Care Quality Commission

Crosscrown Limited

Granville House

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

Overall summary

We inspected this service on 27 May 2015. The inspection was unannounced.

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.

The service provides accommodation and personal care for up to 23 older people. Seventeen people lived at the home on the day of our inspection.

Staff understood their responsibilities to protect people from harm and were confident the registered manager would investigate any concerns. The registered manager assessed risks to people's health and welfare and wrote care plans that minimised the identified risks.

There were enough staff to meet people's physical and social needs effectively. The registered manager checked staff had suitable skills and behaviours before they were employed. The provider regularly checked the premises were maintained to minimise risks to people's safety. Medicines were managed, stored and administered safely by trained staff.

Staff understood people's needs and abilities because they worked with experienced staff, spent time getting to

Summary of findings

know people and read their care plans. Staff received training and support that ensured people's needs were met effectively. Staff were encouraged to reflect on their practice and to develop their skills and knowledge at regular meetings with their line manager

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They sought advice from the supervisory body to ensure care and support was delivered in accordance with the requirements. No one was subject to a DoLS at the time of our inspection. For people with complex needs, their representatives or families and other health professionals were involved in making decisions in their best interests.

People were offered meals that were suitable for their individual cultural and dietary needs, which minimised risks to their nutrition. People were supported to eat and drink according to their needs and preferences.

Staff were attentive to people's moods and behaviour and supported them to maintain their independence. People were supported to obtain advice and support from other health professionals to maintain their health and when their needs changed.

Staff understood people's individual needs and preferences and treated then with kindness and compassion. People were treated with dignity and respect by staff who understood their diverse cultural and personal beliefs.

People and their relatives were involved in planning and agreeing how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences. Care plans were regularly reviewed and updated when people's needs changed.

People who lived at the home, their relatives and other health professionals were encouraged to share their opinions about the quality of the service. The provider and registered manager took account of others' opinions to make sure planned improvements focused on people's experience. The provider's vision and values were shared with people, visitors and staff so everyone knew what they could expect of the service.

The provider's quality monitoring system included regular checks of people's care plans, medicine administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

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 safe. Staff understood their responsibilities to protect people from the risk of abuse and to report any concerns. Risks to people's health and wellbeing were identified and care was planned to minimise the risks. The provider assessed risks within the home and took action to ensure people lived in a safe and comfortable environment. The registered manager checked staff's suitability for their role before they started working at the home. Medicines were stored, administered and managed safely.

Good

Is the service effective?
The service was effective. People were cared for and supported by staff with the relevant training and skills. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards. People's cultural, nutritional and specialist dietary needs were taken into account in menu planning and choices. People were referred to other healthcare services when their health needs changed.

Good

Is the service caring?
The service was caring. Staff knew people well and understood their individual and diverse preferences. Staff were kind and compassionate towards people. Staff respected people's privacy and dignity and promoted their independence.

Good

Is the service responsive?
The service was responsive. People and their families were involved in care planning, likes and dislikes were understood by the staff. Staff supported and encouraged people to maintain and develop hobbies and interests and to participate in shared activities and events. The provider responded effectively to people's comments and took action to improve the quality of the service.

Good

Is the service well-led?
The service was well led. People, their relatives and other health professionals were encouraged to share their opinions about the quality of the service which ensured planned improvements focused on people's experiences. The provider's quality monitoring system included checking people received an effective, good quality service that they were satisfied with.

Good

Granville House

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 27 May 2015 and was unannounced. The inspection was undertaken by one inspector.

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.

We also reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The registered manager had kept us informed about the information known to the local authority.

We spoke with four people who lived at the home and one relative. Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager, the assistant manager, the cook and three care staff. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. A relative told us they thought their relation was safe because, "There is no pressure, no stress."

The provider's safeguarding policy included training for staff to make sure they understood their responsibilities to keep people safe from the risk of abuse. Care staff told us they completed the training with the local authority during their induction. A member of care staff told us, "We had a booklet and had to pass the test." Safeguarding training explained the various forms of abuse, the actions staff should take and contact details for the local safeguarding team. A member of care staff told us, "I would report any concerns to the manager and they would sort it out. I have no concerns." The registered manager kept us informed of any referrals to the local safeguarding team and of the outcome of their investigations.

The registered manager completed individual risk assessments to identify people's individual needs and abilities. Where risks were identified people's care plans included the equipment needed and actions staff should take to minimise their risks. We saw risk assessments for people's mobility, skin condition, communication and memory. People were supported to take risks where the benefits outweighed the identified risks. For example, one person liked to walk up and down stairs around the home first thing in the morning. The registered manager had replaced the stair carpet and installed additional lighting on the stairs to minimise the risk of the person falling and to enable, "Maximum contentment", which benefited the person.

Records showed the provider completed risk assessments of the premises to make sure the home offered a safe and comfortable environment. The provider contracted with specialist suppliers to check and maintain the safety of essential supplies, such as electricity, gas and water. Records of daily and monthly health and safety checks were completed and up to date.

Care staff told us the equipment they needed to support people was always available and in good working order. They told us they had regular fire alarm tests and fire drills and knew what to do in an emergency. One member of care staff told us, "I had training in fire evacuation procedures. The electrician checks the fire alarms are working. When the alarm goes off we check which zone is safe and make sure people move to the safe zone."

People told us there were enough staff to support them according to their needs. A relative told us there were always enough staff around when they visited. A member of care staff told us, "There are usually three or four of us, plus the activities staff and a senior and the manager or deputy." We saw staff responded promptly to people and had time to engage with them one-to-one. Care staff told us, "There are enough staff" and "There are plenty of staff. We want to make sure people get the care they need." The registered manager explained there were enough staff because they scored people's abilities and dependencies to determine the staffing levels for each shift.

The registered manager checked that staff were suitable, and demonstrated appropriate skills and behaviours, before they started working at the home. A member of care staff told us, "I had a DBS and references checked before I started working here." Records of the checks the registered manager made included photographic proof of identity, proof of the right to work, references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Records showed the provider's disciplinary procedures were clearly stated and were used effectively when staff did not live up to their code of conduct.

A member of care staff showed us how they stored, managed and administered medicines safely. Medicines were delivered in blister packs, colour coded for the time of day, to minimise the risk of errors in administration, and kept in a locked cabinet. One member of care staff told us, "We have medicines training and regular competency checks" and "Only trained staff do meds, and they are named for each shift."

Staff told us they had the information they needed about medicines, which was available for reference with the medicines. There were protocols in place to guide staff for administering pain relief medicines when needed (PRN). A member of staff told us, "Some people can say if they need pain relief and for some people we look at their facial expression. We know people, so we know when they are expressing pain."

Good

Is the service safe?

The three medicines administration records (MAR) we looked at were signed in accordance with people's prescriptions and up to date. Staff showed us the number of tablets in one box of medicine matched the number written in the stock book. The member of staff told us, "If there is an error we know who was responsible because staff are allocated as responsible for medicines each shift." They told us the assistant manager observed their practice and counted each medicine twice a week to check people received the medicines they needed.

Good

Is the service effective?

Our findings

People told us the staff supported them according to their needs. One person told us, "The staff are nice, especially [Name] and [Name]." A relative told us, "They are very, very patient with [Name] and [Named staff] is excellent."

Staff told us they learnt how people needed to be cared for and supported during their induction, by working alongside experienced staff and reading people's care plans. A member of care staff told us, "I was observed when I started working, and I had feedback about my practice, so I know what is good and what to improve."

The provider told us all staff had a personal training and development plan to ensure they had the skills and competencies to meet people's needs. Staff told us their training supported them to understand people's needs and how to support them effectively. One member of care staff told us, "I had dementia awareness and healthy eating and food hygiene training. It makes you think."

Records showed that all staff had training, regular one to one meetings with their line manager and an end of year performance appraisal meeting. Staff told us they felt supported by the managers and felt confident in their practice. A member of care staff told us, "We have one to ones and team meetings and handover. I am kept up to date" and "If I wanted to speak to the manager I would just ask."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Care staff understood the requirements of the MCA. The registered manager told us, "If a person arrives under the Mental Health Act, we always review for mental capacity on arrival." Records showed that a team of health professionals consulted people's relatives and staff if decisions needed to be made in their best interests.

We saw staff asked people how they wanted to be cared for and supported before they acted. A member of care staff told us, "I have had training in the MCA and know about people's wishes. We ask them first. If they decline at first, they might change their mind, and if they still decline, we ask the mental health team for advice. We can't make someone do what they don't want to do."

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The registered manager understood their responsibility to comply with the requirements of the Act and obtained advice from the local supervisory body when needed. In the care plans we looked at, the registered manager checked that the person was not being deprived of their liberty and any restrictions were the least restrictive option to keep them safe. For example, one person had signed to say they would like bed rails, to prevent them from falling from their bed. No one was deprived of their liberty or was subject to a DoLS at the time of our inspection.

People told us the food was good and they had a choice of meals. People said, "The food is lovely" and "I have eggs for breakfast, a small lunch and supper. I can have an omelette or a pasty or a pudding for supper." A member of staff told us, "Breakfast is whatever they want – porridge, fried breakfast, cereals. It usually starts at 7:30 a.m." We saw people were supported to eat when and where they wanted. For example, we saw staff taking breakfast to one person in their room in the middle of the morning.

At lunch time most people went into the dining room to eat and there was a choice of meals. The dining tables were laid with cloths, napkins, glasses and flowers. This gave clear visual signals for people living with dementia that a meal was about to be served. We saw people were encouraged to join in a sing along before lunch. Staff told us the exercise of singing improved people's moods and appetites.

The cook told us, "We are on week two of a four week rolling menu, which we flex according to people's preferences. We ask each person every day what they would like." Care plans we looked at included people's food likes and dislikes, cultural preferences, food allergies and dietary requirements. We saw there were posters in the kitchen which listed foods to be avoided by specific individuals. Care staff explained how they ensured people were only offered food that suited their individual dietary needs. A member of care staff told us, "There is a choice of lunch and culture specific foods for [Name]. Two [Named people] are diabetic. They have their own biscuits and yoghurt, and fruit."

Good

Is the service effective?

Records showed staff monitored people who were at risk of poor nutrition by weighing them regularly and recording whether they ate well. Staff asked other health professionals, such as a dietician and GP, for advice when they had concerns about people's nutrition.

A relative told us staff supported their relation to maintain their health. They told us, "The manager makes sure they get what they need and the GP comes here to see them." People's care plans included information about their health conditions and contact details for their GPs and specialists, which meant staff knew which health professional to contact for advice and support. Records of people's daily living showed they saw doctors, district nurses, speech and language therapist and mental health nurses when they needed to. Staff kept records of the health professionals' advice and monitored the outcomes of following their advice, so they knew which actions were effective.

Good

Is the service caring?

Our findings

People told us they liked living at the home and staff were kind to them. One person told us, "They look after me" and another person said, "I think of [Named staff] as my daughter." A relative told us, "We are very comfortable with the relationships. The staff are very, very patient with [Name]."

In the provider information return (PIR), the provider told us they assessed staff skills and behaviours at recruitment to ensure staff displayed, "A caring and gentle nature, a sense of humour, self-respect, dignity and compassion." We saw the provider displayed their philosophy of care on a poster in the hallway, which stated, "People are entitled to the same care, love and respect we would expect members of our own family to receive."

Most people were not able to tell us whether they were involved in planning their care, but records showed that people and their relatives were consulted about their care plans. In the PIR the provider told us they accessed the local advocacy service, for people who could not express their wishes, but did not have an independent representative. The provider had signed up to a local authority programme called, "Living well with dementia" and staff had signed the dementia pledge. The dementia pledge is made by adult social care providers to publicly state their commitment to providing excellent dementia care services and to acknowledge and value the contribution that all of the workforce make to the provision of excellent dementia care services.

Staff understood people who were not able to communicate verbally and supported them with kindness and compassion. Staff told us the most important thing was to get to know people so they could support them in the way they preferred. Staff told us, "We chat with people to learn about them and what they like" and "I spend a lot of time getting to know everyone's preferences." We saw staff knew and understood people well. They offered people comfort, reassurance and a distraction when they appeared anxious. We saw people were less anxious after staff spent time with them.

A relative told us, "The staff are jocular and very co-operative. It works well." Staff responded to people's individual and diverse needs. For example, some staff spoke with one person in their first language and all the staff called the person by a name that was respectful in their culture.

Staff told us that named keyworkers ensured people received a personalised service, which promoted their wellbeing. A member of care staff told us, "A keyworker keeps the person's room tidy and checks their clothes. If they need anything, their money might be in the safe, or we tell their families. We can use the home's money for them if we need to. No-one goes without anything."

A relative told us, "[Name] is treated with respect." We saw staff encouraged and supported one person to adjust their clothing to maintain their dignity. Staff told us it was their responsibility to respect people's individual preferences. A member of staff told us, "I knock and see if they are ready to get up. It all depends on whether they want to get up or not. There's no set person or routine" and "Some take longer than others, but I'm not going to rush anyone."

The registered manager told us that they regularly reminded staff that, "People live at the home, staff only visit." A relative told us their relation must feel 'more at home' because they had, "Stopped fretting about going home." Care plans showed people were supported to maintain their independence as much as possible. For example, in one care plan staff were instructed to, 'be in the kitchen', while the person made their own tea, to support their independence but to make sure the person used the equipment safely.

Good

Is the service responsive?

Our findings

People told us they were happy living at the home and that there were plenty of things to do. One person told us, "It's alright here. I am enjoying doing the word searches. We go out sometimes." Another person said, "I am happy out here [in the garden]. I don't want to mix with the others, but they enjoy the exercises."

People's care plans included details about their personal history and occupation, hobbies and interests and a section called, "Things that are important to me." We saw staff signed the care plans to show they had read them and understood what they needed to do to support each person. A member of staff told us they needed to read the care plans because, "Some people are more talkative than others."

Staff kept a daily record of people's appetites, moods and behaviours. Care plans were reviewed every month and updated when people's needs changed. Staff told us they were kept up to date with any changes in people's needs before each shift. A member of care staff told us, "There is a report for each person at handover, so I know what's happened, what to look out for and we read the care plan before we start work. It only takes a few minutes to read the updates and we have a chance to ask the previous staff too before they leave."

People were protected from the risk of social isolation because the provider had employed two activity co-ordinators to provide stimulation and additional meetings to ensure everyone was involved in activities of their choice. During our inspection we saw people took part in activities that interested them. The activity staff encouraged people in one-to one and group activities. We saw a group of people did armchair exercise and singing, encouraged by staff, and two people played dominoes with staff. One person went out independently several times a week, to up meet up with friends at another one of the provider's group of homes.

Some other people were engaged in solitary activities, such as reading and word searches. Staff noticed when people did not want to join in and spent time engaging individually with people, by looking through photo albums. There were posters of previous decades around the room, which encouraged people to reminisce about their lives. Staff told us their favourite part of their job was sitting and chatting with people about their memories. One person told us they did not want to join in anything because they were happy with their own company and went out with their relative whenever they could.

There was a copy of the complaints and concerns policy on display in the hallway so people knew how complaints would be handled. The policy included the statement, "Concerns will be dealt with immediately." The registered manager told us they had not received any formal written complaints. They told us, "Any problems are sorted out straight away." One person told us when they had been unhappy about something, the registered manager had listened and taken action to, "Change things." They told us about an action staff took when they raised an issue with them. The person told us they were satisfied with the resolution. A relative told us, "If there are any problems, they sort it out."

Good

Is the service well-led?

Our findings

People told us they were happy with the quality of the service and they were able to make their opinions about the service known. They told us the managers took action to improve the quality of the service if they had any concerns.

The service was delivered in an open and transparent way and action was taken to improve people's satisfaction. The provider invited people, their relatives and other health professionals to take part in an anonymous survey about the quality of the service. The provider analysed the results of the survey and posted an open letter in the hallway, which highlighted what people said was good about the service and what people thought could do with improvement.

The registered manager told us about the actions they had taken to improve people's satisfaction during the previous 12 months. The registered manager told us they had raised the temperature in one of the bathrooms and had suggested some changes in routine and equipment for one person. They told us complaints about noise had ceased when the recent building work was completed. In the latest survey we saw people had commented, "Everything is great, can't complain about anything" and "Nothing [to improve], very happy." Compliments and thank you cards were displayed in the hallway where everyone could see them.

Records of the most recent meeting for people who lived at the home, included one person's comment that they, "Like to see staff happy, it makes them feel happy." All the staff told us they were happy working at the home, because the management team was supportive and all staff shared the provider's philosophy of treating people with. "Care, love and respect." The cook told us, "It's a lovely home. I like working here. I like making the food they want to eat."

Staff told us their responsibilities and accountabilities were clearly set out and they were allocated specific responsibilities for their shift. Records showed that staff had regular opportunities to discuss their practice, personal development and issues about the service. Staff told us they felt informed and confident in their role, due to the managers' leadership, and secure in their employment. All of the staff had completed, or were undertaking, nationally recognised qualifications in health and social care. Records of staff team meetings showed staff discussed best practice issues and were reminded to be proactive in responding to people's unspoken needs.

The provider met their obligations to appoint a registered manager, who also understood the responsibilities of registration with CQC. The registered manager kept us informed of important events that happened at the home and of the outcomes of investigations they undertook in response to concerns being raised. The provider's registration certificates and a copy of our previous report were displayed prominently in the hallway.

The registered manager conducted regular checks of the quality of the service through a series of audits. Records showed the registered manager checked that the home was in good repair, that care plans contained all the relevant information and were regularly reviewed, and that medicines were administered as prescribed. A member of staff told us, "There is a twice weekly audit of the medicines. They are all counted. If there is an error we know who was responsible because the staff are allocated as responsible for the shift."

The registered manager analysed accidents, incidents and falls by the person, the location and the time of day, to look for patterns or trends. Records showed the registered manager took action to minimise the risk of a reoccurrence through the use of additional equipment and the advice of other health professionals. The registered manager told us they would review their current audit programme to better reflect the fundamental standards of CQC's new approach to inspection.