

Mr & Mrs R Tarrant

Cromarty House

Inspection report

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Tel: 0120878607

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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

Cromarty House is a small family run care home for a maximum of eight younger adults with physical and learning disabilities.

We carried out this inspection on 25 October 2017. At the last inspection, in October 2015, the service was rated Good. At this inspection we found the service remained Good.

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments included, "I am safe here", "[Person] is very happy at Cromarty", "Really pleased with the home. Staff treat [Person] well" and "The home is exactly what I always wanted for [Person]."

There was a calm and homely atmosphere at the service. People, who were able to verbally communicate, happily chatted to us as they went about their day. Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People's independence and wellbeing was promoted because staff had developed positive and meaningful relationships with them. Staff interacted with people in an unhurried way and supported people at a time and pace convenient for them.

People were encouraged and felt confident to make decisions about their daily lives. People were able to take part in activities of their choice and staff supported people to develop interests. People were at the centre of every aspect of the service and routines were led by the people living at the service. It was clear the service was run for and by the people who lived there. The culture in the service was one where there were no unnecessary rules or routines, put in place to suit staff, rather than the people that used the service.

Risks in relation to people's care and support were identified and when systems were put in place to manage any risks these were agreed with people. People were encouraged to be as independent as possible and where possible people managed their own risks with minimal intervention from staff.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. These had been developed with people and were reviewed regularly with the individual person's involvement. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. External professionals visiting the service fed-back that the service was consistently focused on providing a person centred service. A professional commented, "Staff support people with profound and multiple learning disabilities and their care for people is very good. They have a good understanding of people's needs and how best to support them, ensuring that the care is person centred and not too medicalised."

People had access to healthcare services to help them maintain good health. They saw their GP and attended other necessary appointments such as the hospital visits, dentists and opticians when they needed to. Staff supported people to access annual health screening checks to maintain their health. Specialist services such as speech and language therapists, physiotherapists and dieticians were used when

required.

Safe arrangements were in place for the storage and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained.

Staff supported people with their food choices to help them maintain a balanced diet. People were involved in meal planning and preparation. Menus were planned in a way which combined healthy eating with the choices people made about their food. Where people had specific dietary needs staff supported them to plan meals that met those needs.

There were sufficient numbers of suitably qualified staff on duty. Staffing numbers were adjusted if people were unwell or to facilitate the activities people wanted to take part in. Staff completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the MCA in the way they cared for people. Staff demonstrated the principles of the MCA in the way they cared for people. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately.

People and staff worked together as one team, equally contributing to the culture of the service. Staff had a positive attitude and told us the registered manager provided strong leadership. Comments from staff included, "Absolutely amazing, best place I have ever worked", "The manager always listens to what we have to say", "Good staff team" and "It's like a family environment."

People and their families were given information about how to complain. Healthcare professionals and relatives all described the management of the home as open and approachable. Comments included, "It's excellent. I would recommend the home to anyone", "The management is excellent. They are always open to new ideas and listen to what we have to say" and "The service is open to working collaboratively and sharing ideas to make the best care and support decisions with their residents."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager worked as part of the staff team and this enabled them to observe staff practice and check if people were happy and safe living at Cromarty House. People were involved in all aspects of the running of the service and were clearly comfortable in sharing their views with staff.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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.

This inspection took place on 25 October 2017 and was unannounced. The inspection was conducted by one adult social care inspector.

Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service 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 all three people who lived at the service, the registered manager, a team leader, two care staff and a visiting relative. We looked at three records relating to the care of individuals, four people's medicines records, four staff recruitment files, staff training records and records relating to the running of the service. We looked around the premises and observed care practices on the day of our visit. After the inspection we spoke with a care worker, two relatives and two healthcare professionals.

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments included, "I am safe here", "[Person] is very happy at Cromarty", "Really pleased with the home. Staff treat [Person] well" and "The home is exactly what I always wanted for [Person]."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Safeguarding procedures were regularly discussed with staff to ensure they were familiar with recognising and reporting any potential abuse. Staff told us if they had any concerns they would report them to the registered manager and were confident these would be followed up appropriately.

There were robust systems in place to support people to manage their finances. Some people had agreed for the service to hold amounts of personal money for them. In line with people's wishes some people were given their personal money each week and managed how they spent it. Other people were given their money as and when they wanted to purchase specific items. Records were kept and regularly audited to ensure the accuracy of the balance held at the service. People's finances were monitored and audited by the registered manager.

Risks in relation to people's care and support were identified and when systems were put in place to manage any risks these were agreed with people. People were encouraged to be as independent as possible and because of this some people managed their own risks with minimal intervention from staff. For example, some people independently accessed the kitchen to prepare their own hot drinks and meals.

Staff were provided with information about how to support people who could sometimes display behaviour that was challenging for staff to manage. For example, risk assessments detailed the type of situations that might trigger changes in a person's behaviour and this helped staff to prevent these situations from occurring. If an individual's behaviour did escalate staff were provided with clear guidance and instructions about how to respond and calm the person. People's individual risk assessments had been regularly updated so staff knew the best way to care for people taking into account their changing safety needs.

Incidents and accidents were recorded by staff. Records showed that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Cromarty

House. Staffing numbers were adjusted if people were unwell or facilitate the activities people wanted to take part in. On the day of the inspection there were five staff on duty and the registered manager. Two people had a member of staff allocated to support them individually throughout the day. Other people had specific periods of the day staff where a member of staff supported them in a one-to-one activity. People and their relatives told us there were always enough staff on duty to meet people's needs.

Medicines were managed safely at Cromarty House. Medicines were checked on receipt into the service, given as prescribed and stored and disposed of correctly. Medicines Administration Record (MAR) charts were fully completed and the registered manager carried out monthly medicines audits. Staff had been appropriately trained and were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

The environment was clean and well maintained. There was an on-going programme to re-decorate people's rooms and make other changes to the premises when needed. All necessary safety checks and tests had been completed by appropriately skilled contractors. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date. Some training was completed on line and other training was delivered by healthcare professionals around specific subjects such as epilepsy and diabetes care.

There was a system in place to support staff working at Cromarty House. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff were also supported to gain qualifications and all staff had attained or were working towards a Diploma in Health and Social Care.

Newly employed staff completed an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and shadowing experienced staff so they could understand the needs of the people living at the service. Due to the complex needs of the people living at the service new staff did not work on their own until they had acquired the relevant skills to meet people's needs. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

People had access to healthcare services to help them maintain good health. They saw their GP and attended other necessary appointments such as the hospital visits, dentists and opticians when they needed to. Staff supported people to access annual health screening checks to maintain their health. Specialist services such as speech and language therapists, physiotherapists and dieticians were used when needed. Care records confirmed people had access to healthcare professionals to meet their specific needs. A healthcare professional told us, "The lines of communication between the staff and our team are good and they make referrals to us appropriately. There is an open and honest relationship."

Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made. Comments from relatives included, "They always keep me informed about appointments" and "Staff make sure [person] goes for regular appointments about their blood pressure."

Staff supported people with their food choices to help them maintain a balanced diet. People were involved in meal planning and this was done in a way which combined healthy eating with the choices people made about their food. People chatted to us about how they were involved with menu planning, meal preparation, cooking and baking. On the day of the inspection staff were making a shopping list with people. One person had made some cakes and during the inspection people were eating the cakes with a midmorning drink.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf, the decision had been made in their best interest involving key professionals and others who had the legal authority to act on the person's behalf.

Assessments of people's mental capacity were kept under regular review and staff recognised that people's capacity could change and fluctuate. For example, one person had been physically unwell over recent months and staff were working with healthcare professionals to understand how this ill-health might have affected their capacity. The person was still making decisions about their life but staff were unsure if they fully understood the consequences of their decisions.

We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The design, layout and decoration of the building met people's individual needs. People living in the main building were able to mobilise around the premises independently. Two people lived in a specially adapted building separate from the main premises. This building had been specifically designed for people who used a wheelchair or had limited mobility. Further adaptations had been made to suit the needs of the people who currently lived there, such as adding foam mats to the floor so one person could move independently around their bedroom. People's rooms had been personalised with their belongings and decorated in a style of their choosing, although some people had sparsely furnished rooms, in line with their needs and assessed risks.

Is the service caring?

Our findings

There was a calm and homely atmosphere at the service. People, who were able to verbally communicate, happily chatted to us as they went about their day. Some people were unable to verbally tell us about their experiences of living at the service and how staff treated them. However, we spent time observing staff interaction with people and met with people throughout the day as they moved around the premises between going out and completing daily tasks. We observed people had an excellent relationship with staff and were comfortable with the staff that supported them. People's behaviour and body language showed that they felt really cared for and that they mattered.

Relatives told us they thought staff were very caring in the way they supported people. Comments from relatives included, "Really pleased with the service. Staff treat [person] well", "Staff are all very caring" and "Staff look after [person] well. He is always happy to go back 'home' when he visits."

External professionals visiting the service fed-back that the service was consistently focused on providing a caring and person centred service. Comments included, "Staff support people with profound and multiple learning disabilities and their care for people is very good. They have a good understanding of people's needs and how best to support them, ensuring that the care is person centred and not too medicalised" and "The staff have shown motivation and commitment in utilising people's current skills and developing skills further."

People's independence and wellbeing was promoted because staff had developed positive and meaningful relationships with people. Staff recognised and celebrated people's achievements. Some people were supported to complete household tasks such as cleaning and tidying their rooms and meal preparation. Throughout the inspection staff praised people for the things they were doing for themselves. For example, one person had chosen to go food shopping each week a member of staff and they were clearly proud of this role and saw it as their 'job' to carry out. A relative of another person told us, "[Person] does chores around the house. His independence has increased." This meant people were able to maintain independence in their daily life and this helped them to have a sense of ownership of their surroundings.

Staff demonstrated a willingness and commitment to work with people to develop their skills even when it might have previously been thought that people could not achieve the desired outcomes. For example, the relative of one person told us how amazed they were that on a recent visit home the person had initiated clearing dishes away and washing up after dinner. The person also knew how to safely use and test the hot water. The relative explained that while the person had helped with washing dishes for years they did not have the focus to complete the task correctly. The relative said what the service had achieved was outstanding and they were so proud to see their family member complete a task that they thought they would never be able to do. They commented, "There has been a real breakthrough with [person's] ability to focus."

We found evidence of where staff had gone 'the extra mile' when providing support for people. One person living at the service had experienced an extended period of ill health which had resulted in several

operations and prolonged stays in hospital. During the initial hospital admission the registered manager stayed with them for two weeks to help them cope with the anxiety of being in hospital and to ensure relevant information was available to hospital staff. Over a six month period the registered manager continued to visit daily whenever they were admitted to hospital. The registered manager liaised with medical staff and the person's family to ensure the person received appropriate care and treatment and also ensured that the person was involved and understood what was happening to them.

The same person had struggled to come to terms with their life style changes due to the decline in their health and physical capabilities. This had severely affected their emotional well-being and they had become angry about the changes they had to make to manage their health and diet. Staff had supported the person to complete on line training courses about food and nutrition and diabetes to help them understand how to manage their condition. Staff had also worked with the person to create a personalised menu with them and supported the person to shop separately for their food to give them even more individuality and choice. The person told us how they were managing their diet and how staff were helping them to understand their medical conditions. This showed staff were creative in the ways they supported people and focussed on achieving the best possible outcomes for people.

People were encouraged and felt confident to make decisions about their daily lives. People were at the centre of every aspect of the service and routines were led by the people living at the service. It was clear the service was run for and by the people who lived there. The culture in the service was one where there were no unnecessary rules or routines, put in place to suit staff, rather than the people that used the service. During the inspection people frequently initiated conversations about what they wanted to do with their time or when they would like to have a meal. We heard staff talking to people about tidying their rooms or sorting out their laundry. However, there was no pressure for people to be involved in these tasks as the tone used by staff was more of a suggestion rather than a set routine.

Staff were seen to be highly motivated to provide the best and most suitable support to people they worked with. Staff said, "This is a really lovely place to work" and "The staff and the residents are all like one big family." Staff were not rushed, were focused and spent time on an individual basis with people. Staff demonstrated an in-depth appreciation of people's individual needs around privacy and dignity. Although, the atmosphere in the service was one of fun and doing things together, staff appreciated that sometimes people would want to be on their own. We observed that throughout the day people would decide to go to their room for some quiet time and staff respected their decision to do this.

Support was provided by a consistent staff team who knew people well and understood their needs. People were involved in the recruitment process and carried out part of the interviews for new staff. Staff were matched to work with particular individuals, both for their skills and how their personalities fitted together. When new staff started to work for the service they were gradually introduced to people to find out how an individual and the member of staff interacted. Staff told us people chose who they wanted to support them as it was important that people were happy with the staff that cared for them.

Some people living in the service had limited verbal communication. Staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with key staff and in conjunction with people's families. Staff also asked families for information about people's backgrounds and interests to try and build as good a picture as possible of people's choices and preferences. This meant staff could provide care and support for people in line with their wishes and choices.

The registered manager had supported some people to access advocacy services when they needed independent guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. Relatives told us they had regular contact with people, were always made welcome in the service and were able to visit at any time.

Is the service responsive?

Our findings

People who lived at Cromarty House received personalised care, treatment and support which put them at the centre of identifying their needs, choices and preferences. Staff spoke knowledgeably about how people liked to be supported and what was important to them

Healthcare professionals told us they found staff to be responsive and person centred in their approach to supporting people. Relatives of people who lived at the service told us staff understood people's needs and knew how to meet those needs. Comments from relatives included, "Staff are very good they understand [person]" and "[Person] is settled there and they have a good life." Relatives of people who lived at the service told us staff understood people's needs and, knew how to meet those needs. Comments from relatives included, "Staff are very good they understand [person]" and "[Person] is settled there and they have a good life."

Care plans were well organised and contained personalised information about the individual person's needs and wishes. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff told us care plans were informative and gave them the guidance they needed to care for people.

Care and support was planned in a proactive way with people's involvement. Each person was allocated a key worker (a worker specifically allocated to support an individual) who supported them to organise their daily living and update their care plan. At monthly care plan reviews people were encouraged to be involved in making decisions about their care and support.

Staff were given updated information about people's needs at the start of each shift. These handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

People were able to take part in activities of their choice and staff supported them to access the local community. Each person had weekly activities they took part in. These included going to clubs, swimming and courses such as cookery and computers. Every week staff discussed where people might like to go such as shopping, the theatre or cinema. Although the service was flexible and responded to people's wishes, about the activities they may want to do, on a daily basis. Vehicles were available for staff to use and people were able to go out either individually, or in groups, as and when they chose to.

During our inspection some people went out to a planned activity and others decided that day that they wanted to go shopping. We saw that people who chose to stay at the service had one-to-one time chatting with staff. One person liked to watch a particular quiz programme on the television and they liked staff to watch the programme with them and join in to help answer the questions. When people returned from their

outings staff supported them to make decorations for a Halloween party they were planning.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so because the management were very approachable. However, people said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

The registered manager was also one of the owners of the service. The registered manager was supported in the running of the service by a deputy manager and two team leaders. The management team were clearly committed to providing the best level of care possible and promoting people's independence. Staff had adopted the same ethos and enthusiasm and this showed in the way that they cared for people and supported them to live as fulfilling lives as possible. This had resulted in people and staff worked together as a whole team with staff and people equally contributing to the culture of the service. Staff had a positive attitude and told us the registered manager provided strong leadership. Comments from staff included, "Absolutely amazing, best place I have ever worked", "The manager always listens to what we have to say", "Good staff team" and "It's like a family environment."

Healthcare professionals and relatives all described the management of the home as open and approachable. Comments included, "It's excellent. I would recommend the home to anyone", "The management is excellent. They are always open to new ideas and listen to what we have to say" and "The service is open to working collaboratively and sharing ideas to make the best care and support decisions with their residents."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager carried out quarterly unannounced monitoring checks of all aspects of the care provided for people and the premises. The team leaders had overall responsibility for people's medicines and carried out weekly audits. The registered and deputy managers worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the registered manager, at daily handover meetings, regular staff meetings and supervisions.

People and their families were involved in decisions about the running of the service, as well as their care, through on-going conversations with staff and management. There were regular 'residents meetings' so people living at the service could share their views and discuss subjects such as events outings and menus. One relative said "They listen to me and take on board any suggestions I have about [person's name] care."

The management team met regularly to discuss any feedback received and to develop plans for how the service could be improved. Recent meetings had discussed how the premises could be upgraded, taking into account feedback from people living at the service. There were plans in place to create a sensory garden and a cinema room.

The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. Where suggestions for improvements to the service had been made the management had taken these comments on board and made the appropriate changes.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.