

# Cumbria County Council

# Grisedale Croft

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 10 October 2018. We previously inspected this service in April 2016 and rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Grisedale Croft provides care for up to 13 people, some of whom may be living with dementia. There were nine people living there at the time of our inspection. Grisedale Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service focused on people enjoying a meaningful day both within Grisedale Croft and out in the local community. Activities were plentiful and varied. People were encouraged and supported to access their local community which the home was very much a part of. People and their relatives told us they were extremely happy with their lives within the home. We were told about multiple examples of person-centred activities and events which had been tailored to meet people's individual wishes. People were appreciative of the service and it had a positive impact on their lives.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The staff team understood how to protect adults from situations in which they would be vulnerable to harm and abuse. Staff had received suitable training and talked to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans supported people well. Arrangements were in place to ensure that new members of staff had been suitably checked before commencing employment. All new staff completed an induction.

Any accidents or incidents had been reported to the Care Quality Commission as necessary and suitable action taken to lessen the risk of further issues. Risk assessments and care plans provided guidance for staff in the home. Where possible, people in the service were involved in writing care plans. The management team had ensured the plans reflected the person-centred care that was being delivered.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the service saw their GP and health specialists whenever necessary and were able to attend hospital appointments.

We saw that an assessment of needs was in place. People were happy with the food provided. The home itself was clean and comfortable on the day we visited. Suitable equipment was in place to support people with their mobility.

Complaints and concerns were suitably investigated and dealt with and good records management was in place in the service. There was also a quality monitoring system in place which was used to support future planning. Feedback from people obtained through regular questionnaires.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Grisedale Croft

## **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 10 October 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care.

During the inspection we spoke with four people who used the service and two relatives. We also spoke with the registered manager, five care staff, kitchen staff and domestic staff. We reviewed a range of records about people's care and how the service was managed. We looked at care records for three people, recruitment, training and induction records for three staff, staffing rosters, staff meeting minutes and quality assurance audits the manager had completed. We looked around communal areas of the home and with permission people's rooms. 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.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Grisedale Croft. One person said, "I do feel safe here." A relative commented, "I have absolutely no worries."

The staff protected people who used the service from abuse. Staff were able to tell us about different kinds of abuse such as physical, financial or emotional. They told us they would speak with the registered manager if they had concerns. The registered manager appropriately raised any concerns with the local safeguarding authority. The policies and procedures relating to safeguarding were accessible and included guidance on whistleblowing. Having whistleblowing guidance in place meant that staff were aware of how to confidentially raise concerns about the conduct of colleagues.

The registered manager ensured there were enough staff to meet people's needs. We saw that people did not have to wait for support and people we spoke with confirmed this. The registered manager employed additional staff specifically to cover absences and increase staffing numbers if required.

The provider had effective recruitment processes in place to check new staff were suitable to work at the home. Checks carried out included requesting and receiving references and a Disclosure and Barring Service (DBS) check. Where required, such as following receipt of information from DBS, risk assessments or additional checks were carried out to assess the staff member's suitability before they started working at the home.

Medicines were stored safely with checks in place to review storage arrangements. For example, daily temperature checks of the storage rooms and medicine fridges helped ensure medicines remained safe to use. People told us they received their medicines from specially trained staff when they were due.

The registered manager and their staff carried out risk assessments when needed to help keep people safe. Examples of completed risk assessments included the use of wheelchairs, the safe use of moving and handling equipment and a fire risk assessment. Risk assessments clearly identified who was potentially at risk and the control measures in place to reduce the impact on people. Evidence was available to show these had been reviewed at least annually.

Health and safety related checks were completed regularly to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations.

The home was kept clean and hygienic by the domestic staff who we observed at work throughout our time spent at the home. The registered manager monitored this with regular infection control audits to check cleanliness was maintained to a high standard. We noted hand washing guidelines were displayed near all hand washing facilities as a reminder for staff, people and visitors.

The provider kept detailed records for incidents and accidents at the home. These were audited to check

appropriate action had been taken. This was also used as an opportunity to look for any trends and patterns. It was evident the registered manager looked for ways to improve the service.

# Is the service effective?

## Our findings

We asked people if the staff knew how to support them properly, one person commented, "Oh Aye, they go out of their way." A relative told us, "They are very good." We spoke with staff and asked them if they felt confident and competent whilst carrying out their role. One member of staff told us, "We are well trained, you can't have too much training."

Records confirmed that staff had completed mandatory training. This included moving and handling, infection control and safeguarding vulnerable adults. New staff were supported in their role via an induction programme during which their competencies were regularly checked by senior staff. Staff were able to access more formal vocational training such as the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviour expected of specific job roles in health and social care.

We looked at supervision and appraisal records for staff. Supervision sessions gave staff the opportunity to discuss any training requirements or to request additional training. It also allowed staff to review their performance within their roles with a senior member of staff.

The service had a system of assessment in place which helped to identify people's needs. They contained information about people's history prior to entering the home. The assessments were detailed and written in the first person. Staff told us that people and their relatives were as involved as they possibly could be in the assessment process.

Assistive technology was available within the home. There were pressure sensors placed around beds to alert staff that people had risen during the night and may require support. A call bell system was in place so people could summon staff easily if required.

The provider ensured people's nutritional needs were being met. We saw everyone had support plans relating to food and fluid. People told us they enjoyed the food. We saw that people were weighed frequently as part of physical health and wellbeing monitoring. Where people needed specialist support, the opinions of dieticians and speech and language therapists had been requested.

The home accepted transfers from other services including local hospitals. We saw staff carefully planned this and managed it appropriately. They ensured the correct documentation and information was in place to minimise any inconvenience or delays for the person being transferred.

Care plans were in place to ensure people's health and wellbeing were monitored. We saw that people regularly attended their GP or their dentist or were seen by visiting professionals. Care plans contained information about any long standing medical problems and people were supported to go to hospital appointments.

We checked whether the service was working within the principles of the MCA, whether any restrictions on



people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service met these standards.

# Is the service caring?

## Our findings

The service was rated good at the last inspection and this rating has not changed.

We spoke with people and their relatives and asked if they felt the staff were kind and caring. One person told us, "Mum is really happy here." And added, "Staff are lovely, they chat but do not talk down to people." Staff told us, "We are like a family here." We observed people who were smiling and content throughout our inspection.

The registered manager had details of advocacy services that could be contacted if people needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. Care plans were written with the person who used the service with support from their relatives or if required an advocate.

When we spoke with staff they knew people well. They were able to tell us about people and what kind of support they required. This information was accurately recorded in people's care plans.

Staff treated people in a respectful manner. During our inspection people's privacy or dignity was not compromised. Staff had received training on how to ensure all of the people who lived at the service were treated with kindness and respect. In addition, they had been trained to treat people equally and account for people's diversity.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Care plans clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff told us they made sure people were given choices to enable them to keep as much independence as possible. We saw that some people were able to move freely around the home alone, whereas other people required staff support. All of the people who used the service were encouraged to be as independent as they were able to be.

The registered manager was refurbishing parts of the home to improve the environment. The home had a welcoming atmosphere, we saw that family relationships, local links and friendships were positively promoted as part of day to day life at the home.

## Is the service responsive?

### Our findings

We spoke with people and their relatives and asked if they enjoyed activities. One person told us, "It's great I can still do my knitting." Another said, "I was downstairs painting the other day!" And another added, "The birthday parties here are wonderful." A relative commented about a recent trip to the local steam railway, "Mum really enjoyed being out and about and talked about her outing very enthusiastically."

On admission to the home people who used the service completed assessments about their likes and interests. This provided staff with information about people's past occupations, hobbies and skills. This showed the service had a good understanding of people's diverse social and cultural backgrounds. Recently the service had been visited by a Zoo Lab where people were able to hold and touch spiders and snakes. Magicians, musicians and singers had also visited. People accessed their local community. There were outings to local museums and garden centres as well as tours of the local area to places and houses where people had lived.

Following our inspection relatives contacted us and said, "From musical workshops to decorating Easter bonnets, to live guitar music, jewellery making days to special days when small, gentle animals were brought to Grisedale croft for residents to see and stroke. Especially the success of the visit of a little pigmy pony! (Wonderful) and of course, the successful visits from the young local school children to share art and music activities. These are particularly beneficial and it is lovely to see the happy interaction between the elderly and young enjoying each other's company and learning from each other. For a lady like my Mum whose favourite things are music, children and animals, these are happy days."

People's care plans were written with the involvement of people who used the service, their relatives or advocates and staff. What people could do independently and areas where they required support were included. For example, some people required help getting in and out of a chair. Staff had identified what equipment was needed and how many staff were required to provide this support. Some people needed less help than others and this was outlined correctly in people's records of care.

The service employed a number of strategies to help people communicate their wishes. this included, notice boards with pictures or photographs and written notices in large clear writing. A variety of communication strategies and procedures were outlined in the providers policies.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

The service was able to deliver end of life care. There were policies and procedures in place and the registered manager provided evidence to show that staff were well trained and competent in this area. The

registered manager told us care at the end of life would be supported by a multi- disciplinary team approach including GP's and health and social care professionals.

## Is the service well-led?

### Our findings

We asked people who used the service what they thought of the leadership at the home. One person told us, "They get things sorted out, they are very nice." Staff we spoke with were very complimentary of the manager. One staff member said, "I feel well supported, they are a good manager." We noted that the registered manager had good experience working at the service and modelled professional behaviour to their staff.

During our inspection we discussed the future of the service with the registered manager and asked them what their hopes were for Grisedale Croft. They told us, "Our aim is to focus on continuous improvements to enable service users to make informed choices about their own lives and the environment they want to live in. We will continue to be involved with the local community by providing a small hub within the home for various groups to hold meetings and events which will give us social responsibility. Grisedale Croft will continue to be part of The Alston Plan "Working in Partnership" with the development of the Integrated Care Communities and NHS by providing health beds for the elderly residents of Alston Moor who otherwise would be admitted to acute hospitals."

The registered manager had formed links with local schools. The service had undertaken a project with secondary school pupils who came to the home as part of their GCSE coursework. The registered manager told us, "The secondary school have 19 students doing a health and social care unit for their GCSE exams. Three students visit twice weekly and have a planned programme of activities for each term. People enjoy the sessions and look forward to seeing what the students will do next. In return we are going to arrange to visit the school and deliver a session to them on living well with dementia and do some interaction with blank jigsaw's and specialised glasses to give the students an insight to how differently we need to communicate with people who have an impairment.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. They were keen to identify areas where the service could be further improved. During the inspection, the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager to identify trends and specific issues. The ratings from the previous inspection were displayed in the home as required and on the provider's website.

There were regular staff meetings held so issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed a culture where the staff and the manager had worked hard to improve their service. There was also evidence within records that people and, where possible, families, were consulted

about the care and support the service provided. The service consulted with people and their relatives in a variety of ways including face to face formal meetings and written surveys.