

CareEast Limited

Culrose Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 6 and 7 March 2017.

Culrose provides accommodation and care for up to 20 older people, some of whom may have developed dementia while using the service. At the time of our inspection, there were 17 people using the service. There are some bedrooms on the first floor, in the older part of the building, accessible by a lift. The majority of bedrooms and all of the communal space, is on the ground floor.

There was a registered manager in post. 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.

At the last inspection, the home was rated Good. At this inspection, we found the home remained Good.

Why the home is rated Good...

Staff understood how to keep people safe from the risk of harm or abuse. Risks to people's safety were assessed and staff followed guidance for minimising these. There were enough staff to support people safely. Recruitment processes contributed to protecting people from the employment of staff not suitable to work in care. People received support to take their medicines safely and any concerns about medicines management were addressed.

Staff were competent to carry out their roles and to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough to keep them well and had a choice of meals. Staff monitored people's health and wellbeing and ensured people could access professional medical advice promptly when it was necessary.

People were supported in a caring way by staff who had developed compassionate relationships with them. Staff respected people's choices, privacy and dignity, and encouraged people to maintain their independence.

Staff were aware of people's preferences, what was important to them, and their hobbies and interests and responded to these. They supported people to maintain their interests and to keep in touch with their friends and family. People were confident that, if they needed to, they could make a complaint about their care and have their concerns investigated and addressed.

There was stable and consistent leadership within the home, contributing to good staff morale and teamwork. People's views were taken into account in the way the service was operating and there were

regular checks to see what improvements could be made to ensure a good quality service.

Further information is in the detailed findings below.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Culrose Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 and 7 March and was unannounced. It was completed by one inspector.

Before the inspection, the provider completed a 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. The registered manager completed this and returned it when they needed to. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law.

During our inspection visit, we observed how staff supported and interacted with people. We spoke with four people using the service and three visitors. We also spoke with the cook, cleaner, two members of the care team and the registered manager. We reviewed care records for four people and a sample of medicines records, which included three we checked in some detail.

We also checked a sample of records to do with the quality and safety of the service. After the second of our inspection visits, the registered manager sent us some additional information we had requested. This included a sample of checks on the safety of the service, staff training records and their process for consulting with people using the service.

Is the service safe?

Our findings

The service remained safe in helping to protect people from the risk of harm or abuse. One person told us, "I am quite happy with how things are and I feel well treated." Two visitors to the service also said that they did not have any worries about the way their family member was treated. They also said they had no concerns about the way they saw staff treating other people who lived at the home. Staff knew how to protect people from harm and understood the importance of reporting any concerns so they could be investigated and followed up.

The registered manager continued to ensure they assessed risks to people's safety and welfare. They recorded these in people's care plans with guidance for staff about how to minimise these risks. This included risks to people with their mobility, from falls, to their skin integrity and from not eating or drinking enough. We saw staff assisting one person to transfer from their chair to a wheelchair in a way that was consistent with guidance within their care plan. This showed that staff understood how they should promote the person's safety.

Risks associated with the safety of the environment and equipment were assessed. The registered manager showed us that there were regular checks to identify whether they needed to take any action to improve people's safety. We found that cleaning materials on a trolley were left unattended and out of eyesight of staff. The registered manager put this right as soon as we pointed it out and to remind the relevant staff about people's safety. This helped to ensure people who may be living with dementia were not at risk of harm from these products.

Staff had access to training to enable them to respond appropriately in an emergency such as an accident or fire. The registered manager confirmed they were arranging additional training for staff to use equipment for evacuating people in the event of a fire, to enhance further people's safety.

There continued to be enough staff to support people safely. One person felt that, although staff did not always have time to sit and talk with them, they came quickly when they used their call bell. Another person told us that staff had told them not to worry about using their call bell and that they were always there to help. The person's family members said, "They [staff] are always reassuring [person] about using the call bell. There always seems to be plenty of staff around." During our inspection visit, staff answered call bells quickly.

Recruitment practices remained effective in helping protect people from staff who were unsuitable to work in care. A newly appointed staff member explained the process they had been through and the checks that were completed before they started work. Their records confirmed these checks were in place.

Medicines were still managed in a safe way by competent and trained staff. A person told us, "I get my tablets when they're due." There were few omissions from medicines administration records and we were able to establish that people had received the medicines they were due. We noted that one person left the home with family members before they had received their morning medicines. However, staff sought

professional advice promptly about managing this. The registered manager undertook to review the way that staff took account the management of antibiotics and considered planned activities when completing the medicines round.

Is the service effective?

Our findings

The service continued to support people effectively with their care. People told us that staff were competent to support them and understood their needs. For example, one person said, "Yes, they are excellent, very professional." Staff undertook regular training which they described as good, and had opportunities to work towards qualifications in care. A new member of staff told us how they were completing shadowing shifts until they were comfortable with carrying out their role. The manager monitored training to ensure staff kept this up to date and to arrange for it to be renewed when necessary. The process for supervision to identify staff performance and development needs was largely informal. However, staff confirmed their competence was assessed, that they felt very well supported and could seek advice from the registered manager at any time.

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. 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)."

All of the staff we spoke with understood the need to seek people's consent for them to deliver care. They described how refusals were respected and that they would return later to offer assistance if care was essential and in a person's best interests. People's capacity to make decisions was identified in their care plans. The registered manager was reviewing these to see if there was a change in individual circumstances or support needs. This was so that they could take action to ensure people's rights were protected and any restrictions essential for people's safety were properly authorised in accordance with the DoLS.

People received a choice of enough to eat and drink to ensure their wellbeing. Where people were at risk of not eating and drinking enough, staff were aware of this, offering additional support and increased monitoring. People were satisfied with the choice and quality of their meals. For example, one person told us, "We get loads of cups of tea, the food is lovely and there's lots of it. There is a choice and you can always have something else." People were able to choose where they ate their meals and one person told us how they much preferred to eat in their room. The cook was able to tell us about the specific dietary needs of people living in the home and what they did to meet these.

The service continued to support people to maintain their health and to seek professional advice when they needed it. For example, one person told us, "I'm just getting over an infection. The nurse practitioner comes every week and they get the doctor if I need it." A relative told us how, when their family member developed an infection, staff had arranged for the person to get treatment straight away. They said that they felt, "[Person] has got a lot better since being here." Records showed that people also received support from other health professionals including the district nursing team, speech and language therapy and the dietician.

Is the service caring?

Our findings

The service people received remained caring. Staff had continued to develop warm and compassionate relationships with people and described Culrose as having a "family atmosphere." One person said that sometimes they got lonely when they did not have visitors and that staff were busy. However, they went on to tell us, "They [staff] are all very good, they are lovely." We saw that staff encouraged them to spend time with another person living within the home and with whom they had developed a friendship. Another person explained that they had not wanted to be bothered to get out of bed when they arrived at the home. They told us how they felt much better now and, "The staff can jolly me along. I get on better with some of the older ones but they are all very good and all of them are polite." One relative had recently written to the service to thank staff for the way they supported a family member. They said, "The efficiency and warmth of Culrose was clear." They felt that the person had been, "...in the best possible hands."

A visitor told us, "They [staff] are always welcoming..." and that they could visit at any time. The registered manager and a staff member explained how used information technology to support one person to stay in touch with a relative who lived abroad. They arranged suitable times for this to happen, taking into account the person's wishes and time differences for their relative.

We saw that staff responded warmly to people and engaged with them and their family members sociably and with good humour. They tailored the way they communicated to suit people's needs and was consistent with guidance we had seen in people's care records. A staff member explained how one person living with dementia often responded positively to a particular song, so they sang with the person when they became anxious or distressed.

We heard staff asking people if they needed help and what they wanted to do. The registered manager explained that they always spoke with people about their care when they were reviewing care plans. People were not clear that they were formally involved in the regular reviews but agreed that they were asked about their care and what they needed.

When staff assisted people with their meals, they took into account people's dignity and sat alongside them. We saw a staff member gently encouraging one person to do what they could for themselves. Another person told us it was difficult for them to manipulate cutlery and so preferred to eat in their own room. The service had provided large handled cutlery to help them maintain their independence.

One person told us how staff respected their privacy. They said, "They always knock on the door. Oh yes, definitely." We saw this happen during our inspection visits. When people needed help with their care, staff recognised the importance of ensuring their respected people's privacy and closed bedroom doors. People were able to have some of their own belongings around them in their rooms to make them more homely. Staff respected the decisions of people who wanted to spend time alone in their rooms.

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs. People's needs were assessed so that plans could be developed with them about how they wanted their care delivered. Two visitors explained to us how the registered manager had been to talk to them and the person about what they needed before the person moved to the home. They felt that this process was thorough. They said that they had not yet attended any formal reviews with the person about their care but staff kept them informed about changes.

Care staff and the registered manager were able to tell us in detail about people's individual preferences, likes and dislikes. The cook also demonstrated a good understanding of people's food preferences so that they could take these into account in meal preparation. The registered manager recognised that they could incorporate more detail into electronic records to make them more focused on people's individual needs. They had plans for how they would make this happen and had arranged additional training in the computer system for staff.

The registered manager told us that people all had different breakfast times between 6am and 9.30am, whatever suited them. People we spoke with confirmed that they were able to have breakfast when they wished. They also said that staff assisted them with their care in the way they preferred. Staff knew about people's hobbies and interests. They had brought in books for one person who enjoyed reading and who shared them with another person using the service. One person told us they liked to read and that the mobile library visited regularly.

People told us about a baking activity and how much they had enjoyed it. There were regular coffee mornings that people and their friends or family could attend. Information about these was displayed so that people knew when they were to take place. During our inspection visit, some people joined in with a local church group to sing hymns. One person told us about a plan the registered manager had made for an outing locally, which they said they were looking forward to, "...when the weather gets better." Another person said that there were things they could join in with if they wanted to, but described themselves as not being very sociable and preferring to read or watch television in their room.

People and their visitors expressed their confidence that the staff and registered manager would deal with any complaints they had. Three people told us they did not have any concerns about the way they were supported. One commented, "I have no complaints but I would certainly raise them if I did." A visitor told us, "If I had a complaint I would go straight to [registered manager]. I think that's the best way but I'm quite happy with things." The registered manager maintained a record for complaints, their investigation and outcome.

Is the service well-led?

Our findings

The service continued to be well-led and managed. People and visitors spoken with all knew who the manager was and referred to her by name. They said that they felt they could approach her with any suggestions or problems they might have. There was a formal process for consulting people for their views, using surveys tailored around the five key questions we ask. The registered manager had looked at the results of these to see where improvements could be made if they were needed.

Staff said that the registered manager was accessible and supportive. They were confident that she would deal with any issues they raised if they needed to report poor care practices or other concerns. The registered manager had worked at the home for a long time and registered with the Care Quality Commission in 2010. This gave the service stability and consistency. The registered manager completed checks on the cleanliness and safety of the premises and equipment and monitored the care that people received. They worked some shifts alongside the care staff and had a robust and thorough knowledge about the needs of people living at Culrose.

We discussed proposals for increasing the size of the home with the registered manager. She was aware that, with a larger staff team, systems such as staff meetings and supervision would need formalising to help maintain good communication and consistent practice. Current systems were informal but staff were confident that communication was good.

One of the directors of the company owning the home visited Culrose regularly. We observed that visitors knew this and referred to the director by name. The registered manager explained how there were regular weekly meetings between herself and the director to talk about issues within the service, identify priorities and establish what needed to change or improve to develop the service. We saw records of these meetings confirming they took place regularly. A long-standing staff member told us that that they had seen things improving, such as activities and the decoration of the home.

There was a core of long-standing staff members, who had a clear understanding of their roles. They felt that teamwork and morale was good. A newer staff member was confident that they were included as a part of the care team and supported by both their colleagues and the registered manager. All of them said that they would be happy for a relative of theirs to be cared for at Culrose.