

Peter and Sarah Shaw

# Crantock Lodge

## Inspection report

34 Bonython Road  
Newquay  
Cornwall  
TR7 3AN

Tel: 01637872112

Website: [www.crantocklodge.co.uk](http://www.crantocklodge.co.uk)

Date of inspection visit:  
21 March 2017

Date of publication:  
07 April 2017

## Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection on 14 and 28 January 2016. A breach of the legal requirements was found. This was because some systems in the service needed to be more robust. Care plans needed further development and changes in people's needs and risks were not always recorded. The management of medicines was not always robust, although action was taken between the first and second day of our last inspection to address this the changes were not fully embedded and we required evidence of sustained improvement. Staff lacked understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberties Safeguarding (DoLS).

After the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. As a result we undertook a focussed inspection on the 21 March 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crantock Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Crantock Lodge is a care home for up to 14 older people, some of whom who are living with dementia. At the time of the focused inspection there were 10 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this focused inspection we found the registered provider had taken action to address the concerns found at the last inspection. People's care plans had been put into a new format and had been reviewed regularly. Risks were identified, assessed and regularly monitored and daily care notes helped ensure any changes in a person's needs were recorded.

There was a process for recording all medicines that arrived and were returned from the service. The Medicines Administration Record (MAR) clearly showed people received their medicines as prescribed. The registered manager was auditing the medicines management each month and addressing any issues that arose.

Staff had attended training on the MCA and associated DoLS and had access to a comprehensive information folder including key facts on the legislation together with easy read formats for people who required this.

Accidents and incidents that took place at the service were audited and action taken to help reduce the risk

of re-occurrence. Staff were supported by the registered manager through staff meetings. This gave staff the opportunity to meet up and share their views and information was shared.

A recent survey carried out in July 2016 received positive responses from people, their families and friends. Any issues raised had been addressed by the registered manager.

Regular audits of infection control, first aid provision and medicines held ensured the service was monitoring the service provided and identifying any improvements that may be needed.

The service was clean and well maintained. There was a vacant room being re-furnished at the time of this inspection. There were no unpleasant odours found anywhere in the service. Equipment such as the lift, call bell system and moving and handling aids were regularly serviced to ensure they were safe to use.

People sent many compliments and thank you letters to the service for providing good care and support to people. People were able to access the details of the complaints procedure should they need to raise any concerns. The service displayed the latest comprehensive CQC report and notified CQC of any events or incidents such as deaths that occurred at the service as they are required to do by law.

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

We always ask the following five questions of services.

### **Is the service well-led?**

The service was well led. There were clear lines of responsibility and accountability at the service.

Quality assurance systems were robust.

Improved audit processes helped ensure the service was continually improving.

People were asked for their views on the service.

**Good** ●

# Crantock Lodge

## **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 undertook an announced focused inspection of Crantock Lodge on 21 March 2017. This inspection was completed to check that improvements had been made to meet legal requirements after our comprehensive inspection on 14 and 28 January 2016. We inspected the service against one of the five questions we ask about services; is the service Well-Led? This is because the previous concerns were in relation to this question.

The inspection was carried out by one inspector. Before our inspection we reviewed the information we held about the home. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke to the registered manager, the assistant manager, and four people who lived at the service. We reviewed two care plans, and other records relating to the management of the service.

# Is the service well-led?

## Our findings

At our last comprehensive inspection we found that some systems used at the service needed to be more robust. For example, systems in place for the recording of medicines were not robust and on our first day of inspection staff could not account for all medicines at the service. This was addressed by our second day of inspection with new processes put in place to ensure an in depth record of medicines were held. We required these new processes to become embedded and sustained over a period of time.

Staff lacked a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Some people living at the service had certain restrictions in place in order to keep them safe. However applications for authorisation had not been made appropriately to the local authority in accordance with the legislation.

People's care plans required further development. Some identified risks were not always reviewed to take account of any changes that may have taken place in a persons' needs. Information for staff on how to meet people's social and emotional needs were not always present. Reviews of people's needs did not always take place regularly and staff were not always provided with information and guidance to help them to reduce incidents such as falls re-occurring.

At this focused inspection the service had continued to embed the new processes commenced after the first day of our last inspection. Monthly audits were being carried out. The audits checked all aspects of medicines management such as the dating of prescribed creams when opened, MAR chart entries for each prescribed dose of medicine given and the correct storage of medicines that required cold storage. Additional information was now provided to each person regarding what each of their medicines was for. This meant the service had improved their medicines management processes.

Staff had attended training on the MCA and the service held a comprehensive file of information, including a key facts sheet and easy read pictorial information for people who required information in this format. The service had made appropriate applications to the local authority for people who had potentially restrictive care plans. No application had been assessed or authorised at the time of this inspection.

People's care plans had been put into a new format. Information was clearly laid out for staff. Risks had been identified, assessed and were regularly reviewed. For example, guidance was provided for staff on what walking aids a person required and how much assistance a person required with transferring from chair to bed etc. The care plans were reviewed regularly and took account of any changes in a person's needs. One person had recently become less unwell and no longer needed to be cared for in bed all the time. The service had approached an external healthcare professional to visit and assess their mobility needs before staff moved the person out of bed. Care plans were person centred and contained people's past history and details of their preferences and dislikes.

People's comments included, "Staff are all very kind," "I have no concerns at all they (staff) are all lovely" and "It is wonderful here, very good."

There were clear lines of accountability and responsibility at the service. The registered manager was supported by an assistant manager on a day to day basis, sharing on call duties. The provider also supported the registered manager.

When accidents or incidents occurred at the service staff recorded such events and these were audited by the registered manager. Action was taken as appropriate to help reduced the risk of re-occurrence. For example, pressure mats were placed in specific places to alert staff if a person was moving around. This meant staff could support the person and help reduce falls.

Staff were supported by the registered manager through staff meetings held to share information and provide staff with an opportunity to share their views.

Quality assurance surveys had been given to people and their families in July 2016. The feedback from this survey was positive. Where comments were made about specific changes required the registered manager had taken action. For example one person wished to have a shower on a specific day each week and an extra staff member had been rostered to work at that time in order for that to take place.

Audits were carried out on a range of areas such as infection control procedures, First Aid provision as well as medicines management. This meant Crantock Lodge was constantly striving to improve the service it provided.

The service was well maintained. At the time of this inspection a vacant room was being re-furnished. There were no unpleasant odours throughout the service. The provider carried out regular repairs and maintenance work to the premises. The electrics and gas appliances had been tested to ensure they were safe to use. The lift, call bell system and moving and handling equipment had been regularly serviced. The fire service had carried out an assessment of the service and all outstanding actions had been addressed.

The service received many compliments and thank you letters from people and their families and friends for providing good care and support. There was a complaints process clearly displayed for people to refer to should they have any concerns they may wish to raise. The latest Care Quality Commission (CQC) comprehensive inspection report was displayed in the front entrance of the service. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.