

Cygnnet Care Limited

Cresta Lodge

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 17 and 20 July 2015 and was unannounced.

Cresta Lodge provides accommodation and care for up to 27 older people, some of whom may be living with dementia. At the time of this inspection 22 people were living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's consent was sought for day to day care and support tasks and staff acted in people's best interests when they could not obtain this consent. However,

Summary of findings

mental capacity assessments had not been carried out when people's capacity to make their own decisions was in doubt. Where more complex decisions were made the service was not acting in accordance with the regulations.

Staff understood their obligations in ensuring people were protected from the risk of abuse and knew what action to take if they had any concerns. People's care was assessed to identify areas of risk to their wellbeing and plans were made to mitigate these risks as far as possible. The premises and equipment being used was under ongoing review to ensure it was safe for people. There were enough staff to support people effectively and people could be assured the arrangements in place to manage their medicines were robust.

Staff recruitment processes were thorough with the necessary checks being made. A comprehensive training programme was in place to support staff to deliver good care for people.

The service had a good working relationship with the GP who had confidence in the service and its staff. People were supported to access a wide range of health care professionals when required.

People had enough to eat and drink and those who required more or specialised support with their nutrition received it.

Staff were observant and caring, providing people with individual support based on people's specific needs and preferences.

The home was well led and managed by the manager who was effectively supported by the providers. People living in the home, their relatives and staff were complimentary about the way the home was run and had confidence in the management team. Robust systems were in place to ensure that the standard of care people received was constantly under review.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

People felt safe in the home and were supported by staff who knew what actions to take to reduce the risks to people's welfare.

Staff knew how to recognise and report concerns of abuse.

There were enough knowledgeable and experienced staff on duty to meet the needs of people who lived in the home.

Good



Is the service effective?

The service was not consistently effective.

Mental Capacity Act 2005 requirements and the Deprivation of Liberty Safeguards were not well understood or implemented by the service.

People received enough to eat and drink and people's individual nutritional requirements were effectively met.

People had good access to a range of health care professionals and could be confident that guidance received from them would be acted upon and implemented by staff.

Requires improvement



Is the service caring?

The service was caring.

Staff were friendly and knew the people they cared for well.

People's privacy and dignity was respected.

Visitors felt welcome in the service.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and care and support was planned in accordance with people's wishes.

People and their relatives were confident that if they needed to raise any issues of concern that appropriate action would be taken by the service to resolve the matter to their satisfaction.

Good



Is the service well-led?

The service was well-led.

The manager was well regarded by people using the service, their relatives and staff.

Good



Summary of findings

The provider had robust systems in place to ensure the service delivered a good standard of care and support to people.

Cresta Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 20 July 2015 and was unannounced.

This inspection was carried out by one inspector. Before we visited the service we reviewed the information we hold about it. This included a Provider Information Return (PIR) that was completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at information that the provider had sent to us since the last inspection which included their audits and statutory notifications. Statutory notifications include details about specific events which include incidents affecting people's welfare or accidents occurring which the provider is required to notify us of by law.

We spoke with six people who used the service. We also spoke with the relatives of three people and obtained the views of the service's GP who was visiting the home during our inspection. We spoke with the company directors, the registered manager, the cook, activities co-ordinator and four staff members.

We reviewed the care records of four people including their medication records and various records associated with the management of the service.

Is the service safe?

Our findings

People felt safe living in the home. One person told us, “There’s no need to worry about my safety here.” Another person told us they felt safe when staff were helping them to move from a chair to a wheelchair. We noted a card from one person’s relative which stated that their family member “...couldn’t have been in safer or more loving hands.” Staff were observant of people’s physical safety. One person was asleep in an armchair and was gradually sliding forwards. A staff member soon saw this and assisted the person ensuring they were seated firmly on the chair and were comfortable. Some people’s care records showed that staff needed to be present when they were walking around the home and we saw that people received the level of support they had been assessed as requiring.

Staff were knowledgeable about the potential for abuse and told us they had received training about safeguarding and whistleblowing. They demonstrated that they understood about different types of abuse and gave examples of circumstances where they might be concerned. Staff expressed confidence that the manager would deal with any concerns in the correct way and involve external health professionals as necessary. They told us what action they would take and understood that they could, if necessary, report concerns outside of the provider’s organisation.

Assessments were in place to identify risks to people’s welfare and plans had been made and implemented to reduce the risks. People’s care plans included information and guidance for staff in how to support the person to minimise risks to their wellbeing, for example in relation to falls or not eating or drinking enough. Staff knew people they supported well and were able to tell us how they cared for people in a way which helped to keep them safe. Risks in relation to the environment were assessed and kept under review. When necessary actions were taken to ensure the ongoing safety of the premises.

People told us there were enough staff available to meet their needs. One person, who preferred to stay in their room said, “I never have to wait long for staff.” Another person told us, “There’s usually people [staff] about.” A staff member told us that there was always enough staff on duty and that there was always a calm atmosphere in the home. We saw during the two days of our visit that there were enough staff on duty. There were 22 people living in the home being supported during the day by a senior carer with four care staff members in the mornings and three in the afternoons. We saw that the manager often helped out and staff told us this was routine. The company directors told us that they liked their managers to be visible and involved in people’s care in a ‘hands on’ way. Whilst we were satisfied that sufficient staff were on duty there were a few occasions when up to nine people were in the lounge/ dining area and there was no staff member present. This meant that staff were not always appropriately deployed to ensure that people’s needs were met in a timely manner.

Staff recruitment processes were robust. References from previous employers were obtained and criminal record checks made before staff were able to commence working at the home. This helped ensure that the risks of recruiting unsuitable staff were minimised.

We looked at the systems in place for the management of people’s medicines and found them to be safe. Medicines were stored securely and at temperatures within the required ranges to ensure that the medicines were effective. We saw records were made when people received their medicines and observed a staff member administering medicines to people in accordance with best practice. The service had recently undergone an inspection by the supplying pharmacy and had responded positively and promptly to the few recommendations made.

Is the service effective?

Our findings

Many of the people living in the home were living with dementia and we observed that several people were unable to consent to the care they received. This meant that the provider needed to ensure that care and support was provided to people in accordance with the Mental Capacity Act 2005 (MCA). However, when we reviewed people's records we found that mental capacity assessments had not been carried out to determine whether people had consented to the care that they received. One person's relative had signed documentation to give consent for their relative to receive the annual flu jab, but they only held power of attorney over their relative's property and affairs, not their health. Another person who was unable to consent used a wheelchair with a lap strap to keep them secure. However, there were no records to confirm that this decision was the least restrictive option and had been taken in the person's best interests.

The manager told us they had made applications to the location authority under the Deprivation of Liberty Safeguards (DoLS) to restrict two people's liberty because they had a history of asking to leave the service. The Supreme Court ruling of March 2014 and the criteria for applying for a DoLS authorisation were considerably wider than this. The manager and providers had completed recent training in the application of the Mental Capacity Act 2005 and the associated DoLS legislation. However, the requirements of the legislation were not clearly understood and effective processes had not been implemented to ensure the service acted in accordance with the legislation.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When providing people with care, we observed that staff asked for people's consent. For example, people were asked their permission before clothes protectors were put on them prior to lunch and were asked whether they wanted to sit nearer to the table before their chair was moved in.

Effective training and supervisory arrangements were in place to support staff. A relative we spoke with told us that they found staff at the home to be competent and knowledgeable about the practical and emotional aspects of how their relative needed to be supported. Two staff

members told us that the training they had received was very good and they received regular updated training. One of them told us they wanted to provide the best possible care for people and it was important to them to be working for a provider who believed in 'proper' training and was not reliant upon DVDs. They told us how they valued the classroom sessions where there was time to discuss how best to do things and they were able to ask questions. We spoke with the organisation's training officer who talked us through the comprehensive induction programme that was arranged in line with the standards of the new Care Certificate. Staff, including the manager, confirmed they received regular supervisions as well as an annual appraisal.

People told us they enjoyed the food. One person told us, "The food is just marvellous." This person was enjoying a prolonged breakfast when we arrived and told us they had had some toast to start with earlier and were now enjoying their choice from a plate of various fruits which had been peeled or cut up to make it easy for them to eat. There was a menu on the wall for the week ahead, but this was too small for many to see it easily and would have benefitted from being in larger print.

The cook told us how they used a local butcher for meat and fruit and vegetables were delivered three times a week. They were proud of the quality of produce used in the home. They also told us how they prepared food in different consistencies for some people in accordance with guidance from the Speech and Language Therapist service and how they catered for those requiring a diabetic diet. We observed that those requiring particular foods received them. Those who took their meals whilst in bed were assisted into a safe position for eating which helped avoid the risk of choking. People were assisted to maintain their independence whilst eating with a range of assistive equipment such as plate guards. We saw people's drinks were topped up with their choice of drink and they were offered second helpings of food or alternatives if they didn't want to eat what they had previously chosen. Lunchtimes were relaxed and people enjoyed their meals.

We spoke with the GP who was visiting the home on one day of our visit. They carried out a weekly clinic at the home. They told us they had a good relationship with the home and the staff were well prepared in advance of their visits with people's histories and clear details of any concerns they had about people's welfare. They had

Is the service effective?

confidence that people in the home were well looked after and had worked closely with the manager and staff by providing them with support and guidance to ensure that good palliative care was provided when required. A relative told us that one of the reasons they had decided upon this home for their family member was that they had received three recommendations about the home, two of which had come from health care professionals.

We saw from people's records that they were supported in receiving access to various health professionals including chiropodists, dentists and community nurses. People's care records clearly showed what interventions had occurred and we were able to trace specific health matters raised through to plans of care to provide the required support, daily actions to show that the necessary care had been received by the person and medicines people received.

Is the service caring?

Our findings

People were positive about the staff that supported them. One person said, “They’re very good, and very kind.” Another person told us, “There’s nowhere like home, but it couldn’t be any better here.” A third person told us, “Some staff are better than others, but they’re all okay.”

We saw that staff were observant of people’s comfort. For example, they noted when people might have been getting cold and offered to fetch jumpers and offered to draw curtains when the sunlight through a window was making it difficult for people to see the television. When care related tasks had been completed in the lounge we saw that staff often stayed with people for a few minutes more, chatting generally to them about things of importance to them or about things happening in the home at the time.

When the GP arrived to do their clinic the manager asked one person if they would mind going to their room so that the GP could come and see them in private in about 15 minutes time. This gave the person ample time to get up and get to their room without feeling rushed. The GP told us there was always a staff member with them when they met with people in their rooms in private which aided communication and helped people relax particularly when the GP didn’t know them very well. One person had arrived at the table 30 minutes before lunch was due to be served.

Staff explained that they were welcome to stay in the dining area but that they might be a bit more comfortable in a lounge chair as lunch wasn’t yet due. The person smiled, nodded and went to sit in the lounge.

Staff took their time to explain options to people in order to give them the opportunity to make an informed choice and listened patiently when people had something to say or observed their physical response to suggestions to interpret the person’s opinion. They understood the concerns, behaviours and preferences of the people they were supporting which helped staff to deliver people’s care in a way that would be well received. Relatives told us that their views were sought by the staff when planning people’s care if people were unable to participate themselves. One relative whose family member had recently moved into the home was impressed with the level of detail that had been sought from them, which took into account the person’s likes and dislikes.

People’s privacy and dignity was respected. Staff were discreet when supporting people to go to the bathroom. One person told us, “They’re ever so good you know. They make me feel comfortable about these things.” We saw staff knocking on people’s doors and waiting for permission before entering their rooms.

Relatives told us that they were always welcomed at the home and that staff were friendly and approachable. One told us that there was always a good atmosphere in the home and that they were so comfortable there that they felt like part of furniture.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person told us, "I have my lunch and tea in the conservatory, but I can have meals wherever I want." We heard staff asking people where they would like to have lunch and, if they chose the dining room, which table they wanted to sit at. We observed some people having a late breakfast and they confirmed that this was their choice. One person said, "I had a late start today, but it's no problem here." Another person told us they often liked a late breakfast.

People's care records contained assessments of their needs and details of their preferences. The information in the records was compiled from information provided by the person. Where the person was unable to convey detail a relative or friend assisted. The information was detailed and contained people's life histories, how they liked to spend their day and what was important to them, for example, their faith. A staff member confirmed that one person was visited by representatives from their faith. Knowledge of people's interests and backgrounds helped the service provide social activities of relevance and interest to people.

People were able to go on regular outings. On one of the days of our visit people were going for a boat trip on the Norfolk Broads. A relative told us, "My Mum has barely moved in and she's already off out. It's great isn't it?" We

saw that other visits were scheduled to an aircraft museum and a country park. Pictures were on the wall from a recent visit to Norwich Castle and a coffee morning. One morning each week staff took two people out to a community café.

Where possible the service supported people to continue with interests they had prior to coming to live in the home. One person had enjoyed growing flowers from seed and they were able to continue doing this. Others helped to cut the flowers and arrange them in vases for the dining room tables. Another person had been a keen baker and they sometimes got involved with baking.

Staff knew about the people they cared for and had a good understanding of what circumstances could cause people to become anxious or distressed. They were able to tell us how they worked to avoid these situations as far as was possible, but when this was not possible, how they helped the person to become less upset. These included leaving the person for a while before re-offering them their medicines or suggesting alternative meal arrangements.

People told us they had no concerns about the care they received. One person said, "I've got no complaints, but if I did I'd get them out in the open and the staff would sort it out, no problem." Another person said, "There's no concerns here." Relatives were also complimentary about the care their family members received. Two relatives told us if they had any concerns they would feel comfortable in raising them and felt sure that their concerns would be taken seriously and acted upon. Information on how to make a complaint was available for people and visitors to the home. However, the home had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

People and their relatives were positive about the way the home was managed. They told us they saw the manager often throughout the day and knew her by name and that she knew people living in the home and their visitors. Relatives told us the manager was approachable and that they had confidence in her leadership of the home.

The manager had worked for the provider for several years in a number of different roles, becoming the registered manager at the home a year ago. The manager told us she was well supported by the providers who were readily available to discuss matters and action any concerns promptly. Staff were supportive of the manager and the providers and were proud to be working at a home which they felt provided a good standard of care and support to people. Staff told us they felt able to put forward suggestions for improvement with the managers and that these were welcomed and given careful consideration.

There was a good atmosphere and an open culture in the home. We observed staff taking time to communicate with and involve everyone, not just those who were more able or more inclined to respond. Staff were good natured and cheerful and people were relaxed in their presence. People were asked their views about day to day matters, for example, what was on the television and encouraged to have their say.

Many of the people living in the home would have been unable to participate in any detail about the quality of the

service they received. A survey completed by relatives who took their family members views into account where possible carried out at the beginning of the year showed high levels of satisfaction with the atmosphere in the home, cleanliness of the premises, helpfulness of staff and the quality of care received. The décor had scored slightly less positively and we saw that plans had been made to respond to this. For example, the front entrance was a bit dark and was to be redecorated to include new furniture and curtains.

Robust systems were in place to check the quality of service provided. The providers carried out a monthly audit. These were sent in to us on a regular basis. The checks carried out included staffing levels, environmental servicing and spot checks, catering arrangements and obtaining a sample of views on the service from people and relatives present. These audits included action plans and reviews to ensure actions required from previous audits had been completed.

The manager and senior staff also completed a range of checks and audits that included medicines arrangements in the home, general premises maintenance, equipment maintenance and servicing, health and safety and cleanliness.

We were satisfied that the provider had systems in place to gather information on the quality of the service provided to people and that areas requiring action were identified and standards of care provided were maintained and improved as necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider was not acting in accordance with the Mental Capacity Act 2005 when more complex decisions needed to be made in relation to people consenting to their care. Regulation 11(1)(2) and (3).