

Valeo Limited

Cragside

Inspection report

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Tel: 01484460051

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10 April 2019
18 April 2019

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Cragside is a care home that provides accommodation and personal care for up to five adults. The home has five individual flats. At the time of inspection, three people were living at the home.

People's experience of using this service:

- People were safe. Staff had completed training in safeguarding and were aware of their responsibilities in keeping people safe from harm. Risks to people's safety and well-being were assessed and reviewed. The home was clean and free from odour.
- There were robust procedures in place to reduce the risk of employing staff who may be unsuitable to work with vulnerable adults. There were enough staff employed to meet people's assessed needs.
- The management of people's medicines was safe.
- People's care, and support needs were delivered in line with current good practice guidance. New staff received induction and there was a programme of on-going support for existing staff through training and supervision.
- People received individualised support to prepare and cook meals. People were encouraged to eat a healthy diet.
- People had access to healthcare to a range of external health care professionals.
- The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to participate in their hobbies and interests.
- Staff were caring and kind. People were treated with respect and staff were aware of people's right to privacy. Staff enabled people to express their views and involved them in decisions about their care.
- Care records were person-centred, reflecting people's individuality, likes and dislikes. Daily records were completed but lacked detail. Some documents in people's care records were not dated and we identified a nutritional risk assessment which had not been reviewed since October 2018. We have made a recommendation regarding end of life care planning for people.
- People felt listened to and staff were supported. There were effective systems in place to gather feedback from people, relatives and staff. Audits were completed on a regular basis to assess and monitor the quality of the service people received.

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 19 April 2018).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Cragside

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an assistant inspector.

Service and service type:

Cragside is a care home. People in care homes receive accommodation and nursing or personal care. 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.

Notice of inspection:

We visited Cragside on 10 April 2019; the inspection was unannounced.

What we did:

Prior to the inspection we reviewed information we had received about the service since their last inspection. This including reviewing any notifications we had received from the service and information we had received from external agencies including the local authority contracts team, safeguarding team and the clinical commissioners.

This inspection included speaking with one person who lived at the home, the registered manager and deputy manager. We reviewed two people's care records, three staff personnel files, audits and other records about the management of the service. Following the inspection, we spoke with three staff and one relative on the telephone.

After the inspection we requested further information from the registered manager and registered provider. This was received, and the information was used as part of our inspection.

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 this key question was rated as requires improvement. At this inspection we found improvements had been made. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We asked one person if they felt safe, They told us, "Sometimes I am worried, sometimes I am not." We asked a relative if they felt their family member was safe. They said, "Oh yes, they protect [name of person]."
- We asked a member of staff if they thought people were safe. They responded, "Yes, because of the staff and how we recruit them."
- Each of the staff we spoke with were clear about what may constitute abuse and what could put a person at risk of harm. The registered manager and all the staff we spoke with understood their responsibilities in reporting and recording any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place. These were person centred, detailing the risk and actions needed to mitigate future risks. We saw more recent risk assessments identified the level of risk posed to the person, although older versions did not.
- All staff received face to face training in personal safety and physical intervention. Where people were at risk of exhibiting behaviour which may place them at risk of harm, care record detailed how staff were to approach and manage this to keep people safe.
- Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Repairs and maintenance were reported by staff at the home and managed centrally. One person told us the blinds in their bedroom were broken. The registered manager told us they had been reported, measurements had been taken to replace them and they were currently awaiting the contractor to arrange date to come and fit them.
- All staff had completed fire training and regular fire drills were held. At the time of the inspection, the registered manager did not have a system in place to enable them to see that all staff had attended a drill. They assured us they would implement this and ensure any staff who had not completed a recent fire drill attended promptly.
- Each person living at the home had a personal emergency evacuation plan in place. The plans were reflective of people's support needs.

Staffing and recruitment

- One person who lived at the home told us there not always enough staff. A relative we spoke with also said their family member was allocated a set number of hours per day with a member of staff. They told us this sometimes did not happen. When we investigated this further we saw the person had received their allocated hours. The registered manager assured us, where a shortfall occurred, this was due to staff sickness, leaving the service unable to provide cover at short notice.
- The registered manager told us the home was fully staffed but they were continuing to recruit bank staff to

cover for staff holidays and sickness. None of the staff we spoke with raised any concerns regarding staffing levels at the home. We asked one staff member how often they had to cover extra shifts. They said, "Now and again, not as much these days, I could be on call and then it's my responsibility to come in if no one else can do it. It is always run by the staff member first."

- The recruitment of staff was safe.
- People who lived at the home were not actively involved in the recruitment of staff. One person we spoke with told us they would be interested in being involved with this.

Using medicines safely

- The storage, administration and management of medicines was safe.
- Medicines were only administered by staff who had received training and had been assessed as competent to do so.
- The deputy manager audited people's medicines daily to ensure stocks tallied and there had not been any administration errors.
- We noted one person had sometimes vomited after they had taken their medicines. Their records were not clear as to how this was being addressed. We discussed this with the registered manager and we were assured appropriate action was being taken.

Preventing and controlling infection

- Systems were in place to reduce the risk of infection.
- Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections.
- The home was visibly clean and odour free. People were encouraged to participate in cleaning their flat, but the registered manager told us staff ensured people's kitchens and bathrooms were cleaned to reduce the risk of infection and contamination.

Learning lessons when things go wrong

- The registered manager and deputy manager demonstrated a clear culture of learning lessons when things went wrong.
- Accidents and incidents were recorded and analysed. Records detailed the date, time and location of the incident along with a description of the incident and actions taken to reduce future risk.
- The registered manager told us, a debrief was held following any incident. This enabled staff to reflect the incident, discuss what went well and identify opportunities for improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement. At this inspection we found improvements had been made. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines.
- Care records were person centred, reflecting people's diversity and individuality. Records were reviewed at regular intervals or when people's needs changed.
- Changes to people's needs were shared at daily handovers.
- When a new person wanted to move into Cragside, the registered manager completed an assessment of their needs and suitability prior to them moving in. Part of this process included assessing the impact a new person would have on people who already lived at the home.

Staff support: induction, training, skills and experience

- We asked one person if they thought staff were sufficiently skilled and experienced, they responded, "Yes."
- A member of staff said, "Yes, we get regular training and refreshers. I get regular supervisions." Another staff member said, "The training is effective. If I wanted more, [name of registered manager and deputy manager] would bend over backwards to help staff. I'm doing my NVQ level 3."
- New staff completed a programme of induction.
- Training was provided when staff commenced employment and was refreshed at regular intervals.
- We saw evidence in each of the staff files we reviewed of regular management supervision and annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Each flat had its own kitchen. Staff supported people to choose their meals and assistance with the preparation and cooking of meals was dependent upon people's individual abilities.
- Staff checked the temperature of hot food to ensure it was hot enough to reduce the risk of contamination.
- Staff were knowledgeable about people's preferences, likes and dislikes.
- One of the care plans we reviewed recorded the support they needed to shop and cook their meals. Their care records included pictures of the healthier drinks and snacks they could choose when they went to the local shop.
- People were weighed at regular intervals and nutritional risk assessments were in place.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff told us information was shared at shift handover, team meetings and in the staffs' communication

book.

- A handover was held at the start of each shift to ensure relevant information about people's care and support was shared within the staff team.
- Care records evidenced the involvement of external health care professionals. This included GPs, social workers, opticians and dentists.
- Hospital passports were in place in the event a person needed to be admitted to hospital.

Adapting service, design, decoration to meet people's needs

- The house was a converted property, split into five individual flats. Each flat was self-contained, including a bathroom and kitchen.
- One person showed us their flat; it was spacious and airy. The person had covered the walls with posters which represented their hobbies and interests.
- One flat was dedicated for use by people having short periods of respite care. At the time of the inspection the flat was unoccupied. The registered manager told us when the flat was unoccupied, the lounge was used as a communal area for people's recreational use.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- 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.
- All three people who lived at the home had a DoLS in place. Conditions were attached to the DoLS for one person. We saw these had been met.
- One person who lived at the home had their medicines administered covertly. We saw a capacity assessment had been completed and evidence of best interest's decision making regarding this aspect of their care.
- We asked one person if staff asked for their consent while they provided them with support. They responded, "Yes."
- The registered manager and deputy manager were aware of the action they would need to take should a decision be required which a person lacked the capacity to make. This ensured where people lacked the ability to make an informed decision, their rights would be protected. One of the staff we spoke with said, "[Capacity] it can vary from person to person, it can fluctuate. We treat everyone individually."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A person who lived at the home said, "They're kind, they're not mean, they don't shout at me, but they talk loud but I'm loud."
- A relative we spoke with told us, "They [staff] are kind, caring and funny. They are very patient with [person]. They know [person] really well, how [person] communicates and what they like. We went to [person's] birthday party, the staff put on a lovely spread. They kept asking if we were all ok, fussing over [person]." They also said, "They treat [person] as an adult, they don't see the disability."
- We asked staff to describe person centred care. One of the staff said, "The idea of not one size fits all. There isn't a standard model of human being. The care plans can't be generic. We respect them, know them and understand them." Another staff member said, "We design the support around them, it's not a blanket support plan because they are all different."
- During our observations, staff spoke to people in a kind and caring manner. The atmosphere in the home was relaxed. The person we observed was relaxed and clearly happy and comfortable with the staff team.
- Through talking with the registered manager, deputy manager and staff, we were satisfied care and support was delivered in a non-discriminatory way and people's rights were respected.

Supporting people to express their views and be involved in making decisions about their care

- We asked one person if they were aware of their care plan. They said, "My care plan is different to [name of person] and [name of person]. I can view my plan at any time." A comment in a recent feedback survey noted their positive comments regarding their involvement in their care plan and staff helping them make choices about their daily support needs.
- Staff were able to describe how they supported people to make choices about their care and support. One of the staff told us, "We use picture cards, or we improvise, acting things out for [person]."
- A monthly key worker report noted 'myself and [name of person] updated their one-page profile which [name of person] enjoyed doing.'
- We heard staff offering choices to people.
- Care records noted the decisions people were able to make and the support they needed to express their wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "They don't watch me get changed."
- Staff told us, "We let [name of person] get in the bath, we keep out of the bathroom but keep checking they are ok. We don't discuss service users in front of other service users."
- Personal information was stored confidentially. One of the staff said, "If someone rings up I wouldn't give information over the phone. Care records aren't just left around."

Is the service responsive?

Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to engage in their hobbies and interests. A relative told us, "Yes [person] gets out, they brought [person] here at Christmas. Tomorrow they are taking [person] to see my family."
- Care records were detailed, person centred and comprehensive. We reviewed the one-page profile for one person. This was divided into four sections; 'what people appreciate about me, what is important to me, how to support me and my goals and dreams.' Each section was reflective of our observations and the information the registered manager had told us about the person.
- Staff completed a monthly report for each person. This reflected on what had gone well, what had not gone well, any accidents or incidents and people's general health and wellbeing.
- Staff completed a daily record for each person. We noted the daily records for people were not always sufficiently detailed to ensure they provided an accurate and contemporaneous record of people's daily lives and achievements.
- A nutritional screening tool for one person instructed staff to review the assessment every three months. We noted the assessment had not been reviewed since October 2018, although a separate nutritional screening had been completed at regular intervals.
- Some documents in people's care records were not dated so we were unable to establish if the document had been updated or reviewed. This included a document to assist the police in identifying a person in the event they went missing. We brought this to the attention of the registered manager. They amended the document to ensure the document was dated.
- When we returned for the second day of the inspection we saw record keeping had been discussed at a staff meeting.
- The service understood people's information and communication needs. These were identified and recorded in care plans.

Improving care quality in response to complaints or concerns

- We asked one person what they would do if they wished to complain. They said, "[Name of deputy

manager] will get the complaint form out and it will be written down for me."

- We asked the deputy manager if the service had had any complaints. They responded, "We haven't had any to be honest, we have had more compliments. Any complaints will be dealt with straight away."
- Staff told us any complaints would be raised with the registered manager.
- The registered provider had a complaints policy. This included contact details for CQC and the local government ombudsman. We saw an easy read complaints procedure was available for people who lived at the home.

End of life care and support

- At the time of the inspection no-one at the home needed end of life care. Care records did not include any reference to considering this aspect of people's care.
- The registered manager told us they were aware this topic needed to be looked at. They told us the topic had recently been broached with a parent, but they had said they did not wish have to think about this aspect of their child's care at that time.
- We recommend that the service seek advice and guidance from a reputable source about end of life care planning for adults.

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 we found improvements had been made. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We asked one person if they felt listened to. They said, "[Name of deputy manager] is approachable, [name of registered manager] is too." They asked us to follow them into the registered manager's office. They showed us the previous CQC rating poster on the wall which recorded three of the domains as 'requires improvement'. They told us each of the domains should now be rated 'good'.
- Staff told us they felt listened to and supported by the management team. One of the staff said, "Since [name of registered manager and deputy manager] the service users are having less incidents, the staff are more confident."
- The registered manager and deputy manager were friendly, professional and candid throughout the inspection.

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

- We asked the registered manager what the culture of the home was. They said, "Empowerment. We treat everyone equally, this is their home, we are guests in their home." The deputy manager told us, "Fantastic, we treat people how you want to be treated and respect people how you want to be respected. We work as a good team."
- A range of audits were completed on a regular basis. These included the environment, health and safety, medicines and staff training and support.
- A member of the senior management team visited the home on a regular basis. We saw a visit report dated March 2019. This included hand written notes by the registered manager and deputy manager detailing the actions taken to address highlighted shortfalls.

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

- We saw evidence in one care record that the management team had asked the person for regular feedback about the quality of the service they received.
- The registered provider asked staff to participate in an annual employee engagement survey. The registered manager told us staff had only recently submitted their surveys and the results were not yet available.
- Staff meetings had been held at regular intervals. Discussions included handovers, confidentiality, infection control, training and health and safety. The registered manager told us they no longer held separate

meetings for people who lived at the home. Instead, they were invited to join the latter part of the team meetings. They told us this had worked well for people and had resulted in better engagement and feedback from people. We saw evidence of this in recent meeting minutes. This was confirmed by one person we spoke with.

Continuous learning and improving care

- The registered manager, deputy manager and each of the staff we spoke were clear in their desire to learn and continually improve the quality and safety of the service.
- We found shortfalls identified at our previous inspection had been addressed.
- Internal systems of governance were effectively monitoring the quality of the service people received.

Working in partnership with others

- We saw evidence the service worked in partnership with other organisations. These included the local authority, clinical commissioning team, social workers and the local community.