

Lancashire County Council

# Cravenside Home for Older People

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Cravenside Home for Older People is a care home providing accommodation and personal care. It can accommodate 46 older people. The accommodation is provided over two floors. The home is divided into four areas known as, Rose Lane, Lily Lane, Poppy Lane and Daisy Lane. Some people using the service are living with dementia. At the time of the inspection 43 people were living at the home.

People's experience of using this service: The home had made some improvements with regards to the management of medicines. However, we found there were further improvements needed to ensure medication was stored safely. We made a recommendation about this.

The home was tired looking and required re-decoration. The environment had not been adapted to suit the needs of people living in the home. There were re-decoration works taking place at the time of the inspection. The manager told us these concerns had been addressed in the refurbishment plans.

The home also looked 'dirty' in places. We found some kitchen areas needed a thorough clean. Some areas of the home had dirty looking carpets. The home was in the process of a complete re-furbishment, with carpets due to be replaced.

There were risk assessments in place for people, with measures identified to mitigate those risks. However, we found potentially dangerous products, such as cleaning products, stored unsecurely around the home. This posed a risk to people.

During the inspection we found key coded doors left on the latch, making them unsecured. The front door was also unsecured on one occasion. The manager told us this was due to builders coming in and out of the home. A thorough risk assessment was in place for these works, however, we found there needed to be more management oversight of the risks.

We received mixed feedback from healthcare professionals. Some felt communication with the home was poor, and records were not always available to provide the right support for people. One healthcare professional felt the home communicated well, informed them of all appropriate information and staff were "great" at following advice given.

People knew who the manager was and felt able to raise any concerns with them. Although there were systems in place to monitor the quality and safety of the service, we found these were not always effective and in need of improvement.

Staff were supported in their role and had access to relevant training to help ensure they had the necessary skills to meet people's needs.

Sufficient numbers of staff were employed to meet people's needs. Staff were caring and always promoted

people's dignity and independence.

A system was in place to monitor applications and authorisations to deprive people of their liberty and any conditions attached to them. Consent to care and treatment was sought and recorded in line with the principles of the Mental Capacity Act. Staff supported people in the least restrictive way possible.

Care plans did not always reflect people's needs or personal preferences. However, we found people received personalised care responsive to their needs.

People and relatives told us they felt safe living in the home. Safeguarding procedures were followed, and incidents were raised with the appropriate professionals.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people told us they enjoyed the food available to them. People could enjoy snacks throughout the day, and were able to choose alternative meals if they did not like what was on the menu.

Rating at last inspection: Requires improvement (Report published 08 May 2019)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: Please see action we told the provider to take towards the end of the report.

Follow up: This is the second consecutive time the service has been rated as requires improvement. We will seek an action plan from the provider to gain assurance appropriate measures are put in place to address concerns. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Cravenside Home for Older People

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team: This inspection took place on 29 April 2019 and was unannounced. The team consisted of one adult social care inspector and one assistant inspector.

Service and service type: Cravenside Home for Older People is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The previous registered manager was on maternity leave. The home had a temporary manager in place who was in the process of becoming registered with the CQC.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also

reviewed previous inspection reports.

During our inspection we observed the support provided throughout the service. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two relatives and five care staff, the manager, assistant manager, three visiting healthcare professionals and activities coordinator. We looked at records in relation to people who used the service including four care plans and four medication records. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

Details are in the Key Questions below.

The report includes evidence and information gathered by the inspector and assistant inspector.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At the last inspection, the provider had failed to ensure people's prescribed medicines were always available and the provider was in breach of regulation 12 (safe care and treatment). During this inspection, we found there had been improvements to the stock control of medicines, and the provider was no longer in breach of Regulation 12. However there were further improvements needed to the safe storage of medicines.

### Using medicines safely

- Medicines were either stored in locked cabinets in people's rooms, or in the medication room. However, we found there were no risk assessments in place for the storage of medicines in their room.
- We found some people's thickener was stored unsecured in communal areas of the home. These were immediately removed by staff and placed in a secure cupboards.

We recommend the provider seeks advice from a reputable source and update its medication storage practices accordingly.

- People received their medicines when they should.
- The manager had put stock control measures in place since the last inspection. We found people's medicines were available when needed.
- Staff were trained and assessed as competent before they administered medicines.
- PRN (as and when needed medicine) protocols and procedures were in place for staff so they knew how to respond to people and administer their medicine appropriately.

### Preventing and controlling infection

- Areas of the home appeared dirty. There were kitchen and bathroom areas that needed to be thoroughly cleaned. Carpets in the home were stained and there were some malodours present. The home was in the process of replacing carpets and re-decorating.
- Relatives and healthcare professions told us they had complained about the cleanliness of the home and people's rooms. Relatives comments included, "[My relatives] room has often been a mess. Clothes are dumped on the commode, bandages and crisp packets are left on the floor," and "They need more staff, especially on the cleaning side."
- We found people's dirty clothes left in communal bathrooms.
- Some people's rooms looked dirty and in need of re-decoration.

The provider failed to ensure the cleanliness of the premises. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received appropriate training in infection control.
- Personal Protective equipment (PPE) was available for staff.

#### Assessing risk, safety monitoring and management;

- During the inspection we found secured doors had been left on the latch and were therefore unsecured. The home was undergoing refurbishment works and builders were in and out of the home. The manager showed us a thorough risk assessment which had been put in place for the building works. However, we found there was more oversight needed from the home to ensure people's safety.
- During the inspection we found cleaning products and other potentially hazardous products left in unlocked cupboards. These were secured after we raised the concern.
- People's care plans contained a wide range of assessments identifying potential risks and measures were in place to mitigate those risks. However, risk assessments were not always updated when significant event, such as falls, occurred.
- The provider had systems in place to complete regular checks on equipment to ensure it was safe and fit for purpose.
- Personal emergency evacuation plans (PEEPs) were in place for people.

#### Learning lessons when things go wrong

- Accident forms were not always fully completed in line with the homes policy. Basic information was recorded, but detailed information regarding how future accidents could be prevented was missing.
- The manager did review basic information from accidents to identify any trends.

#### Staffing and recruitment

- Staff and relatives told us they did not feel there was always enough staff on duty. One relative told us, "The lack of staff is bad." During the inspection we found staffing levels to be adequate, with staff able to respond to people in a timely way.
- Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed and staff files we looked at contained appropriate references.
- The provider maintained a rota and ensured there were enough staff on shift based on peoples assessed needs. Processes and procedures were in place to cover shifts where needed.

#### Systems and processes to safeguard people from the risk of abuse

- People and a family member told us they felt safe and commented, "[My relative] is safe here. They can't speak highly enough about the staff."
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff were confident about how to report safeguarding concerns.
- The manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The environment had not been adapted to meet the needs of those living with dementia. This could make it hard for people with dementia to orientate themselves around the home. The manager told us this was being addressed with the current refurbishment.
- Bathrooms were adapted to ensure they could be accessed by all people.
- Equipment was in use to support people to move around the home independently. There were also lifts in place to support people getting up and down the stairs safely.
- Some areas of the home were quite tired looking and required work and redecoration. The provider had already started refurbishment works. People living in the home had been asked their preferences regarding re-decoration.

Supporting people to live healthier lives, access healthcare services and support

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
- A healthcare professional told us "Staff are well informed, they refer people to us quickly."

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

- People's needs were assessed before admission to service. Assessments were comprehensive and expected outcomes were identified.
- The assessments completed considered any protected characteristics under the Equality Act, such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff completed regular training in areas relevant to their roles, to ensure they could support people effectively.
- New staff completed an induction when they commenced working at the service. New members of staff with no prior care experience were enrolled on the Care Certificate. The Care Certificate is an identified set of standards that care staff must adhere to.
- Staff felt well supported and received regular supervisions and an annual appraisal to discuss their roles and any development required.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs and professionals.

were involved as required. For example, referrals to the Speech and Language Team (SALT).

- People told us they had enough to eat and drink.
- We could see a menu was available each day. The menu had been adapted with large pictures to ensure it was easy to read for people living in the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS were in place for people using the service to keep them safe from harm.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Related capacity assessments and decisions had been properly undertaken.
- Consent to care and treatment was sought and recorded in line with the principles of the MCA.

# Is the service caring?

## Our findings

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

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

Respecting and promoting people's privacy, dignity and independence; equality and diversity

- We observed staff treated people with dignity and respect.
- People were treated fairly and equally; information about their diverse needs was available to staff.
- Records relating to people were left unsecurely stored around the home. The manager agreed to address this immediately.

Ensuring people are well treated and supported

- People were comfortable and well looked after; staff were friendly and considered people's individual needs. A relative we spoke with said staff were "very caring".
- Our observations showed staff communicated in a caring and compassionate way. They gave people time to respond.
- People were supported to access care and support from others. When and where people needed support beyond the remit of the provider, an advocate had been sought. A noticeboard in the service gave people information of how to contact independent advocacy.

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

- People were supported to be involved in decisions about their care and were given choices. We observed people being given choices that included what activity they would like to do and what drinks they would like.
- Resident and relatives' meetings took place. This provided an opportunity for people to raise concerns and for information to be discussed.
- A relative told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.
- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

## Is the service responsive?

### Our findings

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

People's needs were not always met.

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

- Some care plans we looked at lacked detail regarding personal preferences and information about each individual. We discussed this with the manager who agreed to review care plans.
- Most care plans had been reviewed regularly. However, we saw some reviews which were not dated, and which had not been completed in full. The manager agreed to address this.
- When people had accidents, their care plans and risk assessments had not always been updated. This meant some people's care needs were not being reviewed appropriately with up to date information.
- Healthcare professionals told us some people's personal records, such as elimination records, had not been completed. This meant they were unable to assess them appropriately and ensure they had the right support. One professional commented, "Staff will say someone has a problem, so we ask to see records and they say they haven't recorded it. It makes it hard for us to follow up on the concern."
- During the inspection, we checked a nurse call bell to see if it was working. After a short while of no response from staff, we asked why they hadn't responded. The staff member checked their pager and it was on silent. The staff member did not know how to set it to loud. We raised concerns with the manager about the pagers being switched to silent by mistake without staff noticing. The manager assured us this had not been an issue before. .
- The home assessed, recorded and shared information regarding people's communication needs. Information was available in other formats if required.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. The complaints log contained both complaints from people using the service and relatives. We saw three complaints in the log. Some of these complaints had been responded to appropriately. One of the responses for a complaint lacked any information, making it difficult to tell if appropriate action was taken.
- A relative and a healthcare professional told us they had made written complaints. We found no evidence of these complaints in the log. We spoke with the manager, who was unaware of these as it was before they started at the home.
- People and relatives told us they would feel comfortable raising a concern.

End of life care and support

- The service was not supporting anyone who was receiving end of life care.
- Staff we spoke with had received end of life training. They told us they would feel comfortable supporting people with end of life care when needed.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At the last inspection we made a recommendation the provider seek advice and guidance to strengthen the auditing system. At this inspection we found there had not been significant improvements made in relation to this.
- There were systems in place to assess and monitor the quality and safety of the service. However, the oversight from the manager had not been effective at identifying issues identified at this inspection.
- Incidents and accidents had not all been fully analysed to provide effective learning. Some forms we viewed had not been fully completed and significant information regarding how the incident had occurred was missing.
- Records were not always updated after accidents occurred. People's needs were therefore not appropriately reviewed with relevant information.
- People's care records containing personal information, were not always stored securely. This meant people's privacy was not always maintained.
- Some complaints were missing from the complaints log. Other complaints did not always have information recorded regarding a response, making it difficult to assess if appropriate action was taken.
- We saw a thorough risk assessment was in place to mitigate the risks associated with the ongoing refurbishment works. However, we found there were not always enough actions in place to address those concerns.
- Daily checks of the home were completed. However, we found concerns that had not been identified in these checks.

Systems were either not in place or fully embedded to demonstrate that safety and quality was effectively managed. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and staff understood their roles and responsibilities within the service.
- Ratings from the last inspection were clearly displayed within the home as required.
- CQC had been notified of all incidents that had occurred within the home as required.
- Most people living in the home told us they knew who the manager was and would tell them if they had any concerns.

Working in partnership with others

- When referrals to other services were needed, we saw that these referrals were made. One healthcare

professional told us staff were "brilliant" and followed all advice given.

- However, some healthcare professionals we spoke with felt the communication with the home was poor at times and record keeping was not always completed accurately. They felt this had led to some people not receiving appropriate care in a timely way. Records we looked at during the inspection had been completed.

Planning and promoting person-centred, high-quality care and support

- People provided positive feedback regarding the quality of the care they received. People told us staff were caring and looked after them well.
- Staff told us they felt listened to and the manager was approachable. Comments included, "The manager listens to us, and the owners are here a lot, they listen and we can ask for anything," and "All the managers are very supportive, I love working here."

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

- Systems were in place to gather feedback from people. These included regular surveys and meetings.
- Staff received supervision and appraisals of their performance. Staff told us they had team meetings and felt able to express their views.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider failed to ensure appropriate cleanliness of the premises.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not effective at ensuring the quality and safety of the service,