

Jean Whitten Care Limited







Culrose Residential Home

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	

Overall summary

The inspection took place on 3 February and 20 March 2015 and was unannounced. It was carried out by one inspector. Our previous inspection, carried out on 30 April 2014 had identified

five regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to people not always being treated respectfully, some care needs not being planned for, maintenance of the premises and grounds being required, gaps in recruitment records and auditing systems.

The provider had submitted an action plan to tell us what action they were taking to remedy these concerns. During this inspection we found that satisfactory improvements had been made. The provider was no longer in breach of these regulations.

Culrose Residential Home provides accommodation and care for up to 20 older people. At the time of this inspection 15 people were living in the home.

A registered manager was employed at the service. A registered manager is a person who has registered with

Summary of findings

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.

Staff knew how to keep people safe and how to reduce any risks to their welfare as far as was possible. They understood the signs of potential abuse and what action would be required should they have any concerns.

There were enough staff on duty to meet people's needs in a timely manner. Effective recruitment procedures were in place to minimise the risk of recruiting staff unsuitable for the role. People's medicines were managed effectively and they received their medicines when they needed them.

Staff received training and supervision to help them provide a good and informed standard of service to people.

People enjoyed the food they received and could choose what they could have to eat or drink. If people needed support with eating or drinking, this was provided.

Staff treated people respectfully and were mindful of ensuring their dignity and privacy was upheld. People's opinions were sought on an ongoing basis and they were confident any concerns would be dealt with fairly if they had any cause to complain.

The service accessed the support of health professionals when necessary. When people's needs changed action was taken to ensure their changed needs were met by staff. Staff were confident they had the skills and experience to support people safely. Changes to people's care and support were discussed with them and implemented promptly to ensure their welfare was maintained.

The manager had been at the home for several years and was well regarded by people living there, their representatives and staff. The home had a friendly and welcoming atmosphere. Staff worked in a calm and relaxed manner which people appreciated.

People's views were sought about how the service was run and their suggestions and comments were taken into account and implemented where possible.

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.

Since our April 2014 inspection improvements had been made to the building, the grounds and staff recruitment procedures to help ensure people's safety.

People felt safe living in the home. Staff knew what actions they needed to take to keep people free from avoidable harm.

People received their medicines as prescribed for them.

Good



Is the service effective?

The service was effective.

People received timely and effective care from staff who were supported with their training and development.

People had enough to eat and drink and were complimentary about the food.

The service had developed a good relationship with a nurse practitioner who held a clinic at the home every week. People benefitted from the regular contact with the same health professional.

Good



Is the service caring?

The service was caring.

People and their representatives were positive about the manner in which staff provided care. People were involved in making decisions about their care.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and planned for. Where people's needs changed changes to their care were implemented promptly.

People knew how to make a complaint. Any complaints were responded to effectively.

Good



Is the service well-led?

The service was well led.

The manager had fostered an open and positive culture in the home, which people, their relatives and staff all benefitted from.

Systems were in place to ensure the standard of service that was provided for people.

The views of people and staff were staff were taken into account in the way the service was run.

Good



Culrose Residential Home

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.

The inspection took place on 3 February and 20 March 2015 and was unannounced. It was carried out by one inspector.

Prior to this inspection we looked at the notifications sent to us by the provider. These are notifications of events that the provider is required to send us by law.

During our inspection we spent time observing how staff interacted with people who lived in the home. We spoke with five people who lived at the home, relatives or friends of three people, five care staff, the cook and the registered manager.

We looked at four people's care records, four recruitment files, staff training records and various records relating to management of the service.

Is the service safe?

Our findings

Our previous inspection of 30 April 2014 identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We had found that maintenance of the premises and grounds required improvement. During this inspection we established that improvements had been made. For example, a carpet that posed a trip hazard had been replaced, a pathway had been created to allow people to access the garden safely via the car park and speed warning signs had been put up in the driveway. We were satisfied that the required improvements had been made and that the provider was no longer breaching this regulation.

Our April 2014 inspection also identified a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We had found that appropriate checks were not always undertaken to ensure that staff recruited were suitable for their role. During this inspection we established that improvements had been made and the appropriate checks had been carried out. Satisfactory arrangements were in place to ensure that risks associated with staff recruitment were reduced as far as was possible. The provider was no longer breaching this regulation.

People living in the home told us they had no concerns about their safety. One person told us, "Oh yes, I feel safe here alright." We spoke with representatives for three people, each of whom told us that they had confidence that their family members were being cared for in a safe way. They were confident that staff knew how to support people to ensure their welfare.

Staff knew what action to take if they had any concerns about abuse. They told us how they would recognise abuse and who they would report it to. They were confident that the manager would take the appropriate action. They were also aware which external agencies they could report their concerns to.

People were protected from avoidable harm. We observed staff accompanying people who were mobilising with the assistance of walking frames and saw that they alerted people who tended to focus on their feet when walking to hazards in their path, for example other people coming towards them.

A relative told us that when their family member had been poorly and unable to walk for a short period the staff had been meticulous in encouraging their family member to use the call bell to obtain assistance when they had been reluctant to do so. Staff had made it clear to the person that they were 'there to help' and did not want the person to risk walking alone whilst they were recovering. The person had gone on to make a good recovery and was now walking independently again.

Staff were aware of risks specific to individuals such as falls or moving and handling. They gave examples of what they needed to be mindful of in relation to individuals. Risks had been assessed and plans were in place to mitigate the risks as far as possible to ensure people's welfare. Plans were also in place so that people could be safely evacuated in the event of an emergency. These plans took into account people's cognitive and physical abilities to respond in an emergency situation.

At the time of our inspection 15 people were living in the home. Most people told us they didn't have to wait too long for their call bell to be answered. One person told us, "I may have to wait a bit sometimes, but they come as quickly as they can." Staff spoken with felt the staffing numbers were adequate. There were four care staff on during the day, which reduced to two in the evenings and overnight. A senior staff member was always on call. The manager explained that there was flexibility in their staffing arrangements. For example, sometimes an extra staff member came in specifically to do baths or night staff came in early on occasions if necessary.

We found the arrangements in place for the management of medicines were safe. Medicines were securely stored in locked trolleys and storage cupboards. We checked medication administration record (MAR) charts and stock levels for three people and found these to be in order. We observed a staff member administering medicines to people over the lunchtime period. Some people had medicines prescribed to be used 'as required' when they had a specific health condition. In these cases the staff member discretely asked the person, for example, whether they had any pain in their legs today and, if they responded positively, asked how bad the pain was. This ensured the staff member could determine the appropriateness and dosage of medicine that might be required.

Is the service effective?

Our findings

People told us the food was good. One person said upon receiving their fish and chip lunch, "I've got some good chips here!" Another person told us cheerfully, "The food is good but there's far too much. I'm never hungry or thirsty." During a lunchtime we observed people were offered a choice of drinks which were topped up as required. If people changed their mind about what to have for lunch an alternative was agreed upon and subsequently served. We noted that some staff served lunch with gloves on, which was not necessary and raised this with the manager. The manager was aware of this and would be speaking with staff to stop this practice.

People's nutritional needs were kept under regular review. Food and fluid charts were satisfactorily completed in respect of one person who had been deemed at risk of malnutrition due to poor health. Where people had specific health conditions that affected their dietary intake they were included in discussions about what they could eat. One person had been given a diet sheet which included a list of food items which would help ease their condition. They had picked items from the list that they would like to try and these were obtained. Where people had reduced appetites staff were mindful of not making meal times off-putting to them. Smaller portions were given and if necessary additional snacks were used to encourage them to eat. We observed that people had drinks available to them in their rooms or in communal areas.

Staff told us their training was ongoing. We checked training records and confirmed this was the case. However, some staff had several training areas that required completion. The manager told us that these staff would complete the home's mandatory training by the end of April 2015. We viewed the training plan for the coming year which included topics such as mental health, stroke awareness and continence, all of which would enhance staff's knowledge and help provide a more informed standard of care for people.

Staff told us they had annual appraisals and twice yearly supervisions. They said supervisions were thorough and

included work-based observations lasting up to a day followed by a subsequent follow-up meeting to discuss progress. They felt well supported by the manager and senior staff.

Staff understood the circumstances under which they could make decisions in people's best interests and when more formalised processes needed to be initiated. We observed that staff obtained consent from people before they provided care or carried out any tasks to support them.

For example, we saw staff asking people whether they were ready to go to the dining room for lunch before assisting them. The manager told us that people living in the home had the capacity to make their own decisions. The manager was aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) and the authorisation process they would need to initiate if they needed to deprive someone of their liberty in order to keep them safe. The manager was awaiting an agreed visit from from the local authority in April 2015 to discuss the criteria for submitting DoLS applications.

People had good access to healthcare services. A nurse practitioner visited once a week to carry out visits with people. They met with the manager to discuss every resident in turn. Most people in the home were now familiar with the nurse practitioner and had built up a good relationship with them. The manager welcomed the advice and support they and the staff received and said they felt better able to support people as a result of this arrangement. People still received visits from the GP when necessary.

We saw from service records that a variety of other health professionals were involved in supporting people's well-being, including occupational therapists and physiotherapists. One person's representative told us that, with their family member's permission, health appointments were always discussed with them. When they had not been able to accompany the person to an appointment, staff had arranged to do so.

Is the service caring?

Our findings

Our April 2014 inspection identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Three people had told us that sometimes staff did not speak with them in a respectful manner. During this inspection it was evident that improvements had been made. Comments we received included, “The girls are wonderful.” “Staff here treat me well.”

The three representatives we spoke with were positive about the caring nature of the staff. One relative told us how they had visited several homes when looking for somewhere for their family member and that they chose this home because the staff here had been most welcoming and gave them time to have a look around and ask questions without rushing them.

Another relative told us they had been concerned about how their family member, who was quite shy, would settle in the home. Since moving in their family member had become more outgoing and enjoyed the company of others. The relative told us that their family member was very happy living in the home and had told them that “...it’s just like living in your own home, but with other people there.” The relative told us that staff were caring and friendly and that the home had a cosy atmosphere which suited their family member.

We observed staff treating people courteously, with warmth and good humour. Staff were patient and listened

to what people were saying to them before responding. Staff chatted with people about things of interest to them, including their families and visitors. We were satisfied that the provider was no longer breaching this regulation.

People told us their views were taken into account about how they received care and support. Our observations during the inspection confirmed this. One person told us, “I like things kept clean my way. They make sure I’m happy with the way they clean my room.” Staff discussed people’s support with them and provided information in order to help people decide. Where people were unsure staff suggested options for people to consider without making the decision for them, for example where to sit in the dining room.

Staff respected people’s privacy and supported their dignity. When providing care to people in their rooms, people’s doors were shut and curtains were drawn. One person told us, “They always shut the curtains because my room overlooks the driveway.”

When a discussion between two people in the dining room became argumentative, staff stepped in and diffused the situation with a compromise agreed by both people concerned, that left their dignity intact in front of a room full of people.

A friend of one person described to us the way staff had looked after their friend who had passed away in the home. They told us how touched they were by the respect and consideration staff had shown their friend during their last days and their passing. They said, “It was all done beautifully. The staff were kind and comforting – you couldn’t fault them.”

Is the service responsive?

Our findings

Our April 2014 inspection identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Not all care needs had been planned for so that staff delivered consistent care to people, particularly in relation to the emotional support some people required. During this inspection we established that improvements had been made.

The home utilised an electronic system for care records. All staff had access to relevant sections of the system. When staff input daily notes there was an option to flag up people's emotional state, for example, to indicate if they had become agitated or anxious. These coloured flags made it easy to identify behavioural patterns. This in turn helped staff determine whether a referral to the person's GP was necessary or assisted staff to identify situations which may trigger a particular response in people.

Staff knew what things concerned people and how best to alleviate these concerns. Staff were familiar with people and what, if any, emotional support they required. They told us about the circumstances that might trigger an adverse response in individuals and how they dealt with this. We were satisfied that the provider was no longer in breach of this regulation.

People's needs were assessed, reviewed on a regular basis and the way their care was provided was changed if necessary. We looked at care records for three people and found their records were up to date. One person had recently returned from a hospital stay and their records had been updated promptly to show what changes were required to support them whilst they regained their health. Staff told us about how they now needed to provide care for the person to aid their recovery.

Some people's life histories and recording of their likes and dislikes needed development and work on this was underway. A schedule was in place allocating time for staff to speak with people in depth to obtain a more detailed

understanding about their lives and interests and to compile memory books. Families had been asked to participate. The plans included that people's bedroom doors would have a door card made up of their photograph, other photographs and pictures special to them. People were happy to participate as they thought this would brighten the corridors up.

People's views were sought about how they wished to spend their time and these were acted upon. We saw information about a variety of activities that people had requested and saw photographs of some of the subsequent events. A 'fry up' had been requested for breakfast. Staff told us this had proved popular, but a bit filling for breakfast. Following discussions with people it was agreed that in future this would be a lunchtime event. A staff member had a new puppy which they brought in on a regular basis. People enjoyed watching the puppy grow and change and looked forward to its next visit.

People's spiritual needs were supported by visiting clergy and bible readings. Where possible, people were supported to maintain interests they had prior to moving in to the home. Visits were undertaken to places people enjoyed prior to moving into the home.

The home had a complaints procedure that was available for people and visitors on a noticeboard in the home. There was also a suggestion box if people wished to communicate in this manner. However, staff told us this was rarely used as people preferred to speak with staff to make enquiries or raise any issues. The service had received one complaint in the last 12 months. The manager had taken significant action to investigate the complaint and had done so in a prompt and reasonable manner. The complaint had been dealt with satisfactorily.

People told us they had no complaints about the way staff looked after them. They felt confident that if they did have concerns to raise that their concerns would be treated seriously and dealt with fairly. One person us, "I'm happy the manager would sort anything out properly."

Is the service well-led?

Our findings

Our April 2014 inspection identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the auditing system in place had not picked up the concerns we had identified. During this inspection we found that improvements had been made. Most of the home's audits were carried out using the computerised system in place. The manager had instigated clerical systems to rectify this, for example in relation to staff recruitment and premises maintenance. The manager and senior staff completed a range of checks and audits that included health and safety, medicines and updating of care plans. Where issues had been identified action had been taken or was being taken to rectify them. We were satisfied that the provider was no longer breaching this Regulation.

People living in the home were positive about the manager. One person told us, "They'll sort anything out, no problem." A second person told us, "She's a good manager. Her door is open to us and she'll respond as quickly as possible." Relatives told us the manager was easy to talk to and would "...turn her hand to anything. She doesn't hesitate to get stuck in." Staff were also positive. One told us that the home's strongest point was the manager. Another told us the manager was open to suggestions and was personally supportive of staff.

The registered manager had managed the service for 12 years. The service benefitted from the stability this provided. The manager was able to tell us, in detail, about people living in the home, their likes and dislikes and any areas of concern in relation to people's health or support and how these were being addressed.

There was a friendly atmosphere in the home. It was relaxed and homely. People and staff knew each other well and communicated easily. People were encouraged to speak up and have their say and ask questions, which they did. Their views were sought on an ongoing basis, about day to day matters and more specifically, for example, about events they would like to participate in. Staff told us they were supportive of each other and worked well as a team. Relatives told us they were positive about the care provided and felt involved by the service with their family member's care and support.

Staff told us they were kept informed through monthly meetings with the manager. The manager ensured that they involved night staff in meetings so that they were fully informed of how the home operated overnight and any issues or challenges this presented that needed attention. We saw minutes of these meetings and noted that open conversations took place. The meetings were constructive in that decisions were made and implementation of changes were agreed and arranged.