

Mr & Mrs R Tarrant

Cromarty 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

The inspection took place on 6 and 8 October 2015 and was unannounced. This service was also inspected on 18 November 2014 but, due to unforeseen circumstances, we were unable to complete a report for that inspection.

Cromarty House provides care and accommodation for up to eight people who have a learning disability. The service had 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.

People and staff were relaxed throughout our inspection. There was a lively, friendly and homely atmosphere. People, where able, told us they enjoyed living in the home and relatives confirmed they were happy with the care and support people received, saying "We think the place is wonderful."

Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People, as far as able, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people.

Summary of findings

Strong relationships had been developed and practice was person focused and not task led. Staff were highly motivated, creative in finding ways to overcome obstacles that restricted people's independence, and had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted to live full and active lives and were supported to be as independent as possible. Activities were meaningful, reflected people's interests and individual hobbies and helped to develop new skills.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, community psychiatric nurses and speech and language therapists.

People told us they felt safe. Comments included, "I feel safe". All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be taken seriously and acted upon.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which

determined they were suitable to work with vulnerable adults, before they started their employment. Relatives and friends were always made to feel welcome and people were supported to maintain relationships with those who mattered to them.

People, where able, and those who mattered to them knew how to raise concerns and make complaints. Nobody told us of any concerns or complaints they had made, and no written complaints had been received by the service.

Staff described the management as supportive and approachable. Staff talked positively about their jobs. Comments included: "I really enjoy it!" Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were trained and had the correct skills to carry out their roles effectively.

Staff understood their role with regards to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Applications were made and advice was sought to help safeguard people and respect their human rights.

There were effective quality assurance systems in place. Incidents were recorded and analysed. Learning from incidents was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted to protect people.

People were supported by staff who managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs.

Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People moving into the service were supported by staff who worked hard to learn about them and worked as a team to share improve the support given.

Good



Is the service well-led?

The service was well-led. The registered manager had instilled clear values that were understood and put into practice.

Staff were motivated and inspired to develop and provide quality care.

People and staff were involved in a meaningful way to improve the service and enabled to make suggestions about what mattered to them.

Quality assurance systems drove improvements and raised standards of care.

Good



Cromarty 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 unannounced inspection took place on 6 and 8 October 2015 and was undertaken by one inspector.

Before the inspection, we asked the provider to complete 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 reviewed information we held about the service. This included previous inspection reports and notifications 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 three people who lived at Cromarty House, the registered manager and four members of staff. After the inspection we spoke with two family members and a health and social care professional.

We looked at four records related to people's individual care needs and three people's records related to the administration of their medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People, where able, told us they felt safe and relatives confirmed they also felt people were safe living at Cromarty House.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and action taken. One member of staff commented, "I would feel confident to raise concerns with the manager and they would definitely act on them." Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with. A safeguarding flowchart and the local safeguarding team contact details were displayed in the hallway, so people and staff knew how to report a concern.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. Relatives also confirmed this was the case. Staff were not rushed during our inspection and said they felt there were sufficient numbers of staff on duty to support

people. The registered manager confirmed the staff rota was planned according to people's needs and reviewed if people's needs increased. For example, external professionals had recently found that one person benefited from sensory stimulation and this was provided by staff every morning. This reduced their anxiety and stress and helped minimise behaviour that put them at risk.

People were supported by staff who understood and managed risk effectively. Where necessary items that were assessed as being hazardous to people's health and safety, if they used them without staff support, were locked away. The locked cupboards had pictures on so people knew what was kept where and were supported by staff to get things out when they needed to. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicines audits were undertaken by senior staff regularly and by a pharmacist annually to ensure safe practice. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. Staff were knowledgeable with regards to people's individual needs related to medicines. One person told us "Staff help with my tablets because I got mixed up, so I asked for help." Staff told us they used body language to recognise when one person, who could not communicate verbally, might be in pain and therefore needed 'when required' medicine.

Is the service effective?

Our findings

People were supported by staff who effectively met their needs. The registered manager told us "With the staff team I've got here, I don't go home worrying because I know they're well trained and know what they're doing."

New members of staff completed a thorough induction programme. This included training and shadowing to develop their skills and knowledge, and an assessment on their ability to carry out different aspects of the job. New staff undertook the new care certificate. The Care Certificate is a national qualification for all staff new to care. The registered manager also used it to refresh the knowledge of new staff who were experienced in care.

On-going training was planned to support staffs' continued learning and was updated when required. A staff member told us they had asked for team leader training to increase their confidence and had been able to do it. They had also asked for more in depth medicines training as this was an interest of theirs and had been supported to achieve this. They commented, "It's good to refresh your knowledge and we're well supported here." The registered manager said, "People need to work to a certain standard and training helps them keep thinking about that." External professionals who were involved in people's lives, were used to deliver training courses for staff aimed at meeting the specific needs of individuals they supported.

Staff commented they felt well supported through one to one, daily handovers and team meetings that took place. Staff told us they used them to discuss changes to care plans, issues of concern, learn from each other and discuss ideas. Comments included, "We all want to push forward and make it as good as it can be. We think of changes big or small, and discuss as a team to see if they'll work," and "at the last team meeting we discussed shift patterns and whether they could change so we could take people out for longer." The registered manager told us people were invited to attend team meetings too, if they wanted to discuss something with staff. One person confirmed they had attended a team meeting to explain how they would like to be supported if they got anxious.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become,

deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager had a good knowledge of their responsibilities under the legislation. We saw documentation that demonstrated applications had been made for people and were awaiting authorisation by the local authority. The registered manager had also kept families informed about how the MCA and DoLS applied to people who lived at Cromarty House.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of how people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf.

People were supported by staff who were mindful of how their environment could be adapted to support their needs. One person, who preferred to move around independently of their wheelchair, had a bed, table and chairs that were low to the floor so they could access them without staff support and without needing to use their wheelchair. This meant they could move around in the way they preferred and still maintain their independence.

People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed, and listed what staff could do to help each person maintain a healthy balanced diet. Residents meetings were used to discuss people's meal preferences so they could be incorporated within the menu. If someone did not want what was on the menu, alternatives were available. One relative confirmed people were involved in cooking and preparing their meals. Where people were unable to communicate their likes and dislikes, staff confirmed they used the knowledge of family members, and also recorded any new meals that the person did or did not like. Staff supported people sensitively when they requested assistance. For example, one person asked if they could use a spoon rather than a fork to eat their lunch. The staff member promptly supported them to get a spoon from the kitchen.

People's day to day health needs were met. People were supported to see health care professionals promptly when they needed to, such as, GPs, dentists and opticians. Care

Is the service effective?

notes evidenced how advice was then followed by staff. For example, one person had been advised to try a lactose free diet for a month. Their care plan had been updated with guidelines for staff about how to support them with this. Another person who had a history of not wanting to visit a dentist, had been successfully supported to attend a check up. Staff reported how they had found a common ground

between the dentist and the person in order to build trust and reduce the person's anxiety. The person's relative reported that the person had since had further procedures at the dentist. They commented, "They coped very well with [...]s teeth. We couldn't get him to the dentist, but now he's had one tooth out with ordinary anaesthetic - which is a very big thing!"

Is the service caring?

Our findings

People told us they felt well cared for. They spoke highly of the staff and the quality of the care they received.

Comments included, "I love it, living here. They're like my family." Feedback from relatives included "We feel the care given to [...] is very good and he is treated as a member of the family." Staff spoke positively about people, saying "She's so lovely to look after" and "I really enjoy working with the group of people here. It feels like an extended family that acts in everyone's best interest." The registered manager confirmed, "Everyone that lives here, it's their home and it should feel like that."

People were supported by staff who respected their privacy and dignity. Staff told us "I shut the door and close the curtains when providing personal care and explain what I'm doing," and "We only have one carer providing personal care, where possible, to maintain dignity."

Staff showed concern for people's wellbeing in a meaningful way and interacted with people in a caring,

supportive manner. One person told us, "When I felt depressed, I talked to staff and they listened to me and I felt better." and "If I have a problem, I tell someone and they sort it out for me." A member of staff confirmed "Everyone here is of the same mind set and no staff member would stand by and hear someone being disrespected."

Staff knew the people they cared for. They were able to tell us about individual's likes and dislikes, which matched what people told us and what was recorded in individual's care records. Comments included, "We make an effort to spend time with people."

Friends and relatives were able to visit without unnecessary restriction. Staff commented, "We know the relatives, we take time to chat with them and that makes us approachable if they have any concerns." Visitors told us they were always made to feel welcome and could visit at any time. They commented, "Great staff, always welcoming and make parents feel they are part of the family," and "They'll always ring me. If something's happening they'll always let me know."

Is the service responsive?

Our findings

The staff were responsive to people's needs. One relative commented, "We think the place is wonderful." Other relatives confirmed the support people received was based on their needs, "[...] likes to follow his own routine and they support him with that." and "[...] can get quite stressed so it's best to write things down, he can follow it better then. I used to do that and that's how they do it at Cromarty House too."

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. One person told us, "My care plan is about me and I look at it with the manager to check it's all up to date." Comments from staff included, "There is enough information without it being too much. It's in a simple format and it's easy to read." The registered manager told us if someone's needs changed, the care plan was updated immediately and staff confirmed this was the case.

People were involved in planning their own care and making decisions about how their needs were met. For example, one person recognised they found it difficult to avoid buying a lot of unhealthy food when they went food shopping, so they asked if staff could buy food for them and they would buy everything else they needed. They told staff what food they wanted them to buy; this enabled them to have control over what was bought but not the risk of buying so much unhealthy food. A relative told us "[...] is definitely listened to. [The manager] is always telling staff to listen to them as any anxiety is usually because people haven't listened properly." Care plans recorded the level of support required for each task. One person confirmed, "I try to have a go at cleaning and hoovering and staff do the rest."

People were supported by staff who made sure they had as much choice and control as possible. Care plans recorded how people liked to communicate and be supported to make choices. Staff gave examples of how they used different forms of communication to encourage people to make decisions. This included the use of real objects to offer choice, touch, photo cards and people's body language.

Staff were knowledgeable about the different ways people communicated using body language and were able to interpret those actions to ensure people received the care they needed in the way they wanted it provided.

Comments included "If someone can't tell me what they want, I'll be able to tell from their expression." The registered manager told us the importance they placed on staff learning how to communicate with people, "Staff know the cues of when people are getting stressed or anxious. New staff need to take the time to get to know people so they can recognise them too."

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. The registered manager told us they had just taken over an allotment. People could choose to use the allotment to get exercise, learn about gardening, and about where food comes from. Other activities were planned each week according to what people wanted to do, which included both individual and group activities. Relatives commented, "[...] normally goes out alone with staff and goes out regularly, I don't know how they do it. They do really well with the amount of things they do. We even get hampers full of things they've made, at Christmas!" and "They all make [...] 's life as interesting and happy as possible," Community based activities included college courses, social groups, bowling and visiting National Trust properties. Home based activities incorporated doing things such as cooking and craft.

People were supported, when moving into the service, by staff who were keen to ensure their needs were met. Staff described how a person who had recently moved to Cromarty House had been supported to settle in. The person's mother was able to work alongside staff, initially, to give them time to get to know the person. As the person couldn't communicate verbally, staff used information from their parents to understand their needs. A staff member told us "There was a daily plan in place at the beginning, but the manager consulted with us to see if it worked, and changed the care plan according to our feedback. Staff recorded anything new they found out about the person, so everyone could support them better." Staff told us they could now recognise which things the person enjoyed. The registered manager told us they also used external professionals for advice about equipment that would aid the person's communication, for example a buzzer that could be used by the person to communicate choice.

Is the service responsive?

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home and people had their own copies which were in an easy read format for people wanted it. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. A relative said, "I have no complaints but I do

feel I'd be able to raise them if I did". The registered manager told us someone had raised a concern through the annual feedback form. They explained how this had been dealt with and we saw a record of how the outcome had been communicated. The registered manager told us, "You have to be willing to take on board criticism or you can't improve."

Is the service well-led?

Our findings

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Cromarty House. There were clear lines of responsibility and accountability within the management structure.

People, visitors and staff all described the management of the home as approachable, open and supportive. A relative commented, "The staff and management are approachable". Staff comments included, "[...] is on shift, we see her all the time. You can always catch up with her." The registered manager told us, they sometimes came in especially to spend time with the night staff so they knew they were a valued part of the team. They added, they were employing someone to complete administrative duties, saying, "It is important to me that I get time to spend with service users. I feel that working on shift gives me an opportunity to talk to staff and service users to ensure their needs are being met, and our service is effective."

The provider sought feedback from people and those who mattered to them through an annual questionnaire about the service. Areas where improvements could be made had been identified and changes made so that quality of care was not compromised. For example, people living at Cromarty House had suggested activities and food they would like to try, and where possible, these had been provided. People received feedback if their request had not been met.

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service

they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. For example, staff told us they had suggested having keyworkers for people, and also having a theme night each month that people made food and crafts for. Both of these ideas had been implemented. A staff member commented, "The manager likes us to get involved in ideas, she's good like that."

The registered manager inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; "I'm motivated by the manager - you get feedback if you're doing well," and "It's about the guys, not about it being a business." The registered manager had left a message for staff thanking them for their work supporting someone to move into the home; "Just to say thank you to all of you for helping to settle [...] in so well. You have all really impressed me." They also told us "We try to make it a place where people will want to work long term."

There was an effective quality assurance system in place to drive continuous improvement within the service. The registered manager carried out monthly unannounced audits of the interior and exterior environment, and the records kept in the service. They talked to staff and people living at Cromarty House, and acted on anything that arose. The registered manager also told us they judged the quality of care by satisfying themselves they would be happy for a member of their family to live in Cromarty House.