to 6pm. The carers undertook all caring duties plus cooked the main meal and prepared tea. In addition there was one domestic worker and a manager on duty. A maintenance person and gardener were employed as and when needed. From the hours of 6pm to 9pm two carers were on duty. At night one carer was on duty. Staff said they felt there were sufficient staffing levels at the service when the rota was adhered too, for example no staff sickness. Staffing rotas showed this level of staffing adhered to throughout the week.

The registered manager regularly reviewed people's dependency needs to see if additional staffing was needed to help ensure the correct level of support was available to meet people's changing needs. This tool was also used with each new admission to help ensure that staffing levels could meet the person's needs.

Staff had completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge required to meet people's needs. The recruitment files contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

The service did not hold money for people. People had access to a lockable facility for the safe storage of personal items and money. However if people did not have the available finances to spend on items such as hairdressing, chiropody or newspapers this was paid for them by the service who would then invoice the person or their relative for reimbursement. Individual records were kept of all transactions and expenditure so that all monies held were accounted for at all times. People and relatives were happy with this arrangement.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Good

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. A person told us, "It is good here" and "I couldn't find anywhere better than this." People felt staff responded to their needs promptly and were; "Fantastic" and "Marvellous."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. On our first visit we were told that no applications for DoLS had been made. We reviewed people's records and from our discussion with people we identified that some applications for DoLS authorisations should have been submitted for some people as their liberty was being restricted. For example, some people were not free to leave the service and were under constant supervision. We discussed this with the deputy and registered manager and on the second day of inspection three applications had been made. Training in this area for all staff had been arranged prior to our visit to the service. Up to date guidance in respect of the mental capacity act and DoLS were in place and accessible to staff.

People were complimentary about the staff, stating they were, "lovely." One relative who worked in the care sector stated "If I had those staff I'd be more than happy. I am very confident with them." Relatives told us staff were, "competent and professional." Relatives were involved in the admission of their family member to the service and staff ensured they found out as much information about their family member so that they could get to know them, their likes, dislikes, interests they wanted to know all about their life. This gave staff a better understanding of people new to the service and how they could care for them.

New staff completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor. The induction programme had been reviewed so it was in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees would be required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff, until such a time as the worker felt confident to work alone. This helped ensure that staff met people's needs in a consistent manner and delivered good quality care.

Staff attended meetings (called supervision) with their line managers and had an annual appraisal.

Supervision meetings provided an opportunity to review the staff members aims, objectives and any professional development plans at regular intervals. The registered manager said that supervisions were available at any time a staff member requested them or at least bi monthly. Staff attended 'group supervisions' which allowed staff to discuss new and current guidance. The registered manager and deputy manager had recently started regular observations of individual staff members work practice to identify if any further training was needed. Staff had an annual appraisal to review their work performance over the year.

Staff were all in agreement that appropriate training was provided to them. The staff training matrix showed that staff attended training relevant to their role. We saw notices displayed training dates, in areas such as Mental Capacity Act and medicines. A staff member commented "We are always doing training." Staff told us they were encouraged to attend training and research new training courses. Staff had attended training identified as necessary for the service such as safeguarding, infection control and fire courses. In addition staff attended specialist training when a person's health needs had required this, for example dementia training.

We used our Short Observational Framework for Inspection tool (SOFI) in communal areas during our visit over the lunchtime period. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. People were able to choose where they wanted to eat their meals, and ate in the lounge, dining room or in their bedroom. The dining room was used by six people. People enjoyed their food and did not need assistance from staff with eating. However staff provided sensitive prompting and encouragement to one person to help ensure they ate their meal. Staff checked with people that the food choices were to their liking and we heard one person request an alternative meal which was subsequently provided. Staff offered people regular drinks. Fresh fruit snacks and drinks were available at all times.

People told us they had discussed with the registered manager and staff their likes and dislikes so they were provided with meals they liked. From this a list of people's preferences were recorded so that their requests could be met. People told us there was "Plenty of food, I can't complain, extra portions are available if you want them" and "The food's cooked very well." The deputy manager said the menus were discussed with people so that they chose their main meal and also what they would like for tea. Care staff prepared the meals. The registered provider said "We run a care hotel, if people want eggs benedict at 3am they get it." Staff had a good knowledge of people's dietary needs and catered for them appropriately, for example soft, pureed and vegetarian diets. Food was brought locally, and there was an appropriate budget to buy all foods needed. Staff had attended relevant training. A recent environmental health inspection had awarded the service a five star (good) rating.

Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified, such as GP's dentists and opticians. A healthcare professional told us they found staff to be pro-active in their approach, they listened and acted on advice given so that people's treatment needs were being consistently followed. Specific care plans, for example, diet and nutrition, informed directed and guided staff in how to provide care to a person.

Good

Is the service caring?

Our findings

We received positive comments from people who lived at Crantock Lodge. Comments included; "Staff are marvellous"," There is no place like home but this is as good as it gets. This is my second home," and "The staff are very kind and very understanding." People told us they were completely satisfied with the care provided and the manner in which it was given

We received positive comments from relatives about the care their family member received. Comments included; "Crantock Lodge really is like home from home and you can't ask for more than that," and "My mother is treated with respect as an individual. Her GP and I both agree that should we ourselves be in need of care in the future, then this is where we would like to come," and "From the start Crantock was the clear choice in terms of care and standards. It was the only home where the phone was answered with a smile, and on every single visit I and my family have been welcomed with the offer of a cup of tea." Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

The registered manager told us, where a person did not have a family member to represent them, they had contacted advocacy services to help ensure the person's voice was heard. A visiting healthcare professional told us staff were caring and complimented the staff on how they provided support to people in a professional yet caring manner.

Some staff had worked at the service for many years, and told us; "It's home from home", "The people are lovely here I wouldn't want to work anywhere else." Staff spoke of the strong relationships that had formed between people who lived at the service and staff. All staff showed a genuine interest in their work and a desire to offer a good service to people.

Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in a gentle and understanding way. Staff interacted with people respectfully. For example, during the visit we observed one person became distressed and tearful. We saw a member of staff sitting with the person and reassuring them. They spoke to the person in a patient and caring manner and stayed with the person until they were calmer. Throughout the course of the inspection various members of staff checked on this person and spent time sitting and chatting quietly with them.

People's privacy was respected. Staff told us how they maintained people's privacy and dignity. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. Staff told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the premises staff knocked on people's doors and asked if they would like to speak with us. Where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care. We saw correspondence from a relative which stated; "Despite the indignities of increasing age you met (person's

name) with kindness and respect. I am so often impressed by the sensitivity with which you respond to her."

People we saw throughout the day were smartly dressed and looked physically well cared for. This showed that staff took time to assist people with personal care. We saw there was a room which had been turned into a hair salon and were told a hairdresser came in once a week. People were
able to ask their own hairdresser to attend if they wished. This demonstrated people's individual preferences were respected.

There were opportunities for staff to have one to one time with people and we saw this occur throughout our inspection. Where possible people were involved in decisions about their daily living. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided.

We saw that some people had completed, with their families, a life story which covered the person's life history. Relatives told us they had been asked to share life history information and had provided photographs and memorabilia. This gave staff the opportunity to understand a person's past and how it could impact on who they are today.

Good

Is the service responsive?

Our findings

People and relatives told us that staff were skilled and able to meet their needs. People who wished to move into the service met with the registered manager prior to admission and had their needs assessed to help ensure they could be met. Their relative was also consulted when appropriate to ensure their views on what support the person needed were obtained. The registered manager was knowledgeable about what support people needed and made decisions about any new admissions by balancing the needs of any new person with those of the people already living in the service.

The registered and deputy manager acknowledged that people's care plans needed further development and were addressing this. They said; "It's a basic care plan we want it in more detail." The care plans outlined the person's health needs clearly but in some they lacked detail in how they were to meet a person's emotional and social needs. For example there was no care plan in place in how they were to support a person when they presented behaviours that may challenge staff. There was also limited information on assessing a person's capacity as referred to in the effective section of this report. The registered manager acknowledged these were absent and assured us this would be addressed.

We were reassured that the manager had identified the care planning records as an issue and was actively working to address this. We did not have concerns in how people received care and support. Our concern was in respect of the systems in place and this is referred to in the well led section of the report.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Daily staff handovers provided each new shift with a clear picture of every individual and enabled good two way communication between care shifts. This helped ensure staff were aware of the current needs of each individual.

During our visit a person required emergency assistance. Staff were quick to recognise that the person needed emergency treatment and promptly contacted the relevant services. They remained with the person as they waited for paramedics to arrive. On arrival they provided paramedics with the information needed to ensure the correct treatment could be provided. Once the paramedics had left managers reviewed how often the person needed monitoring and ensured all staff were made aware of the current situation. This showed that staff responded effectively to the person's changing health needs.

People told us there was enough to do to occupy themselves. They told us they had a choice to participate in the planned activities the service provided if they wanted too. The service provided an in house activity every day. In addition outside entertainers visited the service. The service had a well-equipped library for people to enjoy. Care staff told us they asked people what were their likes and dislikes and what their interests were and from this they identified what activities people would like to be provided with.

The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local authority

department, the police and the ombudsman so people were able to take their grievance further if they wished.

We asked people who lived at the service, and their relatives, if they would be comfortable making a complaint. People told us they would have no hesitation in raising issues with the registered manager or staff. All told us they felt the registered manager was available and felt able to approach her, or staff with any concerns. We received several comments from people stating that they had no need to make a complaint as they felt the service provided was; "Fantastic", "Brilliant" and "There is nothing to improve."

Requires Improvement

Is the service well-led?

Our findings

During our visit we found that some systems in the service needed to be more robust. For example, as referred to in the safe section of this report, systems in place for recording medicines were not robust and on our initial visit staff could not account for all medicines in the service. This was addressed by our second visit with new processes put in pace to ensure an in depth record of medicines were now kept. We also found that staff lacked an understanding of the Mental Capacity Act and Deprivation of Liberties Safeguards (DoLS), as outlined in the effective section of this report. This meant that people who had some restrictions on their liberties had not been referred to the DoLS team for assessment as required by law.

People's care plans needed further development. We discussed this with the registered manager and deputy manager who acknowledged this and assured us it would be addressed. This is outlined in the responsive section of the report. We also saw examples in care plans where people's social and emotional needs were not up to date. For example, one care plan stated that the person was involved in a club outside of the service. However the person told us, confirmed by staff, they could no longer join in this pursuit due to their health.

We were told that care plans were reviewed three monthly or as people's needs changed. We saw some instances where care needs had changed and the care plan was updated to reflect the changes. But we also saw examples when this had not occurred. For example, one care plan stated that a person self-administered their medicines but in fact staff administered them. As staff had worked at the service for some time they knew people's care needs well and had ensured people received appropriate care but the paperwork did not consistently reflect people's current needs. This could cause potential errors especially if new staff joined the service.

The registered manager was aware that some of the services auditing processes needed more development. For example the registered manager investigated and reviewed incidents and accidents in the home. This included records regarding the number of falls people had. Risk assessments developed following analysis of these records identified the potential hazards but did not specify what actions were needed to prevent further incidents from reoccurring. There was no clear guidance for staff on the actions to take in order to minimise the risk of falls for people.

This is in breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 .

The registered manager promoted a culture that was centred on meeting people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved at all levels of decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. For example people made decisions about their activities and meal choices.

There was a clear message from managers to all staff that people who lived at Crantock Lodge were

supported to be as independent as possible and live their life as they chose. The registered provider said; "They are in control, we don't want to take anything away from them." We saw this being carried out in the delivery of care that was personalised and specific to each individual.

The registered manager worked in the service every day providing care and supporting staff. There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service, supported by the deputy manager and registered provider. The registered manager and deputy manager were accessible to staff at all times which included a manager always being available on call to support the service.

Staff said there was effective communication between them and the service's management in respect of the care of people who lived at Crantock Lodge. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had a good understanding of the people they cared for and they felt able to raise any issues with their managers if the person's care needed further interventions. Staff had high standards for their own personal behaviour and how they interacted with people.

The registered and deputy manager had developed positive links with health care professionals. We asked a health care professional if they felt the service was safe, effective, caring, responsive and well led. They replied they felt they met all the questions asked.

The registered and deputy manager made sure they were aware of any worries or concerns people or their relatives might have and regularly sought out their views of the service. The registered manager spoke daily with people and visitors to gain their views in order to support the constant development and improvement of the service provided to people.

The organisation sought the views of people's relatives and health and social care professionals in a questionnaire. The results of these were compiled in a report which identified what the service was doing well as well as areas for potential improvement.

The home was clean and there was no odour anywhere in the service on our visits. Equipment such as moving and handling aids, air mattresses, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

Services that provided health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider and manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have an effective system in place to regularly assess and monitor the quality of service provided and identify, assess and manage risks relating to the health, welfare and safety of people who used the service. Regulation 17 (1) (2)