

Mr & Mrs R Tarrant

Cromarty House

Inspection report

11 Priory Road
Bodmin
Cornwall
PL31 2AF

Tel: 0120878607

Date of inspection visit:
28 January 2023

Date of publication:
22 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Cromarty House is a residential care home providing personal care to 8 people at the time of the inspection. The service can support up to 8 people.

People's experience of using this service and what we found

Right Support:

The care model focused on people's strengths and promoted what they could do. People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their aspirations and goals.

People had proactive plans in place in case they experienced periods of distress. This helped ensure staff kept them safe and supported them in a person-centred way at these times.

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met their sensory and physical needs.

Reasonable adjustments were made for people so they could participate fully in discussions about the service.

The registered manager and staff worked well with other organisations, so people had good access to specialist health and social care support in the community.

People were supported to make decisions by staff who used best practice in decision-making and communicated with people in ways that met their needs.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We made a recommendation about recording assessments of people's capacity.

Right Care:

Staff actively promoted equality and diversity in their support to people. Care plans detailed people's needs

and preferences related to any protected characteristics.

Staff protected people from abuse and poor care. The service had enough appropriately skilled staff to meet their needs and keep them safe.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and helped them achieve good outcomes

Staff ensured individualised risk assessments were undertaken and that people were involved in these where possible. Where appropriate positive risk taking was encouraged and enabled. Staff supported changes that individuals might want to make and assessed risks continuously

Right Culture:

People lead confident, inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The registered manager modelled good practice and led by example

Staff placed people's wishes, needs and rights at the heart of everything they did. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

People and those important to them, were actively involved in planning their care.

People's quality of life was enhanced by the culture of improvement and inclusivity within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was good (published 30 December 2017).

Why we inspected This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cromarty House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team The inspection was completed by one inspector.

Service and service type

Cromarty House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cromarty House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider.

Notice of inspection We gave a short period notice of the inspection because it was carried out at the weekend. We needed to be sure a manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Most people living at the service were not able to share their views verbally, so we observed how they spent their time and how they interacted with staff. We spoke with 3 people and 5 staff members including the manager. We reviewed 2 people's care records, everyone's medicines records and a range of records relating to the management of the service, such as meeting minutes, feedback surveys and audits. We spoke with 4 relatives by phone and received written feedback from 3 professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- 1 person we spoke to told us they felt safe living at the service. Relatives told us staff kept their family members safe.
- Staff were up to date with their safeguarding training.
- People were kept safe from avoidable harm by staff who knew how to raise any safeguarding concerns and were committed to keeping people safe.
- People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately.
- The service had a proactive approach to respecting people's human rights and diversity. This helped prevent discrimination.
- Occasionally people became upset, anxious or emotional. Person centred strategies were in place to guide staff how to support people at these times.

Assessing risk, safety monitoring and management

- Risk assessments in relation to people's individual needs were regularly reviewed and updated. Staff understood how to help reduce any risks to people.
- Regular health and safety and environmental checks were carried out to monitor the safety of the service.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.
- People were involved in managing their own risks whenever possible.
- Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- Staff had a good understanding of people's capacity relating to different areas of their lives.
- People's records contained clear detail of how people communicated decisions and which decisions needed to be made in people's best interests.

Staffing and recruitment

- Arrangements for staffing including skills and numbers, reflected the needs of the people using the service. Staffing levels were flexible according to how people wanted to spend their time.
- Staff turnover was very low. This helped people build strong relationships with the staff who supported them.
- Staff were available and responsive to any requests for support.
- There was suitable recruitment and induction which meant staff knew people's individual needs, wishes and goals.

Using medicines safely

- People were supported by staff to make their own decisions about medicines wherever possible.
- People were able to take their medicines where they chose. Staff reviewed these decisions with people to make sure they remained happy with the arrangements.
- Medicines were managed and stored safely and given to people as prescribed. Staff were appropriately trained and had their competency to administer medicines safely assessed.
- Where possible, staff helped people understand what their medicines were for.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting visits from families and friends. The provider's PIR stated, "We have worked with families throughout the pandemic to ensure we had a robust and individual visiting plan which encouraged families to remain in contact. This individual approach to meeting everyone's needs enabled families to remain in contact in a way which benefited both the family and service users."

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately.
- Learning from incidents was actively taken forward to reduce the likelihood of it reoccurring.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager described their aim to provide a service that was similar to a home where any other person would live, and where people's individuality was valued and promoted. A healthcare professional told us, "The registered manager and staff have always seemed to know the residents well, understand their needs and how to comprehensively support them."
- People's care plans were strengths based and included roadmaps of how they could achieve any goals or aspirations. People's relatives all described the positive outcomes people achieved at the service.
- Staff were alert to whether people were spending their time in a way that was meaningful to them. They told us they listened to people's views but also observed how people reacted to the things they were doing and used this to inform ideas and suggestions for the future.
- The registered manager and staff put people's needs and wishes at the heart of everything they did. The registered manager told us, "We decided as a staff team through lockdown, we couldn't let people's mental and physical wellbeing deteriorate. We enhanced people's 'my life, my plan' records, we looked at their goals and aspirations and created a road map to doing these within the restrictions in place. Where we knew professionals weren't available, we increased the care we were providing in those areas." One person's relative had fed back to the service, "[Person's name]'s condition has improved considerably over the COVID crisis."
- People's communication and sensory needs were thoroughly assessed. This helped ensure they could participate in discussions about the service and their care.
- The registered manager was visible in the service, approachable and valued what people, staff, family, advocates and other professionals had to say. They worked directly with people and led by example.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us they had delegated different roles and responsibilities to staff according to

their interests. This helped ensure all aspects of the service were monitored and any improvements identified. A healthcare professional told us regarding oral health at the service, "The oral care champions were extremely motivated and engaged with their roles."

- Staff were committed to reviewing people's care and support on an ongoing basis to ensure it remained appropriate as people's needs and wishes changed over time.
- The staff told us the team had mostly worked at the service for several years, had built up strong relationships with the people living there and that this helped them respond promptly to any changes to people's needs or preferences. Relatives told us, "Staff are really caring. They are doing a lovely job" and "They are brilliant with [person], who really enjoys it there."
- The registered manager invested in staff by providing them with quality training to meet the needs of all individuals using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's PIR stated, "The decisions we make are led by the people who live in the home." People's views were collected on a regular basis and used to develop and improve the service.
- Care plans were in place based on people's protected characteristics. This helped ensure any related needs were taken into account across all aspects of people's care and support provision.
- The registered manager valued the staff members and was responsive to any changes they needed in order to maintain the wellbeing.
- Staff told us they felt engaged in the development of the service and any ideas or suggestions were encouraged and listened to.
- The registered manager sought feedback from people and those important to them and used the feedback to develop the service. Recent feedback from people's relatives included, "Amazing service" and "Very happy with the standard of care"

Continuous learning and improving care

- The registered manager had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible.
- Information from checks and audits of the service was used to aid learning and drive improvement across the service.
- A healthcare professional told us the service regularly contacted them to help ensure the support staff provided was as good as they could make it.
- The registered manager had recently reviewed how information was shared with staff. Instead of large team meetings, they now shared newsletters with staff and had smaller staff meetings. Staff told us, "Team meetings are better now. You are more able to share opinions and feedback and bring up queries. The newsletters are really useful as I can refer back to them." They also added that having meetings in smaller groups was more respectful of people's home.

Working in partnership with others

- The service worked well in partnership with health and social care organisations. This helped improve people's health and life outcomes. The provider's PIR described how they had worked with local organisations so people could continue to access services such as oxygen therapy and hydrotherapy through the pandemic. They stated that this benefited people's physical and mental wellbeing.
- A healthcare professional told us the communication they had with the service was excellent, that queries had been raised appropriately and in a timely manner, enabling them to be resolved promptly.
- The provider's PIR stated, "As a home we have always been proud of our communication and relationships we have developed with families over a number of years. This hugely benefits the service users"

within the home by giving us the opportunity to work together to achieve the best outcomes for the individual." Relatives all confirmed that they had good contact with the service and were involved in decisions about their family member's care, where appropriate.