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Crantock Lodge

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

We carried out an unannounced comprehensive inspection of Crantock Lodge on 30 October 2018. Crantock Lodge is a 'care home' that provides care for a maximum of 14 adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there were 10 people living at the service, some of whom were living with dementia. The accommodation is over two floors with a shared lounge and dining room on the ground floor. The first floor is accessed either by a passenger lift or stairs, which are fitted with a stair lift.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We spent most of the inspection in the shared lounge and dining room observing and talking with people. There was a calm and relaxed atmosphere at the service throughout the day of the inspection visit. People and staff welcomed us into the service and were happy talk to us about their views of living and working there.

People received care and support that met their needs because staff had the skills and knowledge to provide responsive and personalised care. People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments included, "You couldn't wish for more than we have here", "I love everything about it here. We are lucky to have this place", "I like things right and they are right here", "It's very, very good here. I get on well with the carers" and "I have a lovely room. I like it here, no problems."

People's care plans contained personalised information about their individual needs and wishes and they were involved in the planning and reviewing of their care. These care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

Incidents and accidents were logged, investigated and action taken to keep people safe. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. Risk assessments had been kept under review and were relevant to the care provided.

Safe arrangements were in place for the storing and administration of medicines. People were supported to access to healthcare services such as occupational therapists, GPs, chiropodists, community nurses and dentists. Staff enabled people to eat a healthy and varied diet. People told us they enjoyed their meals and there were ample choices on offer.

There were activities available for people to take part in such as, board games, cards, arts and crafts, quizzes and external entertainers. Staff supported people to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs in a timely manner. Staff knew how to recognise and report the signs of abuse. Staff were supported to develop the necessary skills to carry out their roles through a system of induction, training, supervision and staff meetings.

There was a positive culture within the staff team and the management provided supportive leadership. There were opportunities for staff to raise any concerns or ideas about how the service could be developed. People and their relatives described the management of the service as open and approachable.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The service had a suitable complaints procedure.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Crantock Lodge

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 October 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people and four visitors. We checked the premises and observed care practices during our visit. We also spoke with the registered providers, the manager, the cook and five care staff.

We looked at three people's care plans and associated records, Medicine Administration Records (MAR), three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel really safe here. They look after us really well", "I feel safe and secure here and it has given my [relative] peace of mind, she knows we made the right decision" and "[Person] seems safe, secure and happy."

There were systems and processes in place to protect people from abuse or unsafe care. Whistleblowing and safeguarding policies and procedures were routinely discussed with staff and staff attended regular safeguarding training. When we spoke with staff they were knew what action to take if they had any concerns or suspected abuse was taking place and were confident their concerns would be acted upon. The address and contact details of the local safeguarding team were available in the service and given to people in their information guides about the service.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, what equipment was required and how many staff were needed to support a person safely.

Records of incidents and accidents showed that appropriate action had been taken and where necessary changes made to learn from the events. Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were accessible to staff and visiting professionals when required.

There were safe and robust recruitment processes in place to ensure only staff with the appropriate skills and knowledge were employed. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

There were enough suitably qualified staff on duty and additional staff were allocated if peoples' needs increased, such as when someone was unwell. On the day of the inspection there were three care staff working at the service to care for 10 people. In addition, the manager, catering manager, housekeeper and the owners were also working at the service. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. Throughout the inspection we saw people received care and support in a timely manner and call bells were quickly answered.

Medicines were managed safely at Crantock Lodge. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. People's medicines were stored appropriately in locked cabinets in their

rooms. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held some medicines that required cold storage and there was a medicine refrigerator at the service. Records showed the medicine refrigerator temperatures were monitored. There were auditing systems to carry out weekly and monthly checks of medicines.

The environment was clean, odour free and well maintained. Hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately where required. There were suitable facilities to store cleaning materials when not in use.

All necessary safety checks and tests had been completed by appropriately skilled contractors. There were smoke detectors, fire extinguishers and an automatic misting sprinkler system installed at the premises. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Good

Is the service effective?

Our findings

People's need and choices were assessed before moving into the service. This helped ensure people's wishes and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses and opticians. This helped to ensure people's health needs were met. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. One person told us, "If I get ill they contact my [relative] and call the doctor if necessary."

People were supported to eat a healthy and varied diet. Drinks were provided throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. Tables were laid with linen cloths and condiments. People were offered a choice of alcoholic and non-alcoholic drinks to have with their meal. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. Comments from people about their meals included, "We have good food. We can choose anything we like there's always something" and "The food is very good. I like all my meals but if I didn't like something they offer anything you want."

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

People were supported to have maximum choice and control of their lives and the service's policies and

systems were designed to help staff provide support in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before providing assistance. People made their own decisions about how they wanted to live their life and spend their time.

Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity, equality and diversity and first aid.

The induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced members of staff.

Staff told us they were supported by the management through informal contact, because the owners and manager were visible in the service, and through formal one-to-one supervision meetings. Supervision meetings were held regularly as well as annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a stair lift and a passenger lift to gain access to the first floor. At the time of the inspection extensive building work was in progress. Some work had been completed, such as the upgrading and re-positioning of the kitchen. Other work to add an extension for four additional bedrooms and to upgrade some existing bedrooms, office space and shared living areas was on-going.

Good

Is the service caring?

Our findings

We spent most of the inspection in the shared lounge and dining room observing and talking with people. There was a calm and relaxed atmosphere throughout the day of the inspection visit. People and staff welcomed us into the service and were happy talk to us about their views of living and working there.

People spoke positively about staff and their caring attitude and told us staff treated them with kindness and compassion. It was clear that people had developed trusting and supportive relationships with staff. Comments from people and their relatives included, "They're very careful when they help me wash", "They're very caring people all round", "The staff are lovely." "The staff never seem to be rushed and they look after me pretty well", "I have lots of laughs with the carers" and "The staff all seem to be very caring."

The interactions between people and staff we saw throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care and support for people. They took the time to speak with people as they assisted them and we observed many positive interactions that supported people's wellbeing and respected their dignity.

People were supported by staff to make choices about their daily lives. Care plans detailed people's choices and preferred routines for assistance with their personal care and daily living. People told us they were able to get up in the morning and go to bed at night when they wished to, one person said, "I get up and go to bed when I want to." We saw people moved freely around the premises choosing to spend time in shared areas or their own room. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Care plans contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

We saw that people's privacy was respected. Staff knocked on bedroom doors and waited for a response before entering. When people needed assistance with personal care staff provided this in a discreet and dignified manner. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Staff supported people to keep in touch with family and friends. The service had installed Wi-Fi, that covered all areas of the premises, to enable people to access the internet on their personal devices. In additional, a separate land line had been installed, solely for people to make and receive calls from their family and friends. Relatives told us they were always made welcome and were able to visit at any time. Staff were seen greeting visitors and chatting knowledgeably to them about their family member. One visitor said, "The home is welcoming and so are the carers. They try to encourage the residents' families to get together and chat."

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings with people and their families and we were told about these meetings. For example, people chatted to us about a meeting when they had chosen the new carpet and curtains in the shared lounge.

Records were stored securely to help ensure confidential information was kept private. All care staff had access to care records so they could be aware of people's needs.

Good

Is the service responsive?

Our findings

The manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by external professionals and people's relatives to form the person's initial care plan. The manager was knowledgeable about people's needs and decisions about any new admissions were made by balancing the needs of people living at the service and the new person.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans gave direction and guidance for staff to follow to meet people's specific needs and wishes. These were reviewed monthly or as people's needs changed. Staff told us care plans were informative and gave them the guidance they needed to care for people. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and staff would regularly talk to them about their care.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. These records had been consistently completed and were informative.

Staff were given updated information about people's needs at the start of each shift. Daily records were written by staff detailing the care and support provided each day and how people had spent their time. Staff told us communication within the staff team and with management was good and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans.

There were activities on offer for people to take part in such as, board games, cards, arts and crafts, quizzes

and external entertainers. Some people chose not to join in the activities and this was respected. Staff talk us they tried to spend one-to-one time with these people as often as possible. People commented, "Sometimes we have a lady comes in and sings and we join in. Sometimes a man comes and plays guitar and sings." "We have activities with the staff. We have lots of laughs. We play cards sometimes." "I do enjoy when the lady brings the Pat Dog and always stays for a good chat."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so because the management were very approachable. However, people said they had not found the need to raise a complaint or concern, as one person said, "If I had a concern I could just tell them and they would deal with it."

Good

Is the service well-led?

Our findings

At the time of the inspection a registered manager was not in post. The previous registered manager left the service in June 2018 having been absent from the service for several months prior to leaving. The registered provider had been responsible for the day-to-day running of the service during that time, together with a new manager who was appointed in January 2018. The new manager was in the process of applying to become the registered manager of the service. 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.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager was supported in the running of the service by a deputy and the owners of the service. The management team were clearly committed to providing the best possible care for people and enhancing their well-being. There was a positive culture within the staff team and the management team provided supportive leadership. Comments from staff included, "We feel appreciated", "Good staff team", "We are treated with respect by the owners" and "It's all about the residents."

People and relatives all described the management of the service as open and approachable. Commenting, "It's definitely well run here. I've never had any complaints but if I did I would tell the manager", "The owner seems to be very hands on and always has time for you" and "If I felt something was wrong I would say so."

People and their families were involved in decisions about the running of the service as well as their care. The managers and owners were visible in the service and regularly sought people's views on an informal basis. In addition, there were regular 'residents meetings' where new developments for the service were discussed and people could contribute their ideas.

Twice yearly people, their families and health and social care professionals were given questionnaires to ask for their views of the service. We looked at the results of the most recent surveys and found many positive comments and answers. Where suggestions for improvements to the service had been made the manager had taken these comments on board and made the appropriate changes.

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. They did this through informal conversations with management, at daily handover meetings, staff meetings and one-to-one supervisions. One member of staff said, "The manager has been keeping us informed about the building and re-decorating work and we are asked our opinion about new carpets etc."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The manager and deputy carried out audits of falls, medicines, and care plans. The managers also regularly worked alongside staff and this enabled them to monitor the quality of the care provided by staff.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.