C & K Homes Limited

Cromwell House Residential Care Home

Inspection report

Cromwell House
Castle Street
Torrington
Devon
EX38 8EZ

Tel: 01805623225
Website: www.candkhomes.com

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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

This unannounced comprehensive inspection took place on 19 and 22 January 2018. At our last inspection in September 2016 we found a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Fit and proper persons employed'. This was because we found that the service was unable to provide a hard copy of a staff member's Disclosure and Barring Service (DBS). This inspection found improvements had been made and the provider was now meeting regulations.

Following the last inspection in September 2016, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of 'safe' to at least good.

Cromwell House provides care for one individual with a learning disability in one adapted building. Cromwell House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. At the time of our inspection the registered manager, who was also the provider was in the process of 'stepping back' from the day to day running of Cromwell House. Their deputy manager was in the process of registering as manager. 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.

There were effective staff recruitment and selection processes in place. A member of staff had been employed since our last inspection and the recruitment process had been robust. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication between staff at the service.

People were safe. Staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf. Staff ensured infection control procedures were in place. People's individual needs were met by the adaptation, design and decoration of the premises.

Care files were personalised to reflect people's personal preferences. The service adopted informal

methods when seeking people's views. This was through regular family contact, via phone calls and visits. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. The organisation's visions and values centred around the people they supported, which ensured their equality, diversity and human rights were respected.

A number of effective methods were used to assess the quality and safety of the service people received and make continuous improvements.

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.

People were safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were safely managed.

Staff ensured infection control procedures were in place.

Is the service effective?

Good

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People's individual needs were met by the adaptation, design and decoration of the premises.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Staff treated people with dignity and respect.

Staff promoted people's equality, diversity and ensured their human rights were upheld.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

The service used a variety of communication tools to enable interactions to be led by people receiving care and support.

Is the service responsive?

Good

The service was responsive.

Care files were personalised to reflect people's personal preferences, which were met with staff support.

People engaged in wide variety of activities and spent time in the local community going to specific places of interest.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication between staff at the service.

The service adopted informal methods when seeking people's views. This was through regular family contact, via phone calls and visits.

The organisation's visions and values centred around the people they supported, which ensured their equality, diversity and human rights were respected.

A number of effective methods were used to assess the quality and safety of the service people received.

Cromwell House Residential Care 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.

This unannounced inspection took place on 19 and 22 January 2018

The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke to one person receiving a service and four members of staff, which included the deputy manager. We also spent time in communal areas observing the interactions between people and staff.

We reviewed one person's care file, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from one relative and one professional.

Good

Is the service safe?

Our findings

There were effective recruitment and selection processes in place. At our inspection in September 2016, we found a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Fit and proper persons employed'. This was because we found that the service was unable to provide a hard copy of a staff member's Disclosure and Barring Service (DBS). As a result, a DBS was applied for by the provider immediately. This inspection confirmed that a DBS was now in place. In addition, a member of staff had been employed since our last inspection and the recruitment process had been robust. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People living at the home were not able to comment directly on whether they felt safe. We spent time in communal areas and spoke with staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people were happy in staff presence. A relative commented: "The individual care (relative) receives at Cromwell House is absolutely perfect for him as from past experience he cannot live in a group situation. All the staff have a full understanding of (relative's) need for routine and a calm environment."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The deputy manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular

activities. For example, staff spent time with people engaging in a range of activities both within the home and local community.

The deputy manager explained that during the daytime people received at least two to one support. In addition, staffing levels increased dependent on what activities people had planned. At night there was one staff member who slept in. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The deputy manager explained that regular staff would fill in to cover the shortfall, so people's needs could be met by the staff members that understood them. In addition, since our last inspection, the service had implemented formal on-call arrangements for staff to contact if concerns were evident at night.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. Medicines recording records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Good

Is the service effective?

Our findings

People did not comment directly on whether they thought staff were well trained. However, we observed people were happy with the staff who supported them. A relative commented: "Safety of staff is very important when looking after (relative) as his mood can change very suddenly. All the staff at Cromwell House are very aware of the triggers that can lead to a mood change so they keep (relative's) world calm and on an even keel. Because of this they have very few incidents." A professional commented: "Staff seemed to be very aware of the person's needs and are thoughtful in the support that they gave him."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP, psychiatrist and social worker. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had hospital passports which afforded them equal access to healthcare. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), behaviour management, autism awareness and first aid. Staff had also completed varying levels of nationally recognised qualifications in health and social care. Staff commented: "The training and support is good."

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported when it came to their professional development.

Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for suitability of placement. This demonstrated that staff worked in accordance with the MCA. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.

People's individual needs were met by the adaptation, design and decoration of the premises. The service was currently renovating a room to become a person's bedroom to ensure their needs could be met even safer. Best interest meetings had taken place with key professionals and relatives to ensure the change of bedroom was right for the individual and was in accordance with the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made an application for a person who required this level of support to keep them safe. One person had an authorised DoLS in place at the time of our inspection.

People were supported to maintain a balanced diet. People were actively involved in choosing the menu with staff support to meet their individual preferences. People had preferred meals documented, which also helped inform the menu. A staff member commented: "People are involved in choosing the menu. There are always alternatives." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. People's weights were monitored on a consistent basis to ensure their general well-being.

Good

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. A relative commented: "(Relative) is extremely well cared for and as a family we couldn't be happier with the care given to him by the team at Cromwell House."

Staff treated people with dignity and respect when helping them with daily living tasks. People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and posters on the walls. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care. Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection.
Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them; this provided them with reassurance.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used to express themselves. The service used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, using pictures and symbols when planning people's days.

Staff gave information to people, such as when activities were due to take place. Staff communicated with people in a respectful way. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general wellbeing.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people living at Cromwell House and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. A staff member commented: "We work well as a team and ensure a relaxed atmosphere."

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, arts and crafts, concert rehearsals and meals out. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family. A professional commented: "While I was there, a person was actively engaged in an activity and showed me lots of other craft type things that he had accomplished."

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff on a regular and informal basis. Relatives were also made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the deputy manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Good

Is the service well-led?

Our findings

Staff spoke positively about communication between staff at the service. At the time of our inspection the registered manager, who was also the provider was in the process of 'stepping back' from the day to day running of Cromwell House. Their deputy manager was in the process of registering as manager. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change. A relative also commented that they found communication between the home and them was very good.

The service adopted informal methods when seeking people's views. This was through regular family contact, via phone calls and visits. Staff was skilled at understanding people's non-verbal cues and acting on these to change and adapt the way they worked to ensure people remained happy and understood their views were considered.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Cromwell House.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and psychiatrist. Regular medical reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed.