

La Vita Nova Limited

Crann Dara

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

Crann Dara is a care home providing personal care to 7 people. The service can support up to 7 people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large building, bigger than most domestic style properties. It was registered for the support of up to 7 people. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Since the last inspection there had been a significant change in atmosphere, culture and care. The new manager had changed the home's atmosphere so that now it felt like a family home. People were free and eager to chat with staff and anyone who came to the home. There was a busy schedule which involved most people going out each day with staff to different activities. People were cared for by a staff team who were kind and thoughtful.

Some records still needed to improve in areas such as end of life planning and some risk assessments. Care plans were becoming person centred and detailed with information for staff to follow.

There were enough well-trained staff to ensure people were supported safely at all times. Medicines were managed safely by staff. The home was open, spacious and welcoming. Peoples' needs were supported and staff were engaged in finding the best way to make people happy and comfortable.

People, relatives and staff were engaged by the service through meetings, so that everyone could contribute to the development of the service. There was a credible strategy in place with plans for staffing improvements at the service. This was being implemented by the manager who was pro-active in considering how the service could be improved.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The service as a whole was in the process of imbedding practices and sustaining improvements in this area. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the

service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Inadequate (25 April 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Crann Dara

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Crann Dara is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had an interim manager registered with the CQC and another manager who was in the process of registering with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. We also worked with Surrey County Council closely to consider their updates and communications with the home. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke or communicated with three people who used the service about their experience of the care

provided. We spoke with five members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection on 6 March 2019 this key question was rated as Inadequate. At this inspection this key question had now improved to Requires Improvement. This meant some aspects of the service were not always safe and there wasn't always assurance about safety.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to safeguard people, manage risks and medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risk management had improved since the last inspection. Where risks had not been previously managed by staff or the manager, there were now clear assessments in place which were being followed by staff. For example, one person was at risk of leaving the home and placing themselves in danger. This person had a clear risk assessment in place which set out guidance for staff on how to support the person and what steps to take should they continue to walk away.
- One person was at risk of pressure sores and there was now a detailed assessment in their care plan which set out how staff needed to reposition this person and check their skin. Another person was at risk of choking on their food. The service had consulted a Speech and Language Therapist to carry out an assessment for this person. The recommendations of the Speech and Language therapist were followed by staff at meal times.
- However, there were some risks which had not yet been assessed or managed. For example, one person was using a medicinal cream which was flammable and there was no risk assessment for this. Another person did not have an actionable escape plan for staff to follow in the event of a fire.
- Following the inspection, the registered manager created a risk assessment for the flammable cream and arranged an appointment with the local fire service to visit the home. As an interim measure, two staff members were immediately put on waking nights so that they would be able to hoist this person in the event of a fire. We will review these risks and their management at our next inspection.

Using medicines safely

- Medicines management had improved since the last inspection and medicines were now being organised, stored and administered safely. There were protocols for staff as to how they should support people with some medicines which were needed "as and when" necessary. The new manager had installed medicine cabinets in people's rooms so that it was clear and easy for staff to see each person's records and medicines.
- There was now clear information about people's medicines so that staff could easily see which medicines a person had and what they were for.

- Medicine records had no gaps in them. Staff were correctly signing for medicines when they were administered to people and audits of these records were positive in their findings.
- Medicines were stored correctly and safely. All bottles had opened dates on them and any controlled medicines were locked away.

Systems and processes to safeguard people from the risk of abuse

- There had not been any safeguarding incidents since the last inspection. People were protected from the risk of abuse as staff knew how to respond and react to any signs of abuse. There was a clear process for staff to follow should any allegations be made.
- When we asked staff about their response to any signs of abuse, one said, "If I saw any verbal or physical abuse then I would report the matter to the police and or the CQC."

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff which was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Since the last inspection the manager had increased the daily minimum number of staff on shift to four. This had increased by two staff members since the last inspection. The home was busy with staff members throughout the day of the inspection. There were now sufficient staff to safely care for people at the home. The registered manager was in the process of recruiting for more staff to ensure there were enough permanent staff able to complete shifts.
- The manager had received a detailed breakdown of the one to one hours expected for each person and was in the process of implementing these hours at the time of our inspection. This will ensure that each person is getting their funded time with staff. The rotas showed that the stated core number of staff were on shift
- Staff told us they thought the work was much better now with more staff members. One staff member told us, "Now I'm absolutely happy, it's like a paradise now. Before we were struggling. Our residents are happy. With support it's getting better. I was worried last time. This is excellent now."
- The registered manager completed appropriate recruitment checks to ensure staff were safe to work with people who used care and support services. The staff files we checked had disclosure and barring checks completed along with full employment histories. We could also see that the manager had obtained two references from past employers.

Preventing and controlling infection

- People were protected against the risk of the spread of infections. The home environment was clean and well maintained. Staff were observed cleaning the home during our visit. Staff washed their hands and wore protective equipment when it was needed.
- We observed staff cleaning the kitchen and ensuring that infection control policies were being followed during the day.

Learning lessons when things go wrong

- Staff responded appropriately to accidents or incidents to ensure people were kept safe and the records supported this. Each care plan contained a record of every person's accidents and incidents for the past year.
- There had been no accidents or incidents since the last inspection. Given the low number of people living

at this service, staff knew each historic specific incident that had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to comply with the MCA which was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Peoples' rights were protected because the MCA was complied with. There were clear mental capacity assessments in place in the care plans we reviewed. One person had a DoLS in place as they lacked capacity and were under constant supervision. This had been approved in 2018.
- Staff consistently asked for peoples' consent before they did anything. The new manager had implemented capacity assessments for day to day living so that staff could understand people's abilities. Everyone at the home could make decisions about their clothes, activities, food and day to day routines. This meant that people's ability to consent to day to day living had been assessed and everyone at the home was viewed as having capacity with regards to decisions relevant to their day to day living.
- Some people lacked capacity with regards to their finances and this had been noted by the manager. Further work was needed to be done in this area to ensure that people's rights were protected in relation to any future financial decisions. At the time of the inspection the manager was working with the local authority to arrange financial mental capacity assessments in relation to people's funding.
- One person told us, "They always ask me if they can come in my room. They respect me and I respect them." One staff member told us, "Capacity here is mixed. People have capacity to make choices on small

matters. We give them informed choices."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Peoples' needs were assessed and then supported by staff. Where one person had mobility problems, staff were now instructed to assist this person to stand themselves up out of their wheelchair, to then move into an armchair. Staff were encouraging and positive with this person so that they had the motivation to move themselves.
- One person had sleeping complications. As a result of this, staff had arranged for that person to be able to sleep in other places around the home as they needed or wanted. This was recorded in their needs assessment for staff to understand.
- At this inspection peoples' oral healthcare was being maintained as tooth brushes were clearly being used. Everyone had been taken to the dentist since the last inspection and follow up appointments had also been booked.
- Where necessary, staff were actively looking for ways to better support people and improve their lives. One staff member told us, "I recently referred one person for a reassessment for their wheelchair. Their wheelchair has deteriorated and so they need to have a new one."
- People were given access to and supported to see other medical professionals. On the day of the inspection one person was going to hospital to have an x-ray. We saw records that other people had recently seen the doctor, occupational therapists, opticians and physiotherapists.
- Staff were recording information and updates in activity books and communication records. This enabled all staff to provide consistent care. One staff member said, "We are an excellent team here. We're all multitalented and work together."

Staff support: induction, training, skills and experience

- Staff had all attended new training courses and refreshers courses which were face to face and aimed at improving their skills. For example, staff had attended medical device training which helped them to support people with such medical needs. One person told us, "The staff know what they are doing. They know how to help me."
- The training matrix showed that staff training was up to date and comprehensive. Staff also received supervision and meetings with the manager to support them. Supervisions included topics such as performance management, training and support needed.
- One staff member told us, "I feel I've had all the training I need to do my job effectively, the training company is excellent. We now have face to face training which is so much better than the online training we had before."

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

- People were supported to eat and drink throughout the day. People were given choices as to what they wanted for each meal and staff supported them to eat. People enjoyed their food and chatted to staff as they ate.
- People told us they could eat what they wanted and staff were quick to respond to peoples' requests for food during the day.
- One staff member said, "When we do the menus each week we ask the residents what they want to eat for that week. We give them options. We know their preferences and their phases. We read their body language to understand their decisions."

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

- The home was designed and maintained to meet peoples' needs. It was open, spacious and well lit. There was a large open garden surrounding the home which people used to watch wildlife and play games. The large kitchen and dining room gave people lots of space to eat meals together with staff.
- The manager had plans to use the garden for development of spaces for activities for people. There was plenty of garden furniture to enable people and staff to sit outside together.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to treat people well and respect their dignity and this was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- There had been a significant change in the atmosphere in the home and the culture of the staff. Whereas people had been withdrawn and quiet at the last inspection, at this inspection they were chatting with staff and inspectors. One person was singing on a microphone and telling the manager how much they liked them. There had been a significant improvement with regards to caring and kindness.
- People told us staff were friendly. One person told us, "The staff are kind and considerate. I get along with some really well. They have a good sense of humour."
- Staff were pro-active in keeping people busy and interacting with them. With the additional staff numbers, people were nearly always engaged by at least one staff member. One person had been very quiet at the last inspection but was much more talkative with everyone at this inspection.
- There was a good change in the atmosphere at the home. The home felt like a family environment with a busy schedule. Some people were out at activities, some were singing karaoke in the lounge and others were eating food in the lounge all at the same time. In the afternoon there was a film on and everyone sat down together to watch it as a group.
- People were dressed in nice clothes that looked clean and their personal hygiene was also being maintained.
- When one person wandered into the manager's office the manager immediately said hello and welcomed them to have a seat with them.

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

- People were involved in their care and routines. Staff frequently asked people how they wanted things done. One person had complex needs as they often destroyed objects. Staff and the manager were in the process of involving this person in their care so that they knew how to best support them and make them happy. The person's social worker was also being involved in this process.
- People were asked about their cultural or sexual needs by staff and this was recorded in care plans.
- One staff member told us, "They are free to tell us exactly what they want throughout their care. We have residents meetings each month. We listen to them at these meetings. If they prefer one staff member then

we enable them to have the staff member that they like."

Respecting and promoting people's privacy, dignity and independence

- Staff respected peoples' space, privacy and dignity. One person said, "They give me my privacy." Staff knocked on bedroom doors before entering. One staff member said, "We make sure their doors are closed for personal care. If they have had a bath then we make sure they have a dressing gown."
- People could be much more independent than they could be previously because of the additional staff. This meant that people had more time to do as much for themselves as they could as staff had more time. One staff member said, "We enable them to have the independence they can have. We encourage them to stretch their abilities."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating remains the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to provide person-centred care which was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- Although no one is receiving end of life care at Crann Dara, care plans did not have much detail or information about peoples' preferences for end of life care. The manager stated that further work was being done with people's families and staff to record peoples' end of life preferences.
- Care plans did contain simple details of how people wished to be cared for. One person's end of life care plan stated "I wish to die in my room surrounded by my support staff at Crann Dara." This description was not detailed and the manager was working to add further detail to the care plans. Since the inspection the manager has contacted all relatives or key-workers to arrange for further information about preferences regarding end of life care.
- People were engaged by a meaningful activity schedule that was developing continually. Everyone had an activities book where staff recorded what they had done each day. The home was a busy hub of activity on the day of inspection. One person said, "I get to do what I want here. I can go out and go into the garden. I'm always out doing something."
- Staff told us that they had seen improvements with the new manager and other new staff. One staff member said, "Compared to four months back, it's so much better. (Staff member) is great at organising things outside. An artist comes in and they get excited about that. Someone comes in and plays music and we dance with our residents now. We'll just even go for a walk with them."
- Staff were keen to take people out and get them involved in activities. One staff member said, "We encourage people to go out as much as possible."
- Care plans now contained detailed 'About Me' sections which were having photos included in them. People's bedroom doors also had photos of them and their interests on them so that they and staff could easily recognise and associate preferences with people. For example, one person's door had a photo of a certain beer they liked and another had a photo of a sport they liked to talk about on it.

We recommend that people's end of life care preferences are considered and recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were clear signs, pictures and explanations for people up on the walls so that they could understand and access information. This included guidance on how to complain, the food menus, activities and general information. Staff used specific communication methods with each person. This included hand signs, objects of reference and pictures.

Improving care quality in response to complaints or concerns

- Complaints were being recorded and responded to. There had been one complaint since the last inspection. The manager was in the process of investigating and responding to the complainant at the time of this inspection. One person told us, "If I wanted to complain I would speak to the manager. I think she would be good at responding."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection on 6 March 2019 this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant there were still improvements being made and imbedded into practice

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

At our last inspection the provider had failed to adequately manage, monitor and quality assure the service which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection two new managers had been employed to improve the service as a whole. One was registered and the other was in the process of registering with the CQC. Both of these managers had successfully implemented changes throughout the home and its caring standards. The biggest changes were to staff numbers and culture. Due to the increase in staff numbers, staff had more time for people and their activities. Face to face training for all staff had also developed their knowledge and skills in terms of the care they provided to people. Staff and people told us they were happy with the changes the two managers had implemented at the home.
- Quality assurance audits were being routinely completed in all of the necessary areas. The medicines and infection control audits had recently been completed. The medicine audit had found the need for a controlled drugs cabinet and this had then been installed. The infection control audit had found the need for extra cleaning of the lounge carpet. This was being completed by staff each day.
- The manager was reviewing all of the care plans but was yet to ensure that they were all up to date and detailed. As discussed above in Responsive, the care plans still needed end of life care plans put in place. The manager was aware of this issue and was in the process of reviewing all care plans.
- Although there were mental capacity assessments being completed for the majority of decisions, financial decisions needed assessments recorded for people. The manager was aware of this and accepted that these needed to be completed for everyone living at the home.
- The manager stated that they held a meeting with the residents and relatives about the new plan for the home. They told us questionnaires and surveys will be used to gather more feedback in the near future.
- The manager was in the process of implementing goals for people so that each month they could have a new aim to achieve. This could include any activity or trip. This would help the manager and staff understand how to organise peoples' schedules and activities.

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

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

- People and staff told us that the new manager was good. One person said, "The new manager is a good laugh. She does come and talk to you. When I wait for the bus the manager talks to me." The change in atmosphere and care was noticeable and positive at the inspection.
- The new manager had held a BBQ to meet and greet all of the people living at the home and their relatives if they came. One person told us, "We had a BBQ this weekend with the new manager. It was good. I like BBQs. It was nice to chat to them."
- The new and old staff were happy with the change of management. One staff member told us, "The managers are good. They came in and they are sorting everything out. Bit by bit we are getting there."
- People were engaged by the managers and staff through meetings. One person told us, "We have residents meetings. The meetings are sometimes useful. The other residents struggle to chat that much."
- Staff attended meetings to receive updates and share their ideas. One staff member told us, "The managers are asking me for my ideas and suggestions. We have team meetings and they are useful. They keep us updated and we also use the communication book to update each other."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to notify CQC of an incident, which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The manager knew and understood her responsibilities to inform the CQC, people, relatives and other agencies of incidents or events. There had only been one notifiable incident since the last inspection and the manager had sent in a notification to CQC when she had started in her position.

Working in partnership with others

- The manager was in the early stages of arranging contact with other agencies. Since the last inspection the manager had worked closely with social services to improve and address the previous issues.
- The home had good connections with a day centre where people could take part in activities frequently.