

C & K Homes Limited

Cromwell House Residential Care Home

Inspection report

Cromwell House
Castle Street
Torrington
Devon
EX38 8EZ

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 29 September 2016. This was the second comprehensive inspection. We gave short notice of our intention to inspect on this day as the service is small and we needed to ensure people and staff would be available to speak with. The last inspection was completed on 8 July 2015, where we found a number of breaches in regulation. These related to poor record keeping, lack of detail within risk assessments, staff not having the right training and lack of understanding and application of the Mental Capacity Act (MCA) in order to protect people's rights. The service was rated as overall requires improvement. Following the inspection we received information from the service about how they intended to ensure they were meeting all regulations.

Cromwell House is registered to provide care and support without nursing for one person with learning disabilities.

The registered manager is also the director of the limited company who is the provider of this service. He usually visits the service weekly, and has delegated the day to day running of the service to the assistant 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the registered manager was not available and subsequently was out of the country for a number of weeks. They did not inform CQC about this absence.

We found there had been improvements in the way staff recorded how they worked with people and how they monitored their wellbeing and incidents. There were also improvements in the way risks were being managed which helped to ensure people's safety as well as the safety of staff, when out in public. Training had been completed to ensure staff had the right skills to work with people with complex needs. This included positive interventions, safe holding and working with people with autism.

We found the staffing arrangements at night did not keep people or staff safe. The arrangements were for one member of staff to provide sleep-in cover. Although the provider had been commissioned to provide an on-call system, staff were doing this on a 'good-will basis'. For example no staff were rostered or paid to provide on-call back up in an emergency. This meant the systems were not robust if there was an event where people were distressed and needed more than one staff member. Since the inspection took place we have been assured by the provider that there was now an on call system in place. He told us he was always available to provide support.

Records had improved since the last inspection, although some care plan details did require updating, which the assistant manager was addressing. There were clearer guidelines about how best to support

people. These had been developed by a specialist from Somerset County Council following a safeguarding incident in relation to managing one person's behaviour when out in public. It included looking at trigger points and positive intervention strategies for staff.

Staff said they had benefitted from additional training and clearer guidelines. They said they all knew people's needs and worked well as a team to support people to do things they enjoyed and were meaningful. Staff were knowledgeable and talked about people with compassion and genuine kindness. It was clear people were at the heart of how the core staff worked and planned activities.

People's medicines were well managed and staff knew when and why they might consider additional medicines when a person may require this to relieve agitation and help them stay calm.

People were protected because staff understood how and when to report any abuse. Monies were well managed with clear systems for recording when and how people's personal monies were being spent. We did find one out of three recruitment files did not have a copy of checks being done to ensure they were suitable to work with vulnerable people. The assistant manager said they were sure these were in place but had not been filed.

Audits were being completed to ensure the environment and the way the service was being run was safe and effective, although these had failed to pick up on a number of areas we identified during the inspection.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe

Staff rotas did not provide information about arrangements for on call cover.

Some improvements were needed to staff recruitment files as not all checks were available to demonstrate new staff were suitable to work with vulnerable people.

Risks were being better managed with clearer guidelines for staff.

People's medicines were safely managed so they received them on time.

Requires Improvement ●

Is the service effective?

The service was effective in most aspects

Improvements had been made to staff training and support, including annual appraisals, although some updates were still needed.

The senior staff did not always have regular supervision from the registered manager or provider.

The service was working in accordance with the Mental Capacity Act (MCA)(2005).

Good ●

Is the service caring?

The service was caring

Staff were caring and kind.

People's privacy and dignity was upheld.

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

Good ●

Is the service responsive?

Good ●

The service was responsive.
People's likes, dislikes and preferences were taken into account in care plans.

Activities formed an important part of people's lives.

There were opportunities for people and people's relatives to raise concerns.

Is the service well-led?

Some aspects of the service were not well led.

The provider had not fully considered all risks such as having the right staffing arrangements documented to keep people safe.

The provider undertook some audits at the home, but we were not able to see all of these to demonstrate that actions were being taken where necessary.

Families were sought their views about the quality of care. Staff spoke highly of the support from the assistant manager

Requires Improvement ●

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.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 29 September 2016 and was announced. We gave short notice as this service is small and we needed to ensure people were available to talk to us as well as access to records. The inspection was completed by one inspector who spent a short time talking to people who live at the service. We spoke with three staff and reviewed the records in relation to one person's care and medicine management. We looked at staff training and three recruitment files as well as audits relating to how the service checked the environment and safety of equipment and the building.

Following the inspection we telephoned one healthcare professional and spoke with two relatives.

Is the service safe?

Our findings

People were unable to give an informed view of whether they felt safe within the home. Our observation and discussions with staff and relatives suggested that people did feel safe at Cromwell House.

At the last inspection, we found breaches of Regulations of 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not have the right training and skills to meet people's needs safely. Since this inspection staff had received training in positive interventions, safe holding and working with people with autism. This meant staff were able to safely work with people with complex needs and behaviours which may challenge.

One of the three recruitment files we checked did not have robust checks in place to ensure people were protected against employing people who may be unsuitable to work with vulnerable people. For example the Disclosure and Barring Service (DBS) check had not been carried out. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The assistant manager was certain the checks had been completed but they could not be located.

This is a breach of 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found staffing arrangements did not fully protect people or staff. This was because there was no arrangements in place for emergencies when one staff member was providing sleep-in cover each evening. Staff said that should an emergency arise or someone became ill, they would ring a colleague and, if possible, they would assist. This meant the service relied on the goodwill of staff and the chance they would be available. The provider had failed to risk assess the night time arrangements to show what they had in place was sufficient. Furthermore information about the funding arrangements indicated that the provider was being funded to provide an on call service throughout each evening. We confirmed this with the commissioning team. Staff confirmed they were not paid to provide on call during the evenings. However since this inspection, the provider had sent information which states there was on a named on call person on duty.

The staff team was small and there was a reliance on them covering 12 hour shifts and a willingness to cover staff holidays and any sickness. The assistant manager said they had not found this to be an issue as the staff team were supportive of each other, although they were only contracted to work 30 hours per week, each covered more hours to ensure shifts were covered. Between 9am and 9pm there were two staff on shift each day. They provided support to people as well as cooking and keeping the place clean and tidy.

The previous inspection found risk management was not robust. Risk assessments had only provided basic

details. People had not had positive behaviour support plans in place for staff to follow if an incident occurred. Physical interventions had been carried out by staff unlawfully without authorisation to do so in accordance with the Mental Capacity Act (2005) Deprivation of Liberty (DoLs) Safeguards.

Following a safeguarding incident last year, staff had been supported to develop risk assessments which gave clear details about what might be trigger points and what actions to take to diffuse the situation. At this inspection, we found staff had more knowledge in order to work safely with people. Staff had received training in physical interventions. The need for physical interventions had been fully discussed and authorised in accordance with the authorisation body. Staff needed updated training in first aid, which following the inspection the assistant manager organised.

Staff said they had received training and felt they had the right skills to do their job. They understood what might constitute abuse and who they should report any concerns to. Staff spoke knowledgeably about how to support people to keep them safe. They said, following an incident in the community, they were more vigilant about introducing new situations to people and would increase staff levels when needed. Staff said that, once a week, staffing levels were increased to a three to one ratio to enable a person to access the local community. This helped to keep them, staff and the public safe. One staff member said "We know what types of situations and places (name of person) feels comfortable in. We make sure we scope a venue out first to make sure it right."

People's medicines were safely managed. The service used a local pharmacy to deliver medicines and safe systems were in place for storage, administering and recording of all medicines given. Where a person had an 'as needed' (PRN) medicine, there were clear protocols for staff to follow as to when and why this should be considered. This helped to ensure a consistent approach to the use of calming medicines which were prescribed for 'as needed'.

We asked the registered manager/provider what was available for staff in the event of an emergency and they responded by informing us that they 'have a policy and procedures manual within which are details of the trades people we use to effect repairs and refurbishments etc. these include plumbers, electricians and builders. In the event of a major catastrophe, obviously, the emergency services would be summoned and Somerset County Council along with CQC would be notified without delay. The staff team confirm their perusal of the P&P Manual by initialising the relevant sections... my staff work closely together and are aware of P&P Manual changes as they occur as is also the case with risk assessments and changes to any resident's care plans. All members of the staff team are qualified to NVQ Level 3 minimum.'

Is the service effective?

Our findings

At the last inspection, we found breaches of Regulations of 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received annual appraisals. Since the last inspection annual appraisals had been completed and one to one supervision was provided for staff to discuss their role and training needs. This had been completed by the assistant manager. This meant staff were given the opportunity to discuss their role and training needs. We saw training courses in areas of health and safety as well as working with people with autism and challenging behaviours had been provided. First aid training for some staff needed updating. The assistant manager emailed us following the inspection to say this had now been organised.

The Mental Capacity Act (MCA) 2005 provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having the capacity to make a decision, a best interest's decision is made involving people who know the person well, such as relatives or friends, and other professionals, where relevant. When we inspected in July 2015, we found the service was in breach of regulation 11. This was because staff were not working within the principles of the MCA. Specifically, there had been no best interest decisions to help protect people's rights and there was no policy or procedure for staff to follow.

Where people are deemed to not have capacity to make a decision about a particular issue, it may be necessary to consider whether they are being deprived of their liberty in relation to the issue. If this is found to be the case, an application for a Deprivations of Liberty Safeguards (DoLS) authorisation must be made. In these circumstances the provider must do all they can to find the least restrictive ways to meet the person's needs. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

At this inspection we found staff understood the principles of the MCA and DoLS and how this impacted on the way they worked with people in the least restrictive way. A DoLS authorisation was in place for one person and staff understood what the details of this were, in order to protect people and follow the guidance set down by the authorisation.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Staff were able to describe ways in which they worked with people to maximise their choice and ensure they were happy with the way they were being supported. Most staff had worked with people for a long period, knew their needs well and knew the signs of triggers of when they may not be feeling secure or happy with a situation.

People were supported and encouraged to eat and drink to maintain good health. Care staff cooked meals based around a four week menu, although they said they were flexible and gave people choice about when they wanted to eat and drink each day. There was access to drinks and snacks throughout the day. People's

weight was monitored to ensure they were within a range of what is considered healthy for the person's age and height. Staff ate with people to make sure it was a sociable and relaxed time.

People's health was closely monitored and, where necessary, they had access to healthcare professionals including the GP, optician and dentist. Records showed people had visited their local GP in recent weeks to review their health and for flu vaccinations. Relatives were confident in staffs' ability to ensure people's healthcare was monitored. One relative said "They would get in touch if (name of relative) was ill. They know his needs very well."

Is the service caring?

Our findings

People appeared at ease with staff that supported them. It was clear staff understood how best to communicate with people and we observed gentle humour and a caring approach from staff.

Staff were involving people in their care through the use of individual cues. This included looking for a person's facial expressions, body language, spoken word and objects of reference on a picture board. Staff gave information to people, such as when they would be going out for a ride in the car. We observed that staff communicated with people in a respectful way, listening to them and waiting for a response. This showed that staff recognised effective communication was an important way of supporting people to ensure their general wellbeing.

Staff were able to describe ways in which they ensured people were given respect, dignity and privacy at all times. Staff said for example they always knocked on people's bedroom door, ensured personal care was delivered in people's room or bathroom. Staff described how they gave people choice about what they wished to wear and do each day. When they talked about people, they described their positive attributes, and how much they enjoyed working with them. It was clear the staff group worked well as a team and had an ethos of caring and supporting people in a respectful way.

Staff were observant to people's changing moods and responded appropriately. For example when a person was getting anxious about their impending trip out, staff gave reassurance. Staff explained how it would be happening soon and suggested they get their coat and get ready as a way of calming the person and diffusing the situation.

People were at the heart of the way the staff planned activities and how they worked with people. One staff member said "We have worked with (name of person) for a long time now, we know what they like and how to support them so they do not get distressed. When we take them to visit family, we stay in the vicinity so we can get them as soon as they wish to return home. This works well for them and their family."

Relatives confirmed they had faith and confidence in staff. They described the staff group as "Extremely caring and understanding. We couldn't ask for better staff."

Is the service responsive?

Our findings

People were unable to give an informed view about whether their needs were well met. Relatives were positive about the support and care provide by staff. They said it was responsive and appropriate to people's needs. "(Name of person) is the centre of attention. Staff know him so well and know all the things he likes and how to get the best from him."

People received personalised care and support specific to their needs and preferences. For example, all staff were aware of people's interests, hobbies and things they did and did not enjoy doing. Care plans reflected people's preferences and choices and included their preferred routines. This helped staff deliver care and support in a consistent and personalised way.

Care plans included health and social care needs and evidenced that health and social care professionals were involved when needed. People were involved in making decisions about their care and treatment through their discussions with staff. This included the use of a communication board with symbols and pictures. This helped people understand what was being planned and was a reference for them to see what their daily routines were.

The staff talked about ways in which they worked closely with relatives to ensure they were acting in people's best interests. Relatives confirmed that when important decisions were made they were well informed, by staff at the service. One said "We have good communication with the staff at the home. They are very good at keeping up to date."

Care plans were mostly up to date and were clearly laid out. Where updates were needed the assistant manager had made a note and said they were in the process of retyping some sections of plans to reflect changing needs. Plans were divided into separate sections, making it easier to find relevant information. For example, communication, health needs, personal care, behaviour management, activities and eating and drinking. Staff said that they found the care plans helpful particularly where risk assessments had been further developed to show trigger points for people.

People had a range of activities which they enjoyed and suited their hobbies and interests. This included artwork, looking at books and magazines and chatting about particular things which were of interest to them. Staff planned outings in the car most days, but this did not always involve interacting with others in the local community. Once a week staffing levels were increased to provide additional support so people could go out in the local community for a meal.

People were able to make any concerns or suggestions to staff, in the confidence this would be listen to and acted upon. Following the last inspection the service had developed a complaints policy for staff to follow. Staff said people and their families did not have any complaints but used their knowledge of people's communication including non-verbal cues to assess whether they were happy with their care and support. When staff noted someone appeared distressed or agitated, they discussed this as a staff team to work out what they could do differently to ensure the person remained calm. For example, this had included one of

them checking a venue they were planning to use for lunch, prior to taking people in there. They described how they would check the environment was quiet with easy access to come and go if needed.

Is the service well-led?

Our findings

At the last inspection we found breaches in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to up risk management issues which had led the service to needing support from other professionals.

Although since the last inspection risk assessments and audits had improved, the registered manager had failed to risk assess and provide adequate cover for night times. Since the inspection they have informed us that the rota now includes the name of who is available on call if required.

At the last inspection we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2014. This was because they had failed to notify us of an incident involving the police. The assistant manager sent us a retrospective notification. He said there have been no further incidents which he needed to notify us about, but was now aware of the types of issues where he would need to complete a statutory notification

The registered manager was also the provider. He had delegated most of the day to day running of the service to the assistant manager. The registered manager visited the service on a weekly basis. He had been out of the country for a significant period of time and had not notified CQC of this, or informed us what the interim management arrangements would be for the period of his absence. Staff spoke positively about the assistant manager and about how well they worked as a team.

The minutes of staff supervisions and meetings showed a high degree of scrutiny of finances. For example, looking to reduce the weekly food budget to meet national average spending on food. The assistant manager and staff had a limited budget to work from for weekly shop and accounting for replacement of items within the house.

The registered manager had not reviewed the overall environment which appeared drab and in need of refurbishment. Staff had made efforts to personalise areas with art work, but overall the home felt cold and we did not see a maintenance programme of refurbishment. We asked the registered provider for further information about this following the inspection and they said they completed daily, weekly and monthly audits. The information sent to us included :

Daily Checks

- Medication (all medicines records signed off, monitoring of side effects, etc.)
- Diary (GP, Blood tests, Hospital, Dentist appointments, visitors, meetings etc.)
- The Day Book (staff communications, internal messages and reminders)
- Telephone Log (external agencies messages etc.)
- Staff issues (dental, GP and hospital appointments etc.)
- Vehicle (visibly check for damage to mirrors, lights and tyres)

- Weekly Checks include:
- Training Records, Policies and Procedures, Risk Assessments
- Health & Safety checks including: Fire Alarms, first aid box, obstructions, damages to fixtures and fittings, general wear and tear of the fabric of the building. Repairs and renewals (furniture, household equipment etc.).
- Finances: Household budgeting, food stocks, cleaning materials, resident's personal weekly allowance and any additional major personal spending i.e. Clothing, IPad, TV etc. (should the need arise).

Monthly Checks included the Residents finance report (this is an account of personal spending sent to the local authority) and medicines records being checked and verified.

We did not see any plans in relations to findings from these audits.

Most of the specialist training needed for staff to do their job had been sourced from the local community leaning disability team and the funding authority team of specialists. There was no ongoing management approach to looking at how to improve and build on the skills and knowledge of staff. The assistant manager had provided support and supervisions to staff, but his own had not occurred as frequently and despite having day to day responsibility they did not have access to a budget for further training. For example when we looked at training, there were gaps in some updates for staff, including first aid. The assistant manager said he would seek permission from the provider to organise this. He was not able to independently plan for and book training.

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.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured the recruitment process covered all aspects as detailed in schedule 3, and could not therefore be assured staff were suitable to work with vulnerable people. |