

Brighton and Hove City Council

# Brighton & Hove City Council - Craven Vale Resource Centre

## Inspection report

Craven Road  
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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

### About the service

Craven Vale Resource Centre provides personal care and support for up to 31 people at the time of our inspection 24 people were using the service. It provides care to people on short-term placements. People are supported with reablement following discharge from hospital, to regain their independence and ability to return home.

### People's experience of using this service and what we found

There was a welcoming environment. We saw many positive interactions between staff and people and people told us staff were kind and caring.

People enjoyed living at Craven Vale and felt safe. Medicines were managed safely by suitably trained staff. There were effective systems in place to protect people from harm and staff understood their responsibilities to report any concerns. There were sufficient staff to respond promptly to people's requests for support. Recruitment processes enabled the provider to make safe recruitment decisions.

Staff felt supported and received training to ensure they had the skills and knowledge to meet people's needs. People enjoyed the food and their dietary needs were met. People were supported to access health and social care professionals if required to support reablement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were a range of activities available to people. Care plans contained information that enabled staff to meet people's needs and value people as individuals. People were confident to raise concerns. All complaints were dealt with in line with the provider's policy.

The management team and provider promoted an open culture that valued everyone. Staff felt valued and were positive about the improvements that had been made at the service. There were effective systems in place to monitor and improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was Good (published 21 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection team consisted of one inspector and a Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Craven Vale is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

This inspection was unannounced.

### What we did before the inspection:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

During the inspection we observed how staff interacted with people. We spoke with seven people and one relative to gather their views. We looked at records, which included five people's care and medicines records. We checked recruitment records for five staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the registered manager and six staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel very safe here but still a part of the community".
- Staff had a clear understanding of their responsibilities to identify and report any concerns relating to harm or abuse. One member of staff said, "I would inform my manager, or I could contact social services".
- The provider had policies and procedures in place to ensure safeguarding concerns were investigated and appropriate action taken to protect people from harm and abuse. Records showed that policies and procedures were followed.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, pressure care and malnutrition. Staff were familiar with and followed people's risk management plans, appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems.

Staffing and recruitment

- We observed, and staffing rotas showed that planned staffing levels were being achieved. In instances where the registered manager identified potential shortfalls in staffing levels, they ensured the correct contingency plans were in place.
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- Staff were recruited in a way that ensured they were suitable to work in a care setting.

Using medicines safely

- Medicines were managed safely, people received their medicines as prescribed. One person told us, "They are very diligent with how medicines are given, and always on time. Several staff are able to give medicines and they all do it to the same standard".
- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with guidance.
- Medicines incidents were recorded and investigated. Records showed actions were taken in response to prevent re-occurrence.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.
- The registered manager ensured learning was shared across the staff group following incidents
- We saw an example where a person had experienced a fall. The registered manager reviewed the risk and made a referral to the person's G.P, as a result the person's quality of life improved and they did not have any further falls.

#### Preventing and controlling infection

- The service was clean and free from malodours. There were systems in place to ensure all areas of the service were kept clean.
- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported to identify their rehabilitation goals and staff worked alongside healthcare professionals to ensure these were achieved
- People's needs were assessed prior to them moving to the service. Assessments were used to develop person centred care plans that respected people's diversity. This included identifying and respecting people's life histories.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example people who had been assessed as at risk of malnutrition. This was managed through a nationally recognised approach.
- The registered manager ensured that people were supported in line with good practice guidance by implementing training and systems that encouraged these approaches.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A person we spoke with told us "Staff show they understand (medical condition) and what it means for (my relative). They always explain what they are intending to do and ask if it's ok".
- Staff were supported through regular supervisions and an annual appraisal. One member of staff told us, "I get regular supervision."
- Staff received training to ensure they had the skills and knowledge to meet people's needs. One member of staff said, "The training is decent".

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food they received. One person told us, "The food is good. There is always a choice of meat and vegetable based meals. There have been times I didn't want either choice and they have made scrambled egg or baked potato".
- Care plans detailed people's specific dietary requirements and we saw that people received food and drink in line with their care plans.
- The lunchtime meal was a relaxed and sociable experience.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Craven Vale had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.

- People were supported to live healthier lives through regular access to health care professionals such as their GP's or occupational therapists.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments and the guidance was followed by staff.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- The service allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- People's rights to make their own decisions were respected and people were in control of their support.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "If we have concerns about a person's capacity, then we need to make sure it is decision specific".

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said "Staff are friendly, kind, patient and caring, and I couldn't ask for more than that. They care about making you feel cared for".
- Staff showed compassion and understanding when supporting people and people felt they were listened to.
- Staff understood the importance of treating people as individuals and respecting them for who they were. Staff used their knowledge of people to engage with them in a way that valued and respected them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. People were given choices, and these were respected by staff.
- People told us they were given opportunities to contribute to their care and they felt involved in the process. One person said, "I always know where I am with my treatment and the timescale we are working towards for me to go home".
- People's care plans detailed their preferences; these plans were regularly reviewed, and people were asked if there was anything they wished to change about the care they received.

Respecting and promoting people's privacy, dignity and independence

- People told us staff delivered personal care in a respectful way that promoted their dignity. One person said, "The staff are cheerful and chatty. They are very helpful, but they make sure I do what I can do for myself. If I can't manage my mobile phone, staff will dial for me, and they keep it charged up for me. The staff know me very well, and exactly how to help me".
- Staff described to us how they provided care in a way that was dignified. One staff member said, "It's important we ask people how they would be treated". Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept locked away and were only accessible to authorised persons.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure they delivered person centred care. People's care plans were regularly updated to reflect people's changing needs.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support people and meet their needs.
- The leadership team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessments captured information about people's communication and any sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory impairment.
- Staff were knowledgeable about people's communication needs and ensured people were supported in a way that maximised their communication. This ensured people were able to express themselves in a way that suited them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to join in with activities that were flexible and tailored to people's needs.
- People enjoyed living at the service and were supported to maintain important relationships.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.

- People told us they knew how to make a complaint. There had been no complaints since our last inspection.

#### End of life care and support

- Craven Vale provides short term placements and does not deliver end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were given opportunities to contribute feedback and ideas regarding the running of the service. People and staff told us the leadership team got involved in the day to day running of the service. One staff member said [provider] is not scared of mucking in".
- Staff were extremely complimentary of the support they received from the registered manager. One staff member said, "I can go to them with any problem" another said, "I can get support for any problem or issue".
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. People told us the service was well run.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- The registered manager was supported by senior managers within the local authority. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place and had further plans to improve them. These included, safeguarding, medicine records and accidents and incidents. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- People and their relatives had opportunities to provide feedback through surveys, people and their

relatives had opportunities to attend meetings and raise any comments via an open door policy at any time.

- From our observations and speaking with staff, the registered manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.