

# 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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Crann Dara provides accommodation and personal care for up to 7 people, some of whom who have a learning and physical disability and are autistic. At the time of our inspection, there were 7 people living at the service.

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

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.

### Right Support:

People's medicines were managed safely. The provider recently commissioned an independent audit of medicines and found there were robust systems in place. The registered manager worked in partnership with other professionals to ensure people's medicines were regularly reviewed. Staff and people co-operated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. 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. Staff supported people to achieve their aspirations and goals in safe way. People were able to pursue their interests and live a fulfilling and meaningful everyday life in a safe environment. Governance systems monitored and assessed the quality of care regularly.

### Right Care:

There was a consistent and stable staff group at Crann Dara which family members told us they found reassuring. Staff received training and told us they had regular group meetings. The registered manager was aware that one to one supervision with staff was not formalised and took measures to address this following this inspection. People received kind and compassionate care and their independence was promoted. Staff understood how to protect people from poor care and abuse. They had training on how to recognise and report abuse and knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations and was focused on their quality of life.

### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs, and rights at the heart

of everything they did. People and those important to them, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency and respect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 June 2021).

#### Why we inspected

The inspection was prompted in part due to concerns received about the safe management of medicines. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring 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 Health and Social Care Act 2008.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Crann Dara 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. Crann Dara 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service. 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

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 2 people and 3 relatives, as well as 4 staff members including the registered manager. We reviewed 3 people's care records and 3 medicine records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

# 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.

### Using medicines safely

- Medicines were managed and administered safely. A recent external audit demonstrated how the registered manager had systems in place to maintain good management and oversight of medicines.
- People's medicines management care plan described how they preferred to take their medicines. Written protocols were in place for 'as required,' medicines. A family member told us, "When [relative] comes home, staff make sure everything is in place, have all the medicines ready for us to take home and provide us with a written schedule for the medicines."
- The registered manager regularly reviewed staff competency to administer medicines. More recently, district nurses trained staff to administer insulin. The registered manager told us "I really wanted this to happen. [Person] can plan their day better now since they no longer have to wait in for the district nurse to come."
- The registered manager was committed to ensuring people were not over medicated in keeping with the STOMP project (Stopping over-medication of people with a learning disability, autism or both), launched by NHS England in 2016. This had a positive impact on one person who engaged more following a reduction in their medicines.

### Staffing and recruitment

- Rotas demonstrated safe staffing levels were maintained, with consistent fulltime staff. There were sufficient staff to support people who required additional assistance to mobilise or at mealtimes. A family member told us, "There are always plenty of staff around."
- The registered manager ensured there were sufficient staff to meet people's needs. We observed that staff appeared to have sufficient time to spend with individuals and did not appear unduly rushed in their work.
- The service followed safe recruitment processes. This included checks on identity, previous employment and Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe as systems were in place to protect them from abuse. A family member told us, "[Relative] is absolutely completely safe, I feel this because I am able to visit and turn up unannounced and always been made very welcome no matter that time I go," another said "We have no doubt that [relative] is safe from harm here. The staff are very open and honest with us."
- Staff received training in safeguarding. They were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety. One told us, "I am confident that concerns about people would be well managed

by [registered manager] but I would never stop raising concerns until I knew the person was safe."

- The registered manager was clear about their responsibilities under safeguarding and for reporting incidents. They had consistently made local authorities aware of some incidents in line with their safeguarding policies.
- The registered manager ensured that lessons were learnt when things went wrong. Incidents and accidents were reviewed to monitor that appropriate actions had been taken to mitigate further risks and to identify any trends. A member of staff told us, "If something has happened, [registered manager] calls us together and we discuss the incident, and ways to avoid this happening again."

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and included health conditions, accessing the community and personal care. A family member told us, "Staff are confident to allow [relative] to do things that may seem a little risky, but that is not the case. They watch [relative] like a hawk and at the same time, help [relative] achieve their goal."
- Staff understood people's risks and described to us how they supported people safely whilst maintaining people's independence. One said, "I try to support people in whatever they want to do, to the full extent of their abilities."
- Checks were conducted on the environment and the safety of systems such as electricity, gas and water. A continuity plan was in place to ensure unforeseen events were managed effectively.
- Regular checks were conducted on fire safety equipment. Personal Emergency Evacuation Plans (PEEPs) described the specific level of support people required to be safe in an emergency.

#### 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 provider was facilitating visits in line with current guidance. Relatives said they were welcome to visit at any time and were not expected to make an appointment in advance.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The registered manager was transparent and told us that staff had not recently had one to one supervision with them. Following this inspection, they sent us supervision records completed with staff within three days of inspection, as well as a 12 month supervision and appraisal schedule.
- Staff told us they were supported and could speak to the manager at any time. A staff member said, " We say we don't have 1:1 supervision but this is managed is by being able to speak with [registered manager] at any time. There is never a time when [registered manager] will not have time to speak with me."
- Staff received a variety of training, some of which related to the specific needs of those whom they supported. A family member told us, "I feel they are well trained to meet people's needs and have never observed otherwise. For example, they are very tuned into people's needs and always seem to be aware of how people's emotions affect them at different times."

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

- Care and support were delivered in a way which met people's individual needs and supported people to achieve good outcomes. We saw how people's needs were comprehensively assessed by the registered manager prior to admission. A family member told us, "This [initial assessment] was very thorough, we did it together." Another told us, "Already the care [relative] is receiving has had such a positive impact on them."
- New placements were made in consultation with multi-disciplinary teams, local authorities and family members before it was agreed that Crann Dara could meet their needs and the person moved to the service.
- People's care and support needs were regularly reviewed to ensure care plans were relevant to changing needs.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People were involved in choosing their food and planning their meals, supported by staff using their preferred method of communication. Snacks and drinks were freely available and offered to people throughout the day.
- A family member told us, "They are very vigilant about weight loss and monitor this. They put a lot of thought into what might tempt [relative] to eat a little more."
- The design, layout and furnishings of the home were suitable for people's individual needs. The downstairs areas were open plan which meant that people with poor mobility were able to move around freely and safely with their mobility aids. One family member said, "The layout is very beneficial to [relative],

it makes them feel they are at the centre of the community." Another told us, "We were so impressed that room was painted to suit [relative's] favourite colour before they moved in."

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

- People were supported with their healthcare needs. Care plans described how people preferred to access healthcare. We saw evidence of engagement with a range of healthcare professionals.
- One family member told us, "I know that various healthcare assessments have happened and I am quite impressed with this. I know [registered manager] has already bought [relative] a different toothbrush to improve on their oral care."
- The service worked with health care professionals. For example, the GP and podiatrists. People had an annual health check and any healthcare appointments were booked in a timely way. They had hospital passports which included their healthcare needs and preferred method of communication.

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care was provided in line with legal requirements and in people's best interests. We saw that mental capacity assessments were carried out to determine whether people were able to make decisions for themselves, for example in relation to care they received or where they lived. Professionals, relatives and independent advocates were engaged where appropriate and least restrictive practices were adapted.
- Family members told us, "When we attend meetings, it is so obvious that [registered manager] encourages [relative] to indicate their views and preferences."
- Staff were knowledgeable around the MCA and how they reflected these principles in their daily work. We observed staff obtaining consent and offering choice to people. For example, around food and activities. One staff member told us, "I always listen to the person and assume they have capacity, they can all make their own decisions in certain areas. We have to support people to make decisions." Another said, "Sometimes it's hard to watch [person with capacity] make what I would call an unwise choice. The most I can do is to discuss their choice and explain how this might affect them. Luckily, this works most of the time."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- People were well supported and cared for. We observed positive and caring relationships, and this was evident in how staff communicated with people. People approached staff with confidence and indicated their needs which staff acted upon.
- Family members told us, "Before [relative] moved in, I was told living at Crann Dara was like a family which I took with a pinch of salt. Now that [relative] is here, this is exactly how it feels. They are a real team and treat the residents as part of their lives."
- Staff told us how "Sitting, listening and chatting to people is my favourite part of the job. People here have amazing personalities, and I learn a lot from them."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- There was a strong person-centred approach from staff to enable people to work towards their goals and aspirations. This was done through understanding the person and respecting their views and wishes.
- A family member told us, "[Relative] is treated as an individual in their own right. Staff absolutely encourage their independence. [Relative] is always included in doing their own shopping, which shows me that staff want them to be part of things." Another said, "[Registered manager] has lots of ideas about how to keep encouraging [relative] to be as independent as possible."
- Staff told us they placed significant importance on supporting people's independence. One said, "I offer lots of encouragement to people, this could be to take an extra step, or even just getting a teaspoon out of the drawer to make a cup of tea alongside me."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care. This was delivered through recognised models of care and treatment for people with a learning disability or autistic people, including positive behaviour support. Staff provided people with personalised and co-ordinated support in line with their support plans, health action plans and communication plans.
- People's care records contained clear information that identified their abilities and support needs. This ensured staff were knowledgeable about their individual needs and preferences. This was further underpinned by the service having a largely long-standing staff team who had a good understanding of people's history and care and support needs.
- Family members told us "The care plan is not set in stone, changes are noted and actioned. I am always consulted beforehand so that I add my views."
- Staff understood the importance of providing person centred care and told us, "Everybody has their very own characteristics. We must respond to each person and how they like to be supported, this is what good care is all about."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the importance of making information accessible to people. People's communication needs were highlighted in their support plans. Their methods of communicating varied widely and the ways of providing information as well as understanding how people made their needs and preference known was described in their care plan.
- Information was presented in different formats to support people to communicate to the best of their abilities. There were a range of communication formats, each personalised to the specific needs of the person, including understanding facial expressions and ways of responding nonverbally, pictures, objects of reference and gestures.
- One person used Makaton, a language programme that uses symbols, signs and speech to enable people to communicate. We saw how this was described in their communication plan and observed staff use this when communicating with them. A family member told us, "They understand [relative] and they know what they want and respond to their style of communication."

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 maintain relationships with those who were important to them in a variety of ways. There was a person-centred care approach to activities and people were supported to engage in activities that met their individual preferences and interests.
- Family members told us it was a "Busy house, with lots of activities going on." Another told us, "Staff are very good at taking [relative] out, both individually and with others. I have learnt that there is flexibility and informality regarding activities rather than something rigid and suits their preferences on any given day."
- The registered manager and staff spoke of their commitment to supporting people to live their best life possible saying, "People who live here are at the centre of everything we do." We observed that staff responded to individual and group requests for activities throughout the inspection day. For example, one person wanted to go out for an ice-cream and went out in the house car for this. Others requested a particular ball game, which staff set up on the garden.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand. There had been no official complaints received since the time of the last inspection.
- A relative commented, "We have been perfectly happy with the care and are confident that any complaints would be addressed."

End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection. However, end of life wishes was covered in people's support plans.
- Following the death of a long term resident, people requested a way in which to remember them in some way. In response to this, the registered manager and staff supported people to develop a memorial garden where they could sit and remember their friend.

# 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.

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

- Systems were in place to monitor and assess the quality and safety of the service and make improvements as identified. This included regular managerial reviews of the environment, care plans, staff documentation, complaints and incidents.
- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and oversight of the services they managed. A family member told us, "[Registered manager] is a very good leader in the sense that they are quite clear with the staff that the residents come first which is a good message to promote."
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager submitted notifications of this nature in a timely way which meant we could check that appropriate action was taken.

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

- The service met the principles of Right culture, right care, right support. People's choice, control and independence were maximised; their privacy and dignity and human rights were respected and promoted. People were supported and empowered to make choices about how to live their lives. This was evidenced in how they were supported, what we observed and what we were told by family members, professionals and staff.
- Whilst not every person was able to tell us how they felt about the service they received, our observations were that there was a general air of calm in the home. People accessed all areas of the house and appeared happy and relaxed when engaging with staff, which they did frequently.
- Family members spoke positively about Crann Dara. One told us, "We feel incredibly lucky that [relative] is living here, it is perfect for them." Another said, "The confidence in the staff team comes from [registered manager], who is very practical and approachable and gets things done."
- However, there was no formal system in place such as a survey to seek the views of people, their relatives or staff about the service. A family member told us, "We haven't had a written survey, it is such a small service and we have regular contact with [registered manager] that this is not an issue. There is no difficulty in making contact and [registered manager] always gets back to us quickly."
- The registered manager acknowledged there was no such system in place and told us this would be rectified following inspection.
- Staff told us they felt valued in the work they do and said, "[Registered manager] will always praise us for

the work we do and make us feel special," and "[Registered manager] is supportive in every way, boosting my confidence and morale. They are a very good role model."

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; Continuous learning and improving care

- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. For example, notifying relatives if their family member had an accident or became unwell. We were told that there had been no incidents which met the duty of candour threshold.
- Family members confirmed that they were informed of all incidents and any health concerns concerning their relative and told us, "Any arising concerns are notified to us immediately and managed well" and "[Registered manager] is very transparent so I would have no doubt that I would be informed of anything that may have gone wrong."
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon. They also told us the registered manager actively encouraged them to acknowledge any mistakes or omissions of care that may have occurred, "We discuss anything like that and learn from it."

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

- The manager was knowledgeable about the characteristics that were protected by the Equality Act 2010, and we saw these were considered at people's initial assessments.
- The registered manager worked in partnership with families, health and social care professionals to provide the best possible care for people.
- It was evident the service usually maintained a good working relationship with health and care services to facilitate multi-disciplinary teamwork. The management team knew when to seek professional input and how to obtain it.