

La Vita Nova Limited

Crann Dara

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Crann Dara is residential care home providing personal care to people with learning disabilities and associated behaviours which may challenge. There were five people being supported at the time of inspection. The service can support up to seven people in one adapted building.

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

There were safeguarding adults' procedures in place to guide staff. The registered manager and staff had a clear understanding of these procedures. There were appropriate recruitment checks before staff started work and there were enough staff available to meet people's care needs and to support people to take their medicines.

The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID-19 and the use of personal protective equipment (PPE). The service had business continuity and COVID-19 contingency plans in place that made provisions for safe care in the event of an emergency, or an outbreak of COVID-19.

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.

People received care which was person centred and was regularly reviewed to ensure it continued to meet their needs. Staff communicated with people according to their documented preferences and abilities and supported them to access the community and activities of their choice.

Quality assurance processes provided oversight of the service. The registered manager worked to continuously improve people's lives and valued working in partnership with and learning from others to achieve this.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People were supported to live within a setting that met their individual needs. Staff encouraged people to

make day to day choices, including around food, activities and community access. The provider engaged with local healthcare and commissioning partnerships in order to provide the best care possible.

Right care:

- Care was provided in a person-centred way which promoted people's dignity and rights. Staff understood people's specific care needs and preferences and supported them in according to those wishes. Those who could told us they felt respected and for others, we spoke with a family member and other professionals who confirmed this view. Staff enabled people to make choices about how they wished to be supported in their day to day living.

Right culture:

- There was a positive culture in Crann Dara, where the leadership team and staff showed commitment to those whom they supported. They spoke with passion and knowledge about their role, central to which was to empower people to live the best life possible in the least restrictive way. Staff told us their vision was to continue to support people to lead as fulfilled a life as possible.

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 Requires Improvement (published 17 September 2019).

Why we inspected

This was a focused inspection based on the previous rating. We reviewed the information we held about the service. We inspected the key questions of safe, responsive and well-led. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at 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.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crann Dara on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Crann Dara

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 Care Act 2014.

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 carried out by one inspector.

Service and service type

Crann Dara 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

Not everyone at Crann Dara was able to verbalise their views. We spoke with those who could tell us about their experience of the care provided and made observations throughout the inspection. We spoke with three members of staff including the registered manager and care worker.

We reviewed a range of records. This included three people's care records and four medication records. We looked at four staff files in relation to recruitment and staff supervision and reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one family member and one professional who visited the service.

Is the service safe?

Our findings

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

At the last inspection on this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found that identified risks were not always being assessed and managed safely.

At this inspection we found that people's care had been reviewed and that where risks were identified, there were now clear plans in place to reduce these.

- People had robust risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk. People's specific health conditions, circumstances which led to behaviours that challenged and signs of escalation were clearly documented.
- People had positive behaviour support plans [PBS] that supported staff in understanding early warning signs of potential behaviours which challenged. Strategies to reduce the person's anxiety as well as potential risks to the person or others were clearly documented. Staff spoke confidently about individual risks and recommended ways to reduce them.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring. People were part of regular fire drills and had their own Personal Emergency Evacuation Plans to guide staff in how to safely support people from the building.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe. Safeguarding training was provided and completed by all staff. One family member told us, "I feel that the care (Relative receives) is safe. I put this down to stability of staff who are all well known to us. I know (Relative) doesn't speak but they and can indicate how happy they are, and they are definitely happy."
- Safeguarding procedures were followed, and staff had a good understanding of what to do to ensure people were protected from abuse. They referred to the provider's whistle blowing policy and said they would not hesitate to report poor or unsafe care.
- One staff member commented, "Keeping people safe is my goal in life; I am familiar with what can go wrong in care and would not tolerate it." Another told us, "This [safeguarding] is something the manager raises at every meeting and handover, so I feel it is just something that is part of our day to day observations."

Staffing and recruitment

- There were sufficient staff employed to meet the needs of people. We saw that staff rotas were regularly reviewed by the registered manager in response to people's needs. All shifts were covered by permanent members of staff and no agency workers were employed.
- There were two members of staff on duty at all times throughout the day, and one during the night. An

additional member of staff provided 24 hour support to a person on a one to one basis. We observed staff had time to engage with people on a personal and social level.

- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included a full employment history, references and applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.

Using medicines safely

- People received their medicines safely from trained and competent staff. Staff could only give medicines if they had completed training and competencies by the team leader. This included observations and questions to assess whether they had the right skills.
- A healthcare professional told us, "Staff have always sought any support or medical advice they might need in a time appropriate manner and apply the guidelines."
- People's medicines were ordered and stored safely, in their bedrooms, in locked cabinets. Some people had emergency medicines to manage their health. There were specific protocols for having this medicine on the person at all times and we saw these were followed.
- Some people also had 'As required' medicines. There was clear guidance on dosages, why they were given and when additional medical advice should be sought. They were recorded in accordance with the provider's medicines policy.
- The registered manager explained that when medicines errors occurred, staff were required to recomplete training and their competencies were observed. We saw evidence that this process was followed, and the member of staff did not administer medicines until reassessed and deemed competent by the registered manager.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had a system in place for recording accidents and incidents. Events were recorded on an incident form by the member of staff who witnessed it and added to a spreadsheet by the home administrator. They were reviewed by the registered manager who identified relevant actions.
- Learning was identified in relation to one person's deteriorated mobility. A member of staff told us, "We now always make sure the chair is safely positioned at the table but do this discreetly to avoid upsetting (Service user)."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

End of life Care

At our last inspection we recommended the provider recorded people's end of life care preferences in greater detail. The provider had made improvements.

- There were end of life care plans in place for each person which documented their personal preferences for care in the last days of their life. This included seeing those who were important to them, musical preferences, therapeutic input such as aromatherapy, religious representation and funeral arrangements.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans were person centred and comprehensive, providing information and guidance about people. They included 'The most important things to me are... ' within care files, which gave information on communication, relationships, emotions, routines and activities. For example, what made them happy or sad, important dates and how they wished to maintain contact with relatives were documented. It was also documented how they wanted to receive personal care.
- A family member told us that they were involved with staff in planning the care and support their relative received. One person said, "I get invited to review meetings, and feel very involved. Crann Dara has made such a difference to (Relative's) quality of life," and "Staff respect all of (Relative's) wishes, even down to how they want to have their bedroom, which isn't how most people would want it."
- A social care professional from the local authority told us, "Staff are very engaged and interactive with (Service users) and always open to suggestion; they are so responsive to their needs."
- A healthcare professional said, "I have never had any concerns that staff might not understand the needs of their residents. They seem to be more than active in seeking the best care for them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access their local community when they wished and enabled to engage in activities of their choice. The provider had two cars available for people to ensure they were able to access activities separately or as a group, depending on their preference at the time.
- We saw that people were supported to engage in activities as identified in their care plans. For example, one person told us their favourite thing to do was to go to the pub for a drink. Daily records evidenced that this had begun to happen with the easing of COVID-19 rules.
- A family member told us, "(Relative) does plenty of activities. I often get sent little videos of outings to the

beach and other fun things. Anything (relative) wants to do, they get to do it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered at their initial assessment and everyone had a communication profile which included their verbal cues and any signs specific to the person.
- A family member told us, "Staff are amazing the way they communicate with (relative). They use all sorts of communication aids and are so patient until (relative) gets their point across of what they want."
- A member of staff told us, "We focus on what the person is saying and understand what their behaviours are telling us." For example, one person had developed their own unique sign for hot chocolate and colouring paper which was recorded in detail in their communication profile.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which promoted openness, transparency, learning and improvements. There had been no complaints made to the service specific to the regulatory activity. A family member told us they were aware of the policy and, "I can't think of anything I would wish to complain about, but I would speak with the registered manager first anyway."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led.

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

At our last inspection we found that there was inconsistent management oversight and auditing of records.

At this inspection, we found that systems were in place to ensure better management oversight of the service.

- The registered manager was knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team. Where appropriate, the registered manager completed regulatory notifications to CQC so that oversight could be provided on any issues such as significant events that may occur.
- Audits were completed for a range of checks to ensure the service was safe and met regulatory requirements. The registered manager completed a monthly health and safety check. We noted that identified issues were referred to the landlord's maintenance person for repair.
- A family member said, "Staff work very well together as a team; it is a very stable which is what makes it successful."
- Staff were clear about their roles and understood what the provider expected from them. They received training to ensure people received support appropriate to their needs. They told us they received support from the registered manager and that, "(Manager) is always available to support us."
- However, we found that staff supervisions and meetings were not always recorded, although staff told us that they did take place. The registered manager acknowledged that they did not always make a record of these meetings. Since the inspection, the registered manager sent CQC an 'action plan' which included an action to formally establish records of meetings with a deadline of 30 days post inspection.
- A social care professional from the local authority told us, "The registered manager has done so much since being there and is very professional and competent. They always prepare in advance of meetings, are very open and follow prescribed guidelines around people's care."
- The registered manager had a good understanding of the duty of candour and it how it applied to their roles. Whilst they never had to apply it, they told us, "I work in an open and honest way and believe there is always an opportunity to learn from others."

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

- Although not every person was able to tell us how they felt about the way they received a service, our observations were that there was a general air of calm in the home. People confidently accessed all areas of

the house and appeared happy when engaging with staff, which they did frequently.

- A family member told us, "The registered manager is very good; they lead the team very well and create a fun environment."
- A social care professional told us they observed service users and, "Everyone seemed very happy; staff were very respectful of people's privacy."
- Staff told us they felt supported by the registered manager and that the whole staff group worked well as a team. One staff member told us, "We work together to achieve the same outcome of good and safe care for people. We want people to have a good life."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The registered manager told us that people's level of communication and incidences of behaviours which challenge meant that it was not always in people's best interest to have a meeting with everyone in attendance. In order to manage this, people's views were regularly sought and any decisions to be made, for example, trips out and menus, were discussed in small groups with pictorial references to help them with their choices.
- A family member told us, "There is good contact [from the registered manager] and information is always shared with me. I never have to wait long for a response to any query I have."
- The registered manager told us they attended monthly meetings with the local clinical commissioning group, along with other registered managers, to share good practice. They told us these meetings were, "Invaluable as they offer brilliant support and there is always something to learn which I can apply to my job."
- The provider was part of the local authority's initiative to develop an audit tool which would enable the local authority to encourage and measure consistency in the standards of care services provide to people. The registered manager told us they were proud to be part of this and believed they had much to offer from their perspective.