

Hampshire County Council

Cranleigh Paddock Care Home

Inspection report

Calpe Avenue
Lyndhurst
Hampshire
SO43 7EP

Tel: 02380283602

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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

The inspection took place on the 25 and 26 October and was unannounced.

Cranleigh Paddock is registered to provide care for up to 32 people. The home is registered with the Care Quality Commission to provide accommodation and personal care for older people. There were 26 people using the service at the time of our inspection including people living with dementia. The accommodation is provided at ground floor level and is divided into four units, each of which accommodates up to eight people.

The home had a registered manager in place. 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 told us they felt safe and staff were aware of the procedure to take if abuse was suspected.

People's needs had been identified and the risks associated with people's care and support had been assessed and managed. Where risks had been identified these had been minimised to better protect people's health and welfare.

Staff were recruited safely and records included appropriate checks as well as proof of identity to ensure they were suitable for the role they were employed to undertake.

There were enough staff deployed to meet the care and support needs of the people living in the home. The registered manager monitored staffing levels on a monthly basis to ensure appropriate numbers of staff were deployed.

People received their medicines as prescribed. Systems were in place to regularly audit the medicines held at the service and appropriate records were being kept.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). When people were assessed as unable to make decisions for themselves the MCA 2005 process had been followed. DoLS are put in place to protect people where their freedom of movement is restricted to prevent them from possible harm. The registered manager had taken appropriate action for people who needed their movement restricted.

People had sufficient to eat and drink and were supported to maintain a balanced diet. They had access to a range of healthcare professionals and services.

People were looked after by kind and caring staff who knew them well. They were supported to express their

views and to be involved in all aspects of their care. People were treated with dignity and respect.

People and their relatives thought that the home was well-led. They all spoke positively about the registered manager and the staff group.

Complaints policies and procedures were in place and were available to people and visitors. Relatives told us they were confident that they could raise concerns or complaints and that these would be dealt with accordingly.

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.

Staff knew how to recognise and report any potential abuse.

The provider had a robust recruitment procedure in place to ensure people were suitably employed.

Medicines were managed safely and administered as prescribed.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

A variety of food and drink was available at the home and specialist diets were supported.

Is the service caring?

Good ●

The service was caring

People using the services told us they found the staff caring and friendly. Staff at all levels supported people with care and compassion.

People were treated with dignity and respect and staff respected their right to privacy.

Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and reflective of people's needs.

People were supported to follow their interests and take part in social activities

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

Notifications were routinely submitted to the Care Quality Commission when required.

Staff told us they were supported by the management team.

Quality assurance checks were carried out to identify if improvements were required.

Cranleigh Paddock Care Home

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.

We inspected Cranleigh Paddock Care Home on the 25 and 26 October 2016. This was an unannounced inspection and carried out by one inspector.

Before the inspection, 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 other information that we held about the service. This included the provider's previous inspection reports and notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with three people who lived in the home, three relatives, five staff members and the registered manager. We looked at the care records of seven people, five staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

Is the service safe?

Our findings

People said they felt safe at Cranleigh Paddock. One person told us, "The staff are very kind and helpful which makes me feel safe." A relative told us, "The staff work very hard and we know [person's name] is safe here."

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. For example, one staff member told us, "If I saw or suspected abuse I would report it to the manager straight away. I know they would listen and take appropriate action." Staff told us they were confident that the manager would take appropriate action if any concerns were raised. The provider reported all safeguarding concerns to the local authority safeguarding team and Care Quality Commission (CQC).

There were risk assessments in place relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. For example, one person was at risk of malnutrition. The provider used a recognised tool, the Malnutrition Universal Screening Tool (MUST) to assess the risk to the person. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernourished), or obese. It also includes management guidelines which can be used to develop a care plan.

The provider had a process in place for managing accidents and incidents and to prevent the risk of reoccurrence. Appropriate forms were completed for each accident or incident that had occurred. Accidents and incidents were reviewed on a monthly basis by management who checked to see if there were any repeated patterns and recorded any actions taken to prevent a reoccurrence. The staff were knowledgeable about what action they would take if a person was suffering regular accidents, for example making referrals to other professionals such as district nurses. The registered manager ensured that all relevant incidents had been reported to CQC.

The provider had a robust recruitment procedure in place. Records showed that appropriate checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks before staff were employed to help them make safer recruitment decisions. References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded. Staff told us they were not allowed to start work until all the checks had been completed.

There were enough suitably skilled staff deployed to support and meet the needs of the people living in the home. People's relatives told us there were enough staff to safely support them. One relative told us, "Yes there is enough staff, they are always very attentive." One staff member told us, "You would always like more staff on duty, but there are enough staff to meet the needs of people living here." We saw during the inspection that staff responded quickly to people who required assistance. The registered manager reviewed staffing levels regularly and took account of people's specific needs. Additional staff were

deployed when necessary, for example to support people to take part in local community activities or provide end of life care.

There were clear policy and procedures in place for the safe management of medicines. We found the policy covered all aspects of ordering, storing, administering and disposing of medicines safely. The policies and procedures were being followed by staff who had undertaken training in the safe handling of medicines. There had been competency assessments carried out on all staff who handled medicines.

People had individual medicines profiles that contained information about their medicine administration record (MAR), any medicines to which they were allergic and personalised guidelines about how they received their medicines. Some people required their medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently. These were regularly audited and checked to ensure medicines were given and recorded accurately.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as hoists, pressure relieving equipment and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

There was a Personal Emergency Evacuation Plan (PEEP) for each person living in the home. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency. The PEEPs we saw included detailed information on how to assist the person to leave the building in case of a fire. This meant that staff would be clear in an emergency situation how to safely evacuate people from the building.

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. One person told us, "Staff know how to care for me properly."

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. One staff member told us, "The induction was really useful and enabled me to undertake my role effectively."

All staff received basic training such as first aid, fire safety, health and safety and manual handling. Staff had also been provided with specific training to meet people's care needs, such as equality and diversity and caring for people living with dementia. The registered manager maintained a training record which identified training completed and when updates were required. We looked at a training record which confirmed that some mandatory training for staff was not up to date. Mandatory training is training the registered provider thinks is necessary to support people safely. The provider took immediate action and ensured that training was arranged within the next month for those staff that required it.

Staff received regular supervision and an annual appraisal. All staff told us that these were positive experiences and they welcomed feedback on their performance. Supervision notes contained details of discussions held and future supervisions were planned with a date set. We saw that annual appraisals were recorded for each staff member. One staff member told us, "Yes I have supervision and an annual appraisal. I find both useful they give me a chance to ask questions and discuss my work and think about how I do things."

The Mental Capacity Act (MCA) 2005 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).

We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood the principles of MCA and DoLS. Staff had a good understanding with respect to people's choices and consent. We could see that consent to care had been given by people or, where appropriate, their relatives, and signed documentation was present in care plans to evidence this. These documents covered areas such as consent to treatment and sharing information. One staff member told us, "We always assume the person has capacity. If the person is not able to consent, we have to work in

their best interests."

People were provided with a well-balanced and nutritious diet. The provider told us they had a rotating four week menu which was changed periodically to reflect seasonally available produce. People with special dietary needs such as reduced sugar or sugar free and gluten free were catered for. When people were identified at risk of weight loss through the MUST people were offered diets fortified with butter, cream and syrup to help maintain weight. People's weight was monitored regularly and staff knew what action to take if people started to lose weight. One staff member told us, "We weigh people regularly, monitor their food and fluid in-take. We would seek advice from the GP if we need to."

We observed the lunch time meal. People were helped to sit comfortably in a seat of their choice either at the dining table or elsewhere. The atmosphere was relaxed and a sociable experience. There were a choice of meals and drinks available and people were asked what they would like to eat and drink. Staff provided support to those people who needed assistance to eat, we observed staff took their time and did not rush them. People were relaxed throughout the lunchtime and staff and people interacted in a positive way. We saw people were able to eat at flexible times. There was an allocated time for lunch and tea meals, but these could be changed to accommodate people's wishes. Refreshments and snacks were provided throughout the day. People told us they enjoyed the food at the service. One person told us, "The food is good and always nicely presented."

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses, and podiatrists. Referrals to health professionals had been made in a timely manner and these visits were recorded in people's care records.

Is the service caring?

Our findings

People who used the service told us they received good care. One person told us, "All the staff are caring and really helpful. They support me when I need it." A relative told us, "Staff treat people with dignity and respect, they are very caring."

We found that staff respected people's privacy and dignity. Staff were able to explain what they were expected to do to ensure people's privacy and dignity had been respected. This included shutting the bedroom or bathroom door when helping someone with their personal care. One member of staff told us, "It is important to use people's preferred name. To ensure we give personal care in a dignified way and maintain their privacy." Observations showed staff had a caring attitude towards people. We saw people were treated with kindness, compassion and respect.

Staff were patient with people when speaking to them and took time to ensure people understood what was being said. Staff members often approached people who used the service to check they were ok. We observed staff discreetly seeking permission from one person to assist them to the toilet. The staff member asked the person if they would like assistance to get to the toilet and only when permission was given did they assist.

During the inspection we saw staff promoted people's independence where possible. Staff gently encouraged people to do things for themselves such as eating and drinking and using the toilet. Where necessary people used adaptive aids such as cutlery and cups to maintain their independence and walking frames to access the toilet. One staff member told us, "We always try to maintain people's independence and enable them to do things for themselves as much as possible."

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at anytime of the day. One relative told us, "I have been told that I can visit whenever it suits me. I have never had any issues with visiting at any time of the day. Staff are always welcoming."

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and their relatives. The provider carried out assessments and assessed people's needs before people moved into the home.

Care plans were produced to meet individual's supports needs in areas such as communication, mobility, nutrition and personal care. Care plans were detailed and included the person's preferences and reflected the findings of the assessment carried out. The staff we spoke with told us they had access to care records and that they were easy to follow. Care plans were regularly reviewed and reflected any changes that needed to be made and documented how people and their relatives were involved in this process.

We spoke with staff who were extremely knowledgeable about the care that people received. Staff were responsive to the needs of people who used the service and people and relatives that we spoke with confirmed this. A relative told us, "The staff know [person's name] needs very well. They always involve me and discuss any changes we might need to make to the care they receive." A staff member told us, "It is important to read the care plans carefully, so you can give them the appropriate care and encourage them in the right way."

People told us that they received the care they needed at the time they needed it. People told us they were given the choice of how to spend their time within the home. They said staff knew their preferences about how they wanted to be supported. One person told us, "I like to watch the television in this smaller lounge." The staff always check on me as they walk pass and make sure I have what I need."

People were supported to access activities which they enjoyed. The provider planned activities according to the preferences of people who used the service. A variety of entertainers visited the service on a regular basis. The provider undertook and hosted various theme days and events to include the local and wider community. For example, they had recently held a 'Dignity Day' where people were involved in making a Dignity Tree, which reflected what dignity meant to them and how people who used the service wanted to be treated. Throughout the home we saw photographs of activities that had taken place such as sing-a-longs with outside entertainers and visits from a local pet therapy group. The provider produced a quarterly newsletter sent to all residents, families and representatives. This contained information on previous and upcoming events and relevant information relating to the home.

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would tell the staff if I was unhappy." A relative told us, "Yes I know how to complain but I have never had a reason to. If I had a concern I would talk to the manager straight away." A copy of the organisations complaints procedure was placed on the notice board. This meant that both people using the service and their relatives had direct access to this information.

The provider undertook regular surveys of people who use the service as well as their friends, families and representatives. The last and most recent survey conducted with residents had been supported by an

independent advocacy organisation. We saw evidence to demonstrate that all complaints were reviewed and monitored on a regular basis and that the registered manager for the service checked any complaints received as part of their regular quality audit.

Is the service well-led?

Our findings

People and relatives told us they felt the service was well led. One person told us, "The staff work well together, things get done." A relative told us, "All the staff including the manager have been very supportive and helpful. I cannot praise them enough."

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home and was supported by the deputy manager and senior staff. Staff spoke highly of the registered manager and told us they were very supportive, approachable and open. One staff member told us, "The manager is understanding, and will listen to staff's views." Another explained, "I love my job, I am supported by the manager, there is an open door policy."

Staff told us staff meetings took place and they found these helpful. Staff explained these were an opportunity to seek clarity or discuss any concerns they had. We viewed documentation which evidenced this. We noted areas such as training and the needs of people who lived at the home were discussed with staff. One staff member told us, "Staff meetings are always very positive, an opportunity to discuss things openly."

The provider worked with Dementia Friendly Hampshire as part of community engagement. Speakers had attended the home on various occasions to support friends, families and staff to gain knowledge and a better understanding of dementia and its varying affect on people's lives.

There were systems in place to regularly monitor the quality and safety of the service being provided. Checks were being carried out on a daily, weekly and monthly basis. These included checks on people's medicines records and their plans of care, accidents and incidents that had occurred and health and safety within the home. Call bells and sensors were also being monitored on a daily basis to identify the length of time it was taking for the staff team to answer calls for assistance. Where these were found to be overly long, the reason for the delay was discussed with the staff team in order that any issues could be identified and rectified. Checks carried out enabled the registered manager to provide a safe and continually improving service.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.