

Mr & Mrs N Nauth

Credenhill Court Rest Home

Inspection report

Credenhill Court
Credenhill
Hereford
Herefordshire
HR4 7DL

Tel: 01432760349

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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

We carried out an unannounced comprehensive inspection of this service on 5 and 7 July 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this comprehensive inspection to check that they had followed their action plan and to confirm whether they now met legal requirements.

This inspection took place on 8 and 9 March 2017 and was unannounced.

Credenhill Court Residential Home provides accommodation and personal care for up to 35 people, some of whom are living with dementia. At the time of our inspection there were 30 people living at the home.

There was 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 and associated regulations about how the service is run.

At this inspection we found the registered provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that we identified during the last inspection. These were in relation to how people were being deprived of their liberty, dignity and respect, person centred care and governance of the service.

Quality assurance systems were in place. There was a clear drive to improve the care and support for the people that lived there. Systems needed to be in place for longer to assure us that they were an integral and sustainable part of the service.

People were kept safe from harm. There were sufficient staff on duty to keep people safe and respond to people's health needs at the times when they needed support.

People were treated with dignity and respect. Staff had formed positive relationships with people and treated them with kindness.

People were supported by staff that had the skills and knowledge to understand and meet their needs. Staff had access to on-going training and support to meet people's specific health and wellbeing needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

People received the appropriate support to maintain healthy nutrition and ensure people's specific dietary needs were catered for.

People were supported to access health and social care services to maintain and promote their health and well-being when needed.

Staff were only recruited once all checks had been made to make sure they were suitable to support and care for the people living in the home.

People received their medicines safely. Medicines were ordered, stored administered and disposed of safely.

People were given support to make choices and decisions about their care and support. Where people could not make specific decisions themselves these were made in their best interests by people who knew them well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm or abuse because risks to people's health and care were identified and managed appropriately.

People received their medicines safely as there were systems to ensure that medicines had been given as prescribed.

There were enough staff to keep people safe and meet their health needs.

Is the service effective?

Good ●

The service was effective.

Staff had the support and training they needed to meet people's individual needs.

People had access to other health professionals to maintain their health and wellbeing.

People had the appropriate care and support to ensure that they had adequate nutrition.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People received the care and support they needed.

People were given choice and felt listened to.

Is the service responsive?

Good ●

The service was responsive

People received care and support that reflected their own individual needs and preferences.

Staff responded appropriately to concerns that people raised.

There was a system in place to respond appropriately to complaints.

Is the service well-led?

The service was not always well led.

The manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements. They could not demonstrate it was used consistently and in a way that was sustainable.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

Requires Improvement 

Credenhill Court Rest Home

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.

The inspection took place on 8 and 9 March 2017 and was unannounced. The inspection team consisted of two inspectors on the first day and two inspectors and an inspection manager on the second day.

We looked at the action plan that the provider sent us following the last inspection. We reviewed the completed action plan. We also looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding. We refer to these as statutory notifications and providers are required to notify us about these events. We also asked the local authority for any concerns or information relating to service.

We used the Short Observational Framework for Inspection (SOFI) because some people were unable to communicate with us verbally. SOFI is a specific way of observing care to help us understand the experience of people living at the home.

We also spoke with eight people who lived there, two relatives, six care staff, the deputy manager, the registered manager and the provider. We looked at the care records of four people, including care plans and risk assessments for epilepsy, falls prevention and management of anxiety, assessments of people's needs and daily records. We looked at three staff files in relation to recruitment practices. We also looked at the systems for monitoring the safety and quality of the service.

Is the service safe?

Our findings

At our last inspection on 5 and 7 July 2016 we found that we had concerns staff were not effectively deployed and at times this put people at risk of injury. There was no consistent approach to identifying, assessing and managing risk for people. This had meant that where people had falls, risks assessments were not carried out and action not taken to reduce the risk of further falls. In December 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. At this inspection we found that improvements had been made.

At our last inspection we had concerns that risk assessments were not being completed and action not being taken to protect people from the risk of injury. The provider told us in their action plan how people's individual needs' and risks were assessed and managed would be reviewed. At this inspection we found that improvements had been made. We found that there were now appropriate systems in place for the safe management of risks to people safety.

The provider told us that since the last inspection they had purchased a system that would enable the provider and registered manager to regularly monitor risks and identify and analyse areas of concern. We identified a person who had experienced a number of recent falls, some of these had resulted in injury. We found that the person's risks had been reassessed and the person had been involved in identifying where they may be at risk of falling. We found that a full falls risk assessment had been carried out that identified factors that increased the risk of falling for this person. Care plans and risk assessments informed the staff what needed to be done to reduce the risk of falls. What was in the person's records matched what staff told us about the support they provided to keep them safe. We spoke with the person and they told us that they felt staff helped them to be safe. They gave the example of staff providing them with support when they wanted to go up the stairs. They told us that they had discussed risks with staff and the registered manager. We saw other examples where when needed referrals and advice had been sought by the manager from other health professionals to ensure that people continued to receive safe care and support.

People now felt that there were enough staff to meet their individual needs. Improvements had been made since the last inspection, to how staff were deployed around the home. One person said, "Things have got better here. Staff are around a lot more." Staff told us that they felt there was more purpose and focus on being with people since our last visit. Our observations showed that staff were spending time with people and where people had been identified as being at risk staff were attentive and around to provide support when it was needed. However on the first day of our inspection we found that people that were in their own rooms did not always have the support they needed to make sure they were safe. We spent time outside the room of a person who due to their health spent long periods of time in their bed. Staff told us that this person was unable to use the call bell for assistance. On one occasion during the first day we spent 30 minutes in the area of this person's room and we did not see any staff in the vicinity, a further hour was spent in this area and again no staff were seen. We discussed this with the registered manager and raised concern that people in their rooms who could not use the call bell were not having regular contact with staff. On the second day of our inspection we found that the registered manager had changed how staff were deployed around the home to make sure that people in their rooms had increased contact with staff.

People told us that they felt safe and that they were more reassured now that more staff were around. Staff were able to tell us what they would do if they suspected abuse and that they had a good understanding of the different types of abuse. They also told us what they would do and who they would contact if they suspected abuse. One staff member said, "There is no way that abuse of any kind would be tolerated. It would be reported straight away." The registered manager showed us examples of recent safeguarding referrals they had made. We could see that there were systems in place to protect the people that lived in the home and to make sure that the relevant authorities were informed.

People told us that they had the support they needed to take their medicines safely. For some people they needed prompting and observing to make sure they were taken safely, whilst other people needed more support in taking their medicines. We observed how medicines were administered and found the right medicines were given at the right time to the right person. All staff had to complete medicine training before being able to administer medicines. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

The staff records we looked at showed us that the provider had safe recruitment practices. Staff told us that checks were made to make sure they were suitable to work with people before they started to work for the provider. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care.

Is the service effective?

Our findings

At our last inspection on 5 and 7 July 2016 we found that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulation breached was Regulation 13 in relation to how people were being deprived of their liberty. In December 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. At this inspection we found that improvements had been made and the provider was no longer in breach of Regulations.

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 said that staff supported them to make choices and that their wishes were respected. All the staff we spoke with had received training about the MCA and what they told us demonstrated that they had knowledge of the principles of the MCA. Staff told us about the importance of getting people's consent before carrying out any care or support. Staff were able to tell us what needed to happen if people could not make certain decisions about their care or support. Staff explained about best interests meetings and the importance of including appropriate people in the decisions, for example family members, advocates, social workers and the person themselves. We observed that staff made sure people were asked and given choices before staff supported them.

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). At our last inspection we had concerns that the principles and the requirements of the MCA and DoLS were not being correctly applied. This meant that people may have been deprived of their liberty by the provider who did not have the legal authority to do so. The provider told us that they had reviewed their procedures and made the necessary referrals to the local authority for assessment. The provider and registered manager had also reviewed their practices to ensure that the care and support was the least restrictive possible. We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. At the time of inspection the manager told us that 16 people were subject to a DoLS. Staff showed an understanding of what these restrictions meant for people.

At our last inspection we had concerns that people did not have adequate food and drink to meet their nutritional needs. We had found that people's specific dietary needs were not assessed or being met. The provider told us that people's individual needs would be assessed and they would make sure that people's nutritional requirements were identified and monitored. During this inspection we found that improvements had been made.

People told us that their dining experiences had improved. People told us about how they enjoyed

mealtimes. Where before mealtimes had been unstructured, we now saw that mealtimes were calm and sociable with people getting the support they needed to eat and drink safely. We now found that people's meal options were discussed with them before mealtimes commenced. People's food choices which included meat free options were catered for. Mealtimes were flexible so that people that wanted to eat later were given the same options as other people in the home. Drinks and snacks were readily available throughout the day and at times that people requested. We saw that people who remained in their rooms were given the support they needed to have their meals safely and effectively.

People and staff said that the quality of the food had improved. They felt people's appetites and enjoyment of their food had vastly increased. One relative told us, "The food is always presented in an appetising way to stimulate appetite. Mum has gained weight since being here. There are always lots of fresh fruit and vegetables, and an array of local produce; the quality is exceptional." Where needed people's food and fluid intakes were monitored and any concerns were referred straight away to the relevant health professional. Staff and the registered manager felt that people's weights were now monitored more closely and if there were any concerns advice from other professionals was immediately sought. We saw where there had been input from the doctors and speech and language therapy. The registered manager told us that they felt confident that staff were now more aware of people's needs and were quick at identifying and raising any concerns.

At the last inspection staff did not always feel that the training benefitted their work. We were not assured that the provider or registered manager had any way of measuring the effectiveness of training. The provider told us that they had reviewed the previous training undertaken and were now using a different training provider and were evaluating the quality of the training with staff by gathering feedback from people that lived there and their relatives, along with discussions with staff to monitor the competency of staff.

People and relatives said that staff understood people's needs. Staff told us that they felt the training had improved and now supported them to carry out their roles safely and effectively. They said the support they got from the registered manager was good and they had regular supervisions, where they were able to discuss what they felt they had gained from training. Staff told us that they felt the training was relevant to what they did. They were able to tell us about people's dementia needs, anxiety management and also about the MCA and DoLS. We observed that staff had confidence in putting into practice what they had learnt. For example, staff were more aware of how to support people who were living with dementia. We found that staff were adopting low arousal approaches with some people so that they would not become anxious when staff supported them. When we spoke with staff they demonstrated good knowledge of people's needs.

People told us that if they were feeling unwell or their needs changed staff were quick to involve other professionals. One person told us how after telling a member of staff that they felt unwell, a doctor's visit was arranged straight away. A relative told us, "The staff are very good. I feel confident that any concerns would be passed on to the right professionals immediately." Staff told us that the senior staff and the registered manager were quick to react to any changes in people's health needs.

Is the service caring?

Our findings

At our last inspection on 5 and 7 July 2016 we found that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulation breached was Regulation 10 in relation to dignity and respect. We also had concerns that staff did not always demonstrated an approach which was caring. In December 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. At this inspection we found that improvements had been made and the provider was no longer in breach of Regulations.

At our last inspection we found that staff did not always treat people with dignity and respect. People told us that things had improved. One person said, "It's changed a lot and for the better." The registered manager told us that dignity and respect was, "Always on the agenda with staff." They told us that following the last inspection there was now a zero tolerance to poor care and that the approaches of staff had 'massively improved.' What we saw supported this. We saw that staff always approached people in a caring and supportive way. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. We also saw that staff made sure people were happy with their care and support by maintaining conversation through any care tasks. Staff told us that they made sure that they respected people's wishes throughout their care and support.

People now told us that they now felt more involved in their care and support. One person said, "I am now asked what I want. It is a lot better." Staff told us that the culture in the home had changed and that they now had time to spend with people. One staff member said, "I have gained such a lot of knowledge about people from just spending time with them." Staff told us that since the last inspection a number of staff had left and that care was now focussed on the individual.

One member of staff said, "Communication has improved so much. That is communication with people, staff and the management." The provider told us that additional resources and focusing on reviewing everyone's care had provided the opportunity to involve people and to look at ways to improve the care for individuals.

Is the service responsive?

Our findings

At our last inspection on 5 and 7 July 2016 we found that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulation breached was Regulation 9 in relation to person centred care. People were not involved in shaping their care and support and did not receive care that was person centred. In December 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. At this inspection we found that improvements had been made and the provider was no longer in breach of Regulations.

We saw that throughout both days of our inspection people were being treated as individuals. People with particular interests had been encouraged to take on new roles in the home. For example, one person had been given the responsibility of looking after the pets in the home. When we spoke with them and also observed them it was clear that this meant a lot to them. The relative of this person told us, "They [staff] understand that she needs to feel special and valued, and so they have given her special roles such as being in charge of the guinea pigs. This has resulted in a reduction in her aggressive behaviours, to the point that I cannot believe this is the same mother who lived with me."

People who were doing this appeared happy and animated. On the first day of inspection we found that a number of people were in a poetry group. One person told us, "This poetry group is brilliant." The member of staff told us that they held a regular poetry group where they wrote poems that were then displayed around the home. They also told us that they were spending time individually with all of the people in the home to identify what they would like to do. One example where this had resulted in a fresh opportunity for a person was when one person had told staff that they had not been to a cinema for years and would like to have a "popcorn experience" at the cinema. Transport was arranged and the person went to the cinema and had popcorn. We spoke with this person and they told us how much this experience meant to them and special it was. On the second day of our inspection we saw a minibus had been hired and a number of people were going out for lunch to a place of their choice. Upon their return people told us how much they had enjoyed themselves. Another person had an active interest in trains for much of their life. They were kept in contact with a local train club and they had regular club updates sent to them and also had a subscription to a rail magazine. We spoke with this person and they told us that it was important to them to keep their interest in railways.

Since the last inspection the provider had recruited an additional member of staff whose responsibility was to support people with activities throughout the day. This meant there were now two members of staff whose roles were dedicated to supporting people with activities. In recognition of the work and projects that they were doing in the home they had been given a special award by a local theatre which included a monetary prize. The member of staff told us that this award was very special and that the money was going to be used to buy additional resources for people living at the home.

Staff we spoke with had good knowledge of the individual needs of people in the home. For example, staff were able to tell us who they were currently monitoring in relation to changes in their health. One example was a person that had recently started to isolate themselves in their room. The registered manager told us

that they were working closely with the doctor and other health professionals to monitor the situation. Staff knew this and also told us how they were given time to spend with the person. Another person had epilepsy, staff were able to tell us what signs they needed to look out for in relation to seizures and what action they needed to take.

We could see that quarterly meetings for the people that lived there and their families had been scheduled. The registered manager told us that this would give people the opportunity to tell them directly where they felt the care and support was and what further improvements needed to be made.

People told us that they felt they could raise any concerns or complaints and they would be listened to. People told us that they felt the registered manager was approachable and took the time to listen to them. Relatives told us how they felt they could approach the registered manager if they had any concerns. Staff told us that they felt confident that they knew people's individual communication styles well enough to be able to identify if someone was unhappy. We could see that there was a system in place to respond and investigate concerns appropriately.

Is the service well-led?

Our findings

At our last inspection on 5 and 7 July 2016 we found that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulation breached was Regulation 17 in relation to governance. The provider did not have any effective system or processes to assess, monitor and drive improvement in the quality and safety of the service provided. In December 2016 the provider sent us an action plan that told us what they planned to do to meet the legal requirements. At this inspection we found that improvements had been made and the provider was no longer in breach of Regulations.

At our last inspection there was no consistent system for the provider to identify, address and monitor any concerns or risks relating to care. We could see that considerable improvement had been made by the provider and registered manager. The provider and the registered manager now carried out regular checks and audits. These included checks on falls, continence care, medicines and also care records. The registered manager showed us that there were now systems to identify and manage risks. For example, we found where people's falls had been monitored and where as a result of this risks had been identified and appropriate action taken. However some of these systems had only recently started to be used. The registered manager told us, "There is still a lot of work to do before the systems are really effective." For example, even though some people were identified as being at risk of falls, there was only information on falls in the month of January as no further analysis had taken place. Also when we shared with the registered manager that people in their rooms were not getting regular contact and support from staff, the registered manager told us that they had not identified this and acknowledged that staff could have been deployed more effectively. This meant that time is needed to assure us that the systems that are used in a way that is consistent and sustainable.

All of the people and staff that we spoke with felt that the registered manager and the provider were approachable. Staff were positive about the openness and supportive manner of the registered manager. One member of staff said, "Things have definitely improved since the last inspection."

All staff were aware of the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. They all told us that they would report straight to social services or CQC.

There were systems in place to gather feedback from the people that lived at the home, their relatives and other professionals. There were now regular meetings for the people that lived there as well as regular staff meetings and meetings for relatives. The registered manager and provider told us that they were now working hard to gather people's feedback on an on-going basis. They said that they would use this feedback to identify and then action improvements to the service.

The registered manager felt supported by the provider to be able to make decisions relating to the service. They told us that there was never any question if extra support was needed all they needed to do was ask and the provider would enable it to happen.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.