

Ms Jo Ball

Crows Nest

Inspection report

25 Prospect Place
Newbiggin-By-The-Sea
Northumberland
NE64 6DN
Tel: 01670 817696

Date of inspection visit: 30 April and 11 May 2015
Date of publication: 15/07/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The unannounced inspection took place on 30 April and this was followed by an announced day on 11 May 2015. We last inspected Crows Nest on 14 and 21 August 2014. At that inspection we found the service was not meeting all the regulations that we inspected in relation to infection control, safety and suitability of the premises and assessing and monitoring the quality of the service. At this inspection we checked on progress the provider had made in relation to action plans they had sent us following our inspection in August 2014 and found they were now meeting these regulations.

Crows Nest provides residential and personal care for up to 12 people with a learning disability. At the time of our inspection there were 11 people living at the home.

Crows Nest does not require a registered manager to be in post under its registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. In this service the provider is a 'registered person' who is in day to day charge, and who has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At the last inspection in August 2014 we found concerns with infection control and the safety and suitability of the premises. At this inspection we found the provider had implemented changes to the service to ensure all areas of concern that we had found, were addressed.

We found some issues with the storage and recording of medicines. We have made a recommendation that the provider follows best practice guidelines in relation to the management of medicines.

People were safe because the provider and staff team understood their role and responsibilities to keep people safe from harm. They knew how to raise any safeguarding concerns. Accidents and incidents affecting people were monitored and appropriate action taken to reduce the likelihood of a reoccurrence.

People's finances were checked and found to be correct, although we have made a recommendation that the provider follows best practice guidelines in relation to managing people's personal finances.

People were supported to take appropriate risks and promote their independence. Risks were assessed and individual plans put in place to protect people from harm. The service had emergency procedures in place and we contacted the local fire service who agreed to visit the service, meet the deputy manager and ensure all fire procedures were in place.

There were sufficient skilled and experienced staff to meet people's needs. Staff underwent employment checks before working with people to assess their suitability; however we found that the provider had not been as robust with procedures as they should have been and we have made a recommendation that the provider follows best practice guidelines in relation to the specialist needs of people living at the service.

Staff had received supervision and felt supported and appraisals were about to be undertaken.

People consented to their care and support before it was delivered and we saw examples of this in practice.

The provider and deputy manager were not fully aware of the implications of the Supreme Court judgement which had redefined the definition of a deprivation of liberty in March 2014. The service had not assessed whether people required a deprivation of liberty safeguards application to be made to the local authority.

People were supported to eat and drink and maintain a healthy diet, with choices of food they preferred.

Arrangements were made for people to see their GP and other healthcare professionals when they needed to do so. People had been referred for specialist support if that was required, for example, to the speech and language team.

People living at the service and staff had positive and caring relationships. People were involved in making decisions about how they wanted to be looked after and how they spent their time.

People told us they liked living at the service. They said staff treated them with respect and we saw people's dignity was maintained. Staff knew how to access advocacy services if the need arose.

People's individual needs had been assessed and their support planned and delivered in accordance with their wishes. People were involved in their support to ensure it was effective and were actively involved in a range of activities and encouraged to follow interests and develop new skills.

People's choices and decisions were respected and they knew how to make a complaint if they were unhappy with the service.

The staff appeared to have an open and honest culture with staff being able to ask for support when required, either at the regular team meetings or individually. Staff told us they felt supported by the provider and the deputy manager. One staff member said, "We are like a big family."

The staff within the service had good links with the local community and the deputy manager had made plans to further develop the service by attending the local area provider forums.

People were encouraged to make their views known and the service supported this by holding 'home meetings' and completing surveys.

Audits and checks were regularly made by the provider and deputy manager, although some of these lacked substance and required improvement.

Summary of findings

We found one breach in relation to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the need for consent. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

At the last inspection we found concerns with the premises and infection control, however the provider had taken actions to ensure satisfactory standards were now in place.

We made a recommendation to improve the way medicines were being managed.

People felt safe and their personal money was protected.

The service had enough staff to support people with their needs and had procedures in place for emergencies.

Requires improvement



Is the service effective?

The service was not always effective.

The provider did not meet the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff were able to deliver safe and effective care at the service although a recommendation has been made regarding training.

People were adequately supported to eat and drink items they preferred.

Requires improvement



Is the service caring?

The service was caring.

People thought the staff were “nice” and looked after them well.

People’s privacy was respected at the service. Staff treated people with respect and understood people’s individual needs.

We saw people were consulted in relation to their care on a daily basis.

Good



Is the service responsive?

The service was responsive.

Care records were in the process of being reviewed to ensure staff were able to meet the needs of people.

People had access to interests and activities they enjoyed and were able to participate at their choosing.

There were opportunities for people to express their views about how the service was being run and to raise complaints if they needed to.

Good



Summary of findings

Is the service well-led?

The service was not always well led

The provider had a quality assurance programme in place but this needed to be further developed to bring all relevant areas together and effect improvement as needed.

People told us they 'liked' the management team and felt confident within their presence. It was clear that the service was well managed in terms of the care and support given to people and the way that was done.

Requires improvement



Crows Nest

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 30 April 2015 and this was followed by an announced day on 11 May 2015. The inspection was carried out by two inspectors.

We reviewed other information we held about the service, including if we had received any notifications from the provider about deprivation of liberty authorisations and serious injuries. We also contacted the local authority

commissioners and safe guarding teams, care managers from the local NHS Trust, the local Healthwatch, a learning and development officer from the local NHS Trust and Northumberland Fire and Rescue Service. **Healthwatch** is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection.

We spoke with 10 people who used the service. We also spoke with the provider, the deputy manager and five care staff. We observed how staff interacted with people and looked at a range of records which included the care records for five people who used the service, medicines records for 11 people. We also looked at staff personnel files, health and safety information and other documents related to the management of the home.

Is the service safe?

Our findings

At the last inspection in August 2014 we found concerns with infection control and the safety and suitability of the premises. At this inspection we found the provider had implemented changes to the service to ensure all areas of concern that we had found, were addressed. We found the premises to be clean and tidy and generally well maintained throughout.

People told us they felt safe. We spoke with two people who answered, “Yes” to the questions, “Do you feel safe here?” and “Are staff nice to you?” Another person told us, “Staff are lovely, they treat me nice.” Another person said, “I am very safe here, staff have always helped me.”

We spoke with members of staff about their understanding of safeguarding. They had a good understanding of the safeguarding processes that were relevant to them, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse. Staff were aware of whistleblowing procedures and we confirmed policies were in place to support this.

The service used a secure cupboard to store medicines, although we found other items being stored in the same place that were not medicines related, including paperwork, personal finance information and money tins. We spoke with the deputy manager about this and she told us there was another room where the additional items could be stored.

One person spent time away from the service and took their medicines with them, although there were no processes in place to monitor what medicines were taken and if, in fact they had used them. We spoke with the provider and the deputy manager and they told us they would put new paperwork in place to ensure all medicines were accounted for.

Medicines administration records (MAR's), which staff used to record medicines given out to people, did not have full detailed guidance to support staff with ‘as required’ medicines. ‘As required’ medicines are medicines used by people when the need arises; for example tablets for pain relief or other remedies for a variety of intermittent health

conditions. When we asked one member of care staff to explain how and when one person received their ‘as required’ medicine, they were able to tell us and we saw that care records did hold some information on ‘as required’ medicines. The provider and deputy manager confirmed they would put further guidance in place with the MAR's.

Staff were competent to give medicines to people at the service and training certificates were available to confirm this. Medicine audits were regularly completed by the staff at the service and the provider. We discussed this area of audit with the two managers as the audits were focussed on checking the stock of medicines and did not cover other procedures or paperwork. The managers agreed this was an area to update. We noted that the services medicine's policy needed to be updated to reflect changes to be made and also with current best practice guidance.

We found one person who managed his own medicines and had a lockable cabinet in their room to keep the medicines safe from others. Risk assessments were in place to keep the person safe and staff told us there were no concerns with this practice as “They are very able to manage themselves.”

Risk assessments were in place and regularly reviewed to support people in their day to day lives. The staff promoted positive risk taking to encourage people with their independence. For example, one person said they participated in many activities outside of the service, including volunteering at a local community wood. Another person who was at risk of falls had a risk assessment in place tailored to their individual risks.

There was a cat and dog living at the service. There was a risk assessment in place to cover the pets, but the provider was not able to provide us with a record of their health upkeep, including worm and flea treatments, which was in line with the providers own guidance. The provider confirmed she would start to keep records of this information.

There were emergency procedures and premises checks in place to maintain a safe environment. Staff performed regular fire drills with the people living at the service and were able to explain the procedure they would follow to evacuate the building. We noted that no fire drills had taken place during the night when only one member of staff was on duty. We discussed this with the provider and

Is the service safe?

the deputy manager and they told us they were confident everyone would get out safely should a fire or other emergency occur. We contacted the local fire service and discussed this with one of the officers. They told us they would visit the service in the next few weeks to offer advice or any further support or guidance the provider or deputy manager may require and would check that evacuation procedures, including personal evacuation plans were satisfactory. The provider told us they lived next door so that if an emergency arose when they were present, they would be on hand to support people and the staff.

The service had adopted a picture signing in/out chart for staff and people living at the service, which showed who was in the building at any time. Staff explained, “The pictures are like a visual aid so that they [people] can see which staff member is working at any one time.”

We saw a copy of the recent five year electrical check for the service and noted some issues had been highlighted, for example “emergency lights needed to be on own circuit” and “socket in living room loose”. We spoke with the provider and they told us, “The report has just arrived. I have not had time to look at it properly.” It was confirmed by the deputy manager, just after the inspection, that all issues raised had been addressed.

Accidents and incidents were monitored and any issues arising were discussed within the team. The provider informed us of an incident which had recently occurred and we found that appropriate actions had been taken to safeguard the people within the service.

The deputy manager told us the provider was helping cover some of the shifts. She said, “We need to employ someone else.” We spoke with the provider about staffing and they told us they were relooking at staffing within the service. We found that throughout our inspection there were enough staff on duty to meet the needs of people at the service.

We checked recruitment procedures at the service. We checked the records for the last member of staff employed by the service. We saw that the staff member had started work approximately one month before their Disclosure and Barring Service (DBS) check was issued. DBS checks help employers to assess if an applicant is suitable to work with vulnerable people and confirm they have not been barred from doing so. This delay in obtaining a DBS check meant the information had not been available to the service prior to the recruitment of the staff member. In addition, there was no risk assessment in place to document the actions to be taken in relation to this risk. The provider told us that she had obtained references for the staff member; however these could not be found at the time of the inspection but the staff member confirmed they had been asked for. The provider confirmed any future new staff would be fully checked before starting work.

We checked individual's money and financial procedures, in connection with the belongings of people at the service. One person told us, “They look after my money and keep it safe because before, people (general public) would take money from me.” We counted money held within the service for three people and checked their account balances. We found all money to be correct although it was sometimes difficult to follow the system in current use, finding that some information had not been recorded or that balances were not clear within records. We discussed this with the provider who confirmed they would look at a clearer way of recording all financial information. We noted that some bank balances had remained at approximately the same amount for some time with little interest added and we felt there may be better options to accrue better interest rates.

We recommend the provider considers the current guidance on managing medicines in care homes.

We recommend the provider seek financial advice regarding people's finances.

Is the service effective?

Our findings

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The provider and deputy manager were not fully aware of the implications of the Supreme Court judgement which had redefined the definition of a deprivation of liberty in March 2014. This judgement ruled that if a person is subject both to continuous supervision and not free to leave, they were deprived of their liberty. The deputy manager informed us there was currently no one with a DoLS authorisation in place. She informed us that she had not assessed people who lived at the home to ascertain whether people were being deprived of their liberty under the new Supreme Court ruling. The deputy manager informed us that she would contact the local authority DoLS team for further guidance. Where a best interest decisions had been made, for example not to have a particular invasive medical test completed, this had not always been recorded fully within people's records. We discussed this with the provider and deputy manager and they told us they would ensure in future these were correctly recorded.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said staff asked them, "If it's ok" with them before they are supported. We checked two people's care plans and saw that people's consent to their care and support had been considered and checked. We heard people being asked before staff performed any support or personal care.

We looked at six staff members' training files and noted that training had lapsed in certain areas. We saw that staff had completed training in areas such as safeguarding, food hygiene and infection control but had not received refresher training within the provider's recommended guidelines. The provider told us they had found it difficult to source training in 2014. We spoke with the deputy manager who told us, "Training is a priority now." We saw that not all staff had completed training on the specialist needs of people who lived at the service, such as people

with learning disabilities or those who challenged the service. Following our inspection we spoke with a learning and development officer from the local NHS trust. She told us staff were now accessing their training.

In addition, training in Mental Capacity Act (2005) MCA and Deprivation of Liberty Safeguards (DoLS) had not been carried out. The provider told us that because they were a small independent service they sometimes felt "isolated" with regards to keeping up to date and being aware of best practice. The deputy manager was in the process of updating the training matrix which would give a clear overview of where training and updates were required.

Despite the lack of training in certain areas; we did not have any concerns with staff practices. We observed that staff communicated well with people and were knowledgeable about their needs.

We saw staff had received supervision from the deputy manager. However, staff had not yet had an appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements. The deputy manager told us that training and staff performance were high priority and that appraisals would be completed as part of that process.

Meals and refreshments were enjoyed by everyone whom we spoke with. People told us they were able to have the food they enjoyed. One person said, "We take turns to pick." We confirmed this from a list of menu's and could see which person had chosen that particular meal. During the two days of inspection we saw breakfast and lunch time meals being made and served. People's life skills were encouraged by helping with the shopping and preparation. Meal times felt unrushed and were a social event, with people generally sitting in the dining room chatting with each other or talking with staff. Where nutritional needs were identified, care plans were in place and input from health care professionals was requested.

Where people needed access to healthcare professionals, staff at the service ensured that this occurred. For example, we saw a referral to the speech and language team for one person where a need had been identified. We also noted appointment letters for physiotherapists, GP's and podiatrists and also letters after people had attended their appointments. This meant staff were fully aware of appointments and the outcome of such visits.

Is the service effective?

We recommend that the provider sources training for staff, based on current best practice and in relation to the specialist needs of people living at the service.

Is the service caring?

Our findings

We spoke with two people who told us they were happy at the Crows Nest. Both answered “Yes” to the questions, “Are staff nice to you?” and “Are you happy living here?” Other comments included, “The staff are lovely” and “I have known the staff a long time, they are nice.” We spoke with a care manager from the local NHS Trust. She told us that she did not have any concerns about people’s care and support.

We looked at the results from the most recent survey which was completed by people in October 2014. We noted that all 11 people had answered, “Yes” to the question, “Are the staff nice to you?”

We looked at one questionnaire which had been completed by a relative. This stated, “I have been visiting for over 20 years and whilst I am well aware that this is a care service provision, I feel it is my son’s home and have always felt able to treat it as such. The staff are caring and knowledgeable but more important open, honest and friendly. [Name of person] views the staff as part of his family group and that really says it all – well done.” The provider informed us, “We know everyone from back to front, inside out.”

People were well presented in their appearance which was achieved through good standards of caring. Staff we spoke with were able to tell us about people’s needs, likes and dislikes, history and future goals which helped them

understand the person and how to respond when offering support. One person told us staff sat with them and discussed their activities. They told us, “Staff care about me.”

We observed positive interaction between staff and people living at the service on the days of our visit. People were relaxed in the company of staff. Staff clearly demonstrated they knew people well and had a good understanding of their support requirements. On one occasion a person became upset with another and an argument ensued. Staff were quick to intervene and knew exactly what to do and were able to divert the argument.

People told us staff listened to them and respected their decisions. Some people chose to sit quietly in the sitting room and watch television and we saw staff respected their decision to do that. We heard one staff member say to a person, “Give me a shout when you’re ready.” This was because the person had wanted some privacy and was not ready to go out at that moment in time.

All the staff we spoke with were confident people received good care. A member of staff said, “People are really well cared for. Another staff member said, “It’s like home from home here. People are treated like members of our family.” Staff were able to give us examples of how they maintained people’s dignity, privacy and independence, for example during bathing or while providing personal care.

No one at the service had the use of an advocate, although the provider and deputy manager were aware of how to access one if the need arose. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Is the service responsive?

Our findings

One person told us, “I can go to bed when I want and get up when I want.” Another person said, “I like walking with the ramblers group and playing darts and pool at the pub.”

An assessment had been completed when people moved into the service. We read people’s support plans and noted these were personalised and individual to each person. We read one person’s “personal profile.” This stated “I am a good talker and love to chat to different people.” We saw staff spent time talking to her and she also enjoyed talking to other people at the home. Each person had a support plan which set out the support they received. These covered how the person was supported to meet their identified needs such as maintaining their personal hygiene, physical and mental health, finances and any behaviour which challenged the service. For example, one person was supported to maintain their personal hygiene and appearance. Support plans were reviewed regularly to ensure they reflected people’s current needs. We saw that care plans and risk assessments were not signed or dated to indicate who had written these to demonstrate accountability. The deputy manager told us they were in the process of reviewing all paperwork at the service, including care records.

Each person had a key worker and each month a ‘keyworker action sheet’ was completed listing any actions that needed to be completed. For example, care plan changes required or buying a coat for one person. This had been agreed with people and helped staff to remember what each person’s needs were in the following month.

Daily records detailed the activities and day to day living of people, including for example, food diaries, walks and exercise completed and oral hygiene completed. People we spoke with told us they enjoyed doing a range of varied activities. One person we spoke with told us they were involved with ‘Newbiggin in Bloom’ garden competition

and had gone out with judges. Staff told us and people confirmed they were going on a caravan holiday in June and were looking forward to it. People’s records confirmed visits to the theatre, concerts and other outings and holidays for people within the service. We saw that people were supported to access the local community. Some people attended a local day centre which focused on using creative ways to recycle textiles. We spoke with a care manager from the local NHS trust. She told us that staff promoted people’s independence and supported them to access the local community.

We saw that housekeeping skills were encouraged. These skills are important because they help promote people’s independence. We read one person’s care plan which stated, “I am encouraged to do my share of the house work and communal tasks, like setting the table at meal times and doing the dishes and hovering.” We spoke with this person who proudly showed us her room and told us that she helped keep her room clean and tidy.

People were able to make their own choices. One person was seen coming and going at their leisure throughout the inspection. They told us, “I do what I want.” People chose what they wanted their bedroom to be decorated like. One person showed us their bedroom and explained they decorated it with their own personal belongings. They said, “I put them there (soft toys), I like them there.”

People told us they knew how to make a complaint. There was a complaints procedure in place which was easy for people to follow. There had not been any complaints made in the inspection period from August 2014 to 11 May 2015. There was a ‘grumbles’ book which was used by staff to record the thoughts of some people who were not happy about a particular issue. It was explained by staff that this was not a ‘complaints book’, but a place/record for people to “get things off their chest.” We noted that the ‘grumbles book’ had not been used since before the previous inspection.

Is the service well-led?

Our findings

At the last inspection in August 2014 we found concerns with assessing and monitoring the quality of the service and found at this inspection that the provider had made improvements within this area.

A new deputy manager had recently started working at the service who had over 20 years' experience of social care services. The provider told us, "We needed a fresh pair of eyes to come in and see what we needed to do."

People told us they 'liked' the provider and deputy manager. One person said about the deputy manager, "She is very nice and kind." Another person told us, "She (provider) helps us all the time."

The home appeared to have an open and honest culture. All of the staff appeared to be content in their roles with the majority having worked at the service for many years. One staff member told us, "I love the people and like working here, I feel like part of the fixtures now." Another staff member said, "We are like a big family." Staff felt supported by the provider and the new deputy manager and confirmed they could ask for support at any time if it was needed. One person told us, "The deputy is helping us all with this training we have to do." Monthly staff meetings were held with a range of topics discussed, including people's care, system changes, training and staffing.

A number of audits and checks were carried out. We noted these covered areas such as medicines, care plans and the environment. These audits were limited regarding the depth that each area checked and sometimes information was recorded in different places. We felt audits and checks needed reviewed in the way they were documented and in the information gathered.

We noted that an audit for supervision had been carried out and the deputy manager had instigated staff

supervision as a result. Environmental and maintenance audits were carried out, including checks on emergency lights, water temperatures and cooked food temperatures. We saw that the home was generally well maintained, tidy and clean. We spoke with both the provider and deputy manager about audits and checks and they told us these would be reviewed and they would implement additional improvements straightaway.

A four year refurbishment plan was in place and the provider explained that on-going work with bedroom decoration was the next piece of work to complete with the roof of the conservatory on the agenda to renew, although they were unable to find a copy of the plan to show us at the time of the inspection.

The provider told us that she had not attended the local authority's forums where current issues, updates and best practice guidelines were discussed for providers with learning disabilities services. The deputy manager informed us that she planned to attend these forums to help ensure the development of the service. People and staff had links with the local community through services attended, fundraising activities and venues attended. One local and their dog who was passing by the service as we were leaving said, "Some lovely people live there."

House meetings had generally taken place every two month. Discussions had recently focussed on meals, holidays and redecoration. We noted that at one meeting nine of the 11 people were present and two staff members.

We noted that surveys were carried out to obtain the opinions of people, relatives and health and social care professionals. The deputy manager informed us that she had asked staff at the day centre where people attended to assist people to complete the questionnaires. She said that this would ensure that people were not influenced by staff at the home when completing the survey.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider had not acted in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.