Ms Jo Ball

# Crows Nest

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Crows Nest provides personal care and accommodation to up to 12 people with a learning disability. It is located in Newbiggin by the Sea close to the promenade. There were 10 people living at the service at the time of the inspection.
The service was inspected on 14 and 21 August 2014 and we found concerns with infection control and the safety and suitability of the premises. We inspected again on 30 April and 11 May 2015 and these regulations had been met. A new breach was found in regulation 11 (consent) and recommendations were made with regards to best practice in relation to the management of medicines and finances.

This inspection took place on 29 June 2016 and 07 July 2016 and was carried out by one inspector.

We were supported during the inspection by the provider who was also the registered manager. 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. We were also supported by a deputy manager.

People told us they felt safe. There were safeguarding policies and procedures in place and staff were knowledgeable about the signs of abuse or neglect and knew what to do in the event of concerns. All staff had received training in safeguarding vulnerable adults.

We looked at staff rotas which confirmed there were suitable numbers of staff on duty. Staff told us that they had no concerns about staffing and that they had time to care. Staff cared for people in a relaxed unhurried manner. Safe recruitment procedures were followed which helped to protect people from potential abuse.

The service was clean and there had been an increase in the level of cleaning carried out since the last inspection. Deep cleans were now carried out on a regular basis in addition to routine cleaning. This had been carried out twice in the last six months. Staff had received training in the prevention, control and spread of infection and one staff member acted as infection control champion which meant they attended regular meetings at the hospital and cascaded new information back to the team.

Safety checks on the premises were carried out on a regular basis. Gas, and electrical safety certificates were in place, and a legionella risk assessment had been carried out. Assessments of the individual risks to people were carried out. These included risks to physical and psychological health, and risks associated with activities in the community. These were up to date and regularly reviewed. A record of accidents and incidents was maintained.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted DoLS applications to the

local authority for authorisation. Assessments of mental capacity had been carried out and decisions taken in the best interests of people had been recorded although some of these lacked detail. The manager said they would add further information.

Training had been provided in a range of topics and there were plans in place to address gaps in training. Staff received regular supervision and appraisals and told us they felt well supported.

People were supported with eating and drinking. Menus were in place and people were consulted weekly about any changes they would like to make. People were able to choose what they wanted to eat and were encouraged to choose a varied and healthy diet. Nutritional assessments were carried out and people at risk received specialist dietetic support.

The health needs of people were met. Pictorial information was provided about individual health needs and people were supported to access health professionals and attend appointments in the community.

The premises were homely and personalised. Refurbishment and redecoration was ongoing. There was access to outside space which was overgrown on the first day of the inspection, but had been tidied by the gardener on the second day. The manager said they would add the garden and outdoor area to the monthly quality audit to ensure it remained well maintained and inviting.

Staff were very caring. We saw that staff spoke kindly to people and were respectful and courteous and enjoyed joking with people. Staff were sensitive to the needs of people who might be embarrassed when receiving personal care and the dignity and privacy of people was maintained. People received a warm welcome back from day care or activities and staff were interested to hear about their day.

Care plans were personalised, detailed and were reviewed monthly. Pictorial information was provided to people who were aware that care plans were in place and where they were stored. They were also able to look at their care plans if they wished.

Regular discussions were held with people about a range of issues and these were recorded by staff. These discussions helped to identify the physical, social and emotional needs of people and the opportunity to work with staff to meet these.

A complaints procedure was in place and people were provided with easy read formats. There had been no complaints received.

A number of people commented positively on the appointment of the new deputy and the effect this had on strengthening the leadership within the service. Senior care staff had also taken on additional responsibilities which relieved some of the burden on the manager and deputy but also supported them to develop new skills and to utilise their abilities. There were clear lines of accountability and staff told us they had good relationships with the provider and deputy manager.

Systems were in place to monitor the quality and safety of the service including audits, surveys and questionnaires.

## 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.

There were safeguarding procedures in place and staff had received training related to the safeguarding of vulnerable adults. They were knowledgeable about the procedures to follow if abuse was suspected.

Safe procedures were in place for the storage, administration, disposal and return of medicines. Documentation related to medicines was clear and contained no unexplained gaps.

Risks to people were assessed and reviewed to ensure the safety of people who used the service, including the assessment of risks to people when they were out in the community.

There were suitable numbers of staff deployed and safe recruitment procedures were in place.

### Is the service effective?

Good

The service was effective.

The service worked within the principles of the Mental Capacity Act 2005 although some records related to best interests decisions required more detail.

Staff received regular training, supervision and appraisals. Where there were gaps in training there were plans in place to address these. Staff told us they felt well supported.

People were supported with eating and drinking. Nutritional needs were assessed and specialist advice sought where necessary.

The premises were homely and personalised and people said they were comfortable and happy with their accommodation.

### Is the service caring?

Good

The service was caring.

All interactions we observed between people and staff were courteous and respectful. People were supported to maintain their dignity and were treated with kindness and compassion.

The privacy and dignity of people was maintained. Staff were sensitive to the feelings of people who required help with personal care and care plans reinforced the need for empathy and discretion.

People were supported to be involved and included in decisions about their daily lives and the care they received. Communication was adapted to meet the needs of people to maximise opportunities for people to express themselves.

## Is the service responsive?

Good

The service was responsive.

Detailed person centred care plans were in place which were up to date and regularly reviewed.

Staff took time to speak with people about their needs and then took appropriate action to respond to them. People told us they were supported to do what they wanted.

A variety of activities were available to people including at the service and external venues such as clubs and day centres.

A complaints procedure was in place which was accessible to people. No complaints had been received.

## Is the service well-led?

Good

The service was well led.

Staff said they felt well provided by the provider and deputy manager. They had noticed a number of improvements and strengthened leadership since the appointment of the deputy manager.

There were clear lines of accountability and staff were clear about what was expected of them.

Systems were in place to monitor the quality and safety of the service.

# Crows Nest

**Detailed findings**

## Background to this inspection

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

This inspection took place on 29 June and 7 July 2016 and was unannounced. The inspection was carried out by one inspector.

We spoke with six people who lived at the service during our inspection. We spoke with local authority contracts and safeguarding officers. We used the information they provided when carrying out this inspection.

We also spoke with the registered manager, deputy manager and four care workers during our inspection.

We read three people's care records and three staff recruitment records. We looked at a variety of records which related to the management of the service such as audits and surveys. We also checked records relating to the safety and maintenance of the premises and equipment.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The registered manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We also looked at notifications submitted by the provider in line with legal requirements.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Crows Nest. One person told us, "I like it here [Name of staff member] is one of my best staff. They all help me."

A safeguarding policy and procedure, which informed staff how to recognise and report suspected abuse or neglect, was in place. Staff knew what to do in the event of
concerns and told us, " We have had safeguarding training, and I have never seen anything to concern me. I would report anything straight away. People are well looked after here." Records confirmed that training in the safeguarding of vulnerable adults had been provided to all staff. A safeguarding log with a record of referrals was maintained. There were no open safeguarding investigations.

We checked the management of medicines. A new pharmacy had been chosen to supply medicines to the service and the deputy manager told us this had led to an improvement in the documentation which was provided by the pharmacy, and an increase in the level of support they received. Monthly medicine audits were carried out and mid cycle audits took place to check stock levels and any discrepancies. New documentation was in place to request medicines prescribed. These were ordered by fax to the pharmacy and there were clear instructions regarding whether the medicines ordered were required as an emergency, next day or monthly. This meant that procedures were in place to ensure people received medicines in a timely manner depending on the urgency of changes made. Topical medicines [medicines applied to the skin such as creams and lotions] were appropriately recorded and body maps were used to show where on the person's body these needed to be applied. Medicines were stored appropriately and there were clear procedures to follow for the return and disposal of unused or spoiled medicines. One person administered their own medicine and there were risk assessments in place to ensure that they could do so safely, and these were regularly reviewed. Medicine administration records [MAR's] had no gaps which meant that they were administered as prescribed. 'Co-workers' double checked MAR's daily to ensure that the staff member administering medicines had not missed anything. This meant that any omissions could be picked up quickly and rectified. The competency of staff to safely administer medicines was assessed on a regular basis to help to maintain their skills and ensure that medicines were given safely.

There were suitable numbers of staff on duty. One staff member told us, "There are no issues with staffing, there are plenty of staff and some people go out during the day." We looked at staff rotas and observed staff caring for people in a relaxed unhurried manner. The manager told us that the individual dependency (level of support) of people was assessed and staffing would be amended accordingly if people required a higher level of care. We checked the recruitment records of three staff members. There had been no new staff recruited since the last inspection. We found that appropriate checks had been carried out on staff by the Disclosure and Barring Service [DBS] to ensure they were not included on lists of people barred from working with vulnerable adults. DBS checks help employers to make safer recruitment decisions.

The premises were clean. The provider had arranged for the home to be deep cleaned on a regular basis and had increased the time available to a dedicated staff member to clean the premises, although cleaning was carried out by all staff. Two deep cleans had been carried out this year. Daily cleaning schedules were in

place and people were also supported to clean their own rooms. A laundry was available with industrial washing machine and tumble drier. Training had been provided in the prevention, control and spread of infection, and staff told us they were aware of safe practices to follow. One staff member told us, "We have separate hand washing sinks and we have plenty of personal protective equipment [gloves and aprons]. Chemicals are locked in the COSHH cupboard [control of substances hazardous to health]. I am the infection control champion and attend meetings at the hospital." We observed that staff used different coloured cloths for cleaning different areas of the home such as kitchens and bathrooms.

Safety checks of the premises were carried out including monthly maintenance checks. Checks on the electrical and gas safety of the premises had been carried out, and an updated risk assessment related to the risks associated with legionella bacteria was due, and was booked in the diary. Weekly water temperature checks were carried out. Fire safety procedures were in place and fire drills had taken place. Personal emergency evacuation plans [PEEP] were held in people's records, and also in the hallway for the fire service to access in the event of an emergency. PEEPs outline the level of support people would need if they were to be evacuated from the service in an emergency. Window restrictors were in place in bedrooms. There were no mechanical hoists or lifting aids in use.

Risk assessments were carried out in relation to risks to individuals. These included risks associated with people's physical health needs, behavioural issues and also accessing the local community. This included assessment of the risks associated with getting lost or hit by a car for example. Care plans were in place where risks were identified and these were regularly reviewed. We observed staff gently reminding one person to apply their brakes to their walking frame "so that it doesn't run away with you." This meant that staff were aware of potential risks to people and the level of support they needed to stay safe. A record of accidents and incidents was maintained and new improved documentation was in use which meant that records were clear including the action taken.

Good

# Is the service effective?

## Our findings

People told us they were very happy with the care they received at Crows Nest. One person said, "I like it here. I can't think of anything I would like to change."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had submitted DoLS applications to the local authority for approval and was awaiting the outcome of these. Capacity assessments had been carried out including in relation to whether people had the capacity to vote. Decisions taken in the best interests of people were recorded, however some of these lacked detail. We spoke with the deputy manager about this who said that they would ensure that additional information was added to make sure that these were clear. The provider, deputy manager and staff had completed an in depth course over a number of weeks related to the Mental Capacity Act 2005 and DoLS. People had consented to photographs being taken and with whom information about them could be shared.

Staff received regular training. Training provided included health and safety, infection control, learning disability awareness, person centred care awareness, equality and diversity, first aid, food safety, fire safety, information governance and security, and dementia awareness. Face to face training was being booked for staff to complete a practical moving and handling training session. A more in depth medicines awareness course was being planned due to the provider being let down by a training company that this had previously been booked to deliver this. We saw that an alternative trainer had been sourced. Overall, training provided to staff was up to date and relevant to their role. A staff member told us, " We have completed all this year's training we are just waiting for two things that are coming up. I feel well supported with my learning needs." This meant that staff were provided with the necessary skills to carry out their role safely and effectively. Staff received regular supervision and appraisals and told us they felt well supported. The deputy manager told us, "I used to do all of the supervision of staff but the senior care staff have now taken on some of the responsibility for these which is working well."

People were supported with eating and drinking to ensure their nutritional needs had been met. Nutrition risk assessments were carried out and appropriate action taken in the event of any dietary concerns. We observed that a referral had been made to a dietitian to provide support and advice for one person. People told us they liked the food. One person told us, "We have a menu here and we choose what we want to eat. You can have all kinds of things for breakfast, I had two cups of coffee, eggs and toast soldiers." Another person told us, "I like the food here; it's lovely." Staff met with people each Wednesday afternoon and

discussed with them any changes they would like to make to the menus. A staff member told us, "There is a lot of flexibility, we ask what people want but we encourage variation and balance." Staff were responsible for cooking meals, and people sometimes helped with baking if they wished. They did not use the range cooker for safety reasons. Brightly coloured cups were available to people. These can be helpful for people to see more clearly and aid drinking.

Health needs of people were met. People were receiving support and supervision from specialist services, and were supported to attend hospital appointments related to physical and mental health needs. Care records of people held a pictorial "My health action plan" which provided an easy read summary of the health support needs of people. We read two care files which contained reports of routine annual health checks. This demonstrated that the health needs of people were monitored. Hospital passports were in place. These would be taken to hospital with people to highlight the things that are important to them and how they should be cared for in the way that they prefer. These are particularly important for people who have difficulty in expressing their own views and needs.

The premises were homely and people showed us their bedrooms and told us they were very happy with their accommodation which was clean, personalised and comfortable. Feedback was received from one professional who said that the décor was dated in places but that people found it a homely place to live. One person told us they particularly liked the dining room and said, "We have breakfast and tea in here and we put the wireless on." The room was bright and inviting and there were pictures of local scenes from Northumberland and Newcastle which added interest. We found an armchair in the lounge which had some damage to the arm. The deputy manager told us that people who used the service refused for the chair to be removed and had instead asked for it to be recovered as it was a favourite. This had been agreed. There was access to outdoor space which was somewhat overgrown on the first day of the inspection but the gardener had visited and it was neat and tidy on the second day of the inspection. One person who used the service enjoyed helping in the garden. This meant that they were supported to maintain their gardening hobby.

Good

# Is the service caring?

## Our findings

People told us they were happy with the care they received and we observed very positive interactions between people and staff. We observed people throughout both days and they appeared relaxed and happy. We observed them joking with staff who treated them respectfully and with warmth and humour. Staff took an interest in what people had been doing during the day. One person had returned from a course about remaining healthy and enthusiastically recounted the experience to staff members who listened intently and asked them questions.

Staff were sensitive to the needs of people and treated them with dignity and respect. Records showed that staff had considered the impact upon people of introducing topics for discussion which they might find upsetting. For example, it was noted that one person might be uncomfortable with a formal review of their needs. Staff were keen to elicit the views of people and therefore broached topics discreetly through informal chats to ensure that people were given maximum opportunities to share their views, without causing anxiety.

People were supported to be independent. Care plans outlined the level of support people needed and risk assessments were in place where necessary. One person told us they enjoyed doing their own housework and they were washing and ironing when we visited.

The personal care needs of people were discreetly and sensitively met. One care plan noted the need for staff to be sensitive due to a person needing to receive a higher level of support with personal care and reminding staff that people might feel embarrassed if they had not required that level of intimate support previously. Privacy was maintained and people's records were stored confidentially. This meant that the dignity of people was respected and promoted.

People were supported to express their views and to be actively involved in decisions about their care. Regular house meetings were held with people and had been changed to bi- monthly at the request of people who felt they were too frequent. Regular individual discussions were held with people where they were consulted about their care. Pictorial easy read information was provided to people to aid their understanding and to support discussions.

Staff told us that they enjoyed their jobs and that one of the things they enjoyed most was their relationship with the people who used the service. One staff member told us, "I am very happy here. It is so rewarding seeing people happy." Another staff member told us, "It's brilliant, I love it here. I have a good bond with the other staff and people."

No one was accessing any form of advocacy service but staff knew how to arrange this if required to ensure people received support if necessary.

Good

# Is the service responsive?

## Our findings

People told us that their needs were responded to. One person said, "I like it here, we can do anything we want." Care records were person centred. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. People were consulted about their care plans. Where appropriate, people signed to say they were aware that they had a care plan, and were informed where it was kept, that it had been read to them, or that they could read it when they wanted to. Staff had signed care plans to say they had read the information contained in them. They were reviewed on a regular basis which meant they were up to date and accurate.

Care plans were detailed, and we read plans about communication, laundry and ironing, medication, personal hygiene and grooming, eating and drinking, and finances. Care plans related to the specific health needs of people were also in place. The eating and drinking care plan of one person included a diagram of where food should be placed on their plate due to visual impairment. This meant that the person knew which parts of the plate contained certain food groups. Behaviour support plans were detailed and contained information about risks and potential triggers to behaviour, and how to avoid these. This meant that staff had clear guidance about how to support people experiencing distress in a consistent way.

A summary of monthly discussions or 'chats' with people was maintained. Chats covered a range of topics including social, family and friends, day care, health and medical needs, nutritional and dietary, and emotional well-being needs. Action was taken as a result of these chats which ensured the needs of people were responded to. One person had commented during a discussion about family and friends that they had not seen a friend for a long time. Staff offered to support them to write a letter to their friend to help to keep in touch.

A key worker system was in place. People were allocated a designated member of staff to carry out specific tasks. These included ensuring people had access to personalised toiletries; that their rooms were deep cleaned on a regular basis, and that care records were up to date. They were also responsible for ensuring people's weights were recorded and up to date. Staff were encouraged to take their key worker role seriously, and the importance of the role was highlighted to staff in a memo which also reminded staff to keep up to date with the birthdays of families and friends of the people they supported, and to make sure people knew about any forthcoming medical appointments or social activities.

A range of activities were available to people. We saw games and activities equipment including board games which was available. Books and a computer were also available. One person in the dining room told us, "We like to play games in here." A garden and a separate allotment were available for people who enjoyed gardening. People told us they had enjoyed going on holidays with staff and had been to Benidorm which they had enjoyed very much. Camping trips were planned for later in the summer which people were looking forward to. Staff told us that there were always activities going on. One staff member said, "Once we have had tea, we play games or go for a walk along the promenade; it's a good walk for people. People have bus passes and get the bus to Ashington or Newcastle and the buses stop right outside the door." Daily activity logs were maintained and we saw that people had been for walks in the park, reading, listening to

music, shopping and watching television. Some people attended day care and clubs in the local community.

The views of people were sought through the use of easy read questionnaires. These included questions 'About your house, about your food menu, and about the staff." A complaints procedure was also available and people said they knew how to complain. One person told us, "I would talk to the staff or my care manager if I had any complaints, but I haven't got any." No complaints had been received by the service.

Good

# Is the service well-led?

## Our findings

The service was managed by the provider and deputy manager. Staff said they felt well supported by the provider and deputy manager and said they thought that the leadership within the service had been strengthened by the appointment of the deputy. One staff member said, "[Name of deputy] is great. She is so knowledgeable and if you don't know something we just ask her. She's been really good for the place." Another staff member said, "I would go to the provider or the deputy manager if I had any problems they are both very approachable. I like the new deputy manager. She is very down to earth and good to get on with." We observed that staff had a clear understanding of the expectations of them. One staff member told us, "We aren't allowed to have our mobile telephones with us when we are working, they must be out away." This was an example of good practice.

The provider spent time in the service and knew people well. The provider and deputy manager had divided managerial responsibilities between them with the deputy taking a lead role in relation to care planning and training and development for example. The provider carried out a number of routine audits. The deputy manager told us they had also further clarified the roles of senior care staff to enable them to develop and to take on additional responsibilities. She told us that staff had embraced these changes. This meant that there were clear lines of accountability.

Surveys to people, family and friends and visiting professionals had been carried out. Family and friends had scored the service either four, which meant 'good' or five which meant 'excellent'. Compliments had been received from visiting professionals about the care and the quality of reporting procedures. An improvement in a number of areas including the standard of record keeping had also been noted. Relatives meetings were no longer held as they were not well attended and records of contact with relatives to discuss issues were kept in people's individual files. The manager told us that family members would be consulted or informed about any major changes to the service in writing.

Audits were carried out on the last day of the month. These included audits of care plans, cleaning schedules, the environment, team meetings, house meetings, renewal and refurbishment, staff supervisions, and questionnaires. There were a small number of gaps in records of audits which we pointed out to the deputy manager who told us that they had usually been carried out but the record had not been signed. They said they would bring this to the attention of the provider. Evidence of action taken following audits was available including the renewal of a carpet and bedding and pillows throughout the home, and the replacement of one person's chair. The deputy manager advised us that an audit of the external environment would be added to the list of audits carried out. The deputy manager told us they had based themselves downstairs instead of the office upstairs and said, "How can you know what is happening if you are not on the same floor?" This meant that the deputy manager sought to maintain a presence in the service and was accessible to people, staff and family and friends.

Staff meetings took place on a regular basis and the deputy manager told us that this was important as it was also used as an opportunity to praise staff. This meant that staff were provided with regular opportunities to discuss issues and to be provided with information. Meeting minutes were available to read

if they had been unable to attend meetings.