

Affinity Trust

Cregg Na Ba

## Inspection report

Chain Lane  
Battle  
East Sussex  
TN33 0HG

Tel: 01424777280

Date of inspection visit:  
02 October 2017

Date of publication:  
30 November 2017

## 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

Cregg Na Ba provides accommodation and personal care for up to six people who have learning disabilities and some associated physical or/and sensory disabilities. There were five people using the service at the time of inspection, ranging from 50-85 years of age. Some people are wheelchair user's and required support with all of their personal care.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good and met all the fundamental standards we inspect against.

People were safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People had a range of individualised risk assessments to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. There were sufficient numbers of suitable staff to ensure peoples safety.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Although the registered manager was absent on the day of inspection, we were joined by a manager from another location under the same provider.

The Manager who was supporting the service on inspection and staff had a good understanding of the Mental Capacity Act 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

Staff received a wide range of training to ensure they could support people safely and received support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular meetings with their line manager and team meetings to help them meet the needs of the people they cared for. People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. People received care that was personalised to meet their needs. People were supported to maintain their health and were referred for specialist advice as required. There were good systems that ensured safe transitioning between services. Staff knew the people they cared for and what was important to them. Staff appreciated people's life histories and understood how these could influence the way people wanted to be cared for. Staff supported and encouraged people to engage with a variety of

social activities of their choice in house and in the community. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy.

The service looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy. Leadership within the service was open, transparent and promoted strong staff values. This had resulted in a caring culture that put the people they supported at its centre.

People, their relatives and staff were complimentary about the management team and how the service was run. The registered manager informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the management team.

Further information is in the detailed findings below.

## 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 remained good .

There were suitable numbers of staff available to support the needs of the people using the service.

There were safe recruitment processes that involved suitable pre- employment checks.

The correct use of policies and medicine records ensured that people received their medicines safely.

People had risk assessments that were task specific and reviewed regularly.

Staff demonstrated good understanding of safeguarding processes and knew the procedure to follow for suspected abuse.

### Is the service effective?

Good ●

The service remained good.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support people

People were supported to have good nutrition and were involved in choosing what they wanted to eat and drink.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible

### Is the service caring?

Good ●

The service remained good.

Staff were kind and caring in their interactions with people and knew their preferences and support needs well.

Staff treated people with dignity and respect and independence

was promoted at all times.

Staff were respectful of people's cultural and spiritual needs.

### Is the service responsive?

Good ●

The service remained good.

Each person had a care plan tailored to their individual need.

The provider sought support from healthcare and other professionals in response to any changes in People's support.

Staff and relatives were knowledgeable about the complaints process and felt comfortable raising any issues.

### Is the service well-led?

Good ●

The service remained good.

Staff informed us that they felt well supported by the registered manager and that an open and transparent culture was promoted

Regular feedback was sought in the form of staff and resident meetings, questionnaires and reviews of service provision

There were robust quality monitoring processes to check the quality and safety of the service.

# Cregg Na Ba

## 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 checked 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 2 October 2017 and was unannounced. The inspection was undertaken by two inspectors.

The service was last inspected on 9 July 2015 and was rated 'Good' in all areas.

Before the inspection, we checked the information held regarding the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

On the day of inspection we observed five people that use the service in their day to day activities. People were not able to communicate their experiences verbally to us; therefore we spent time observing care and used the short observational framework for inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us. The Registered Manager was absent on the day; however a Registered Manager from another service with the same provider was present. We spoke with three staff and a visiting health care professional. We spent time reviewing records, which included three care plans, two staff files, two medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following inspection we talked to two relatives of people that use the service. We also spoke with another health care professional who has had reoccurring involvement in supporting people who lived at Cregg Na Ba.

# Is the service safe?

## Our findings

Although people were not able to tell us if they felt safe, we observed they were comfortable and relaxed around staff that knew them well. Relatives felt confident that people were safe and one told us, "I don't have to worry and that is so reassuring."

There were sufficient levels of staff to support the needs of people who lived at the service. Any staff absences were covered by core or agency staff known to the service. Relatives confirmed that there were always enough staff on duty.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. This process ensured as far as possible staff had the right skills and values required to support the people who lived at Cregg Na Ba.

In-depth risk assessments had been completed for people, staff and the building. These were person and task specific and highlighted the views of the person involved. If a risk was related to a particular behaviour, such as a person becoming angry or distressed, this was clearly described and included ways on how to support the person during this time. The service used a pro-active approach when managing risk and considered the least restrictive option. For example, in one person's care plan it stated that it was important to them that they go horse-riding. The risk assessment addressed the risks linked to this activity and focused on what they could do to enable it to happen.

People's medicines were managed so that they received them safely. Medicines Administration Records (MAR) were completed consistently, demonstrating that people had been given their medicines as prescribed. Staff were not able to support with medicines unless they had received relevant training and individual staff records showed that this was up to date. Some people took medicines on an 'as and when required' basis (PRN). These records detailed why the medicine was prescribed and the dose to be given. PRN medicines were also reviewed regularly with the GP. There were good arrangements for the storage, ordering and management of medicines. People had their own medicine cabinets in their bedrooms to encourage person specific care and independence.

People lived in a safe environment. Regular Health and safety checks were completed which included equipment, fire safety checks and regular fire drills. There were detailed Person Emergency Evacuation Plans (PEEPS) for each person. This ensured that staff and people knew how to evacuate the building in an emergency.

# Is the service effective?

## Our findings

Relatives told us they felt the service was effective. This was based on observations of staff during their visits and how they involve their relatives in decision making. One relative told us, "You can tell that the staff are well trained" and another said, "Even though some people cannot verbalise what they want, they (staff) always ask their opinion and offer choices."

Staff had the appropriate skills and knowledge to support people accessing the service. Staff told us that they received thorough training in giving people medicines, health and fire safety, Epilepsy, food hygiene and first aid. Staff records showed that training was up to date and regularly reviewed. Staff also informed us that training and personal development was encouraged. One staff member told us that the opportunity to complete National Vocational Qualifications (NVQ) in Social Care had "built my confidence and skills in supporting the people in the home."

All staff received six weekly supervisions with the registered manager. Appraisals were completed annually and considered staff's individual goals, positive work practise and areas for improvement. This was confirmed by staff and individual staff records.

Staff told us that they received a thorough induction programme where they learned about their roles and responsibilities and shadowed an experienced member of staff. Records showed that new staff completed the Care Certificate as part of their induction. This qualification sets out the standards expected of staff and guides them in providing safe and guaranteed care.

Staff demonstrated clear understanding of involving people in decisions and asking their consent before providing care and support. This was observed in interactions between staff and people and also documented within people's care plans. Staff had a good understanding of the Mental Capacity Act and how it related specifically to the people they support.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's documentation addressed their capacity throughout. Best interest decisions were person specific and detailed involvement from the person, the important people in their lives and health professionals where needed. Records showed that DoLS applications had been made for those that lacked capacity.

People's nutritional needs were met. Staff demonstrated a thorough understanding of individual preferences and support needs when eating and drinking. There were detailed assessments that identified



the consistency of food required and thickening powder that could be added to minimise the risk of choking. Four of the people had referrals made to the Speech and Language Therapy Team due to difficulties with swallowing. One person's care plan stated that they required a specific consistency of fluid when drinking and for staff to stay with them. We observed staff following this guidance when supporting them to have a cup of tea.

The service supported people to maintain good health with input from health professionals on a regular basis. A health professional informed us that "staff know the residents really well and are always helpful and prepared for my visits. They keep me informed of any changes to people's needs which means I know how and when to help."

## Is the service caring?

### Our findings

Staff told us that they loved working at the service and the best part about the job was "spending time with residents that we know well and genuinely care about". Relatives confirmed that staff are kind, caring and patient. One relative told us, "What makes them so special is that they don't just care for them, they appear to genuinely love them. In my opinion the staff are worth their weight in gold."

Staff knew the people and their support needs well. A health professional told us that "Staff know the residents so well. They are always happy and calm and this makes the residents happy. You can see that they respond really well to staff."

We observed interactions between staff and people throughout the day and staff were attentive and respectful. The atmosphere was positive and staff cheerful at all times. People were relaxed and smiling or laughing in response and even those unable to communicate verbally, included in conversations at all times. We saw one staff member kneeling down beside a chair to maintain eye contact with a person. Their tone of voice was friendly and calm; the person smiled and reached out for the staff member's hand in response.

We saw that people were enabled to be as independent as possible. Whilst supporting a person to eat at lunch-time, staff gently encouraged them to hold their cutlery so that they ate independently. Another person held out their cup for tea but staff encouraged them to go to the kitchen with them so they could make it together.

Staff ensured that people's dignity and privacy was respected and promoted. One person required support with continence care and staff addressed this quietly and discreetly. People were addressed by their preferred name and their bedrooms were filled with photographs and personal belongings. Staff told us that people decorated their bedrooms in the colour of their choice. This was confirmed by a relative who told us, "Prior to their arrival they were asked how they wanted to decorate their bedroom. They were then supported to go out and choose colour schemes."

People were involved in making their own decisions and encouraged to express their views. We saw staff asking people how they were and how they would like to be supported. People were offered choices, such as what they wanted to do or drink. Records showed that regular meetings with people took place. These were presented in a scrap book which detailed issues that were discussed, people's involvement and views. Staff and people had drawn pictures to reflect conversations and there were objects attached in the scrap book that could provide further sensory stimulation and involvement. An example of this was a discussion held about Christmas decorations; a small branch of a Christmas tree had been added for people to touch and smell.

Records also showed questionnaires completed with people once a year regarding their views of the quality of the service. Questionnaires were pictorial, with evidence of people's responses and staff support given. A

relative told us, "I know my person well and I know when they're happy. They are very happy when at Cregg Na Ba".

## Is the service responsive?

### Our findings

Relatives told us the service was responsive to changing needs and always keep them informed. One relative told us that when staff had identified an area of support, they advised how they were addressing it so that it could be continued when the person went home. This meant that the person received continuity with their care.

People received care that was tailored to them as individuals. Before moving into the service, support needs were assessed and detailed 'Pre-admission plans' completed with involvement from people and their families.

Each person had a 'person centred plan' (PCP) which included information on their preferences, dislikes, daily routines, choices and what is important to them. There were two versions of the PCP; one written and the other pictorial. Staff told us the purpose of this, "was to keep the individual as involved as possible in the process". People had a pictorial timetable which was personal to them and their preferred daily activities. One support plan stated that it was important to the person that they went horse riding and staff facilitated this weekly. There was evidence to show that PCP's were reviewed regularly with people, their families and any health professionals involved with care. This was confirmed by a relative who advised "we are involved in all reviews which happen at least three times a year".

Staff told us that in response to people's requests, they had facilitated outings to Ikea and to 'It's a Knock-out'. An 80th birthday party had been organised for one person and a 25th Anniversary party for the service for all provider locations.

The provider was responsive to people's changing support needs and worked with health professionals and outside agencies to improve quality of life. One person had developed a fear of being outside and had been refusing to get off the bus when they were out. Staff worked with the local supermarket to find a personal shopper; they were made aware of clothes sizes and preferences and brought out items of clothing to the car park so that the person could choose their own clothes. The person had also been supported to use catalogues so that they can select their own toiletries. Staff informed us, "This has made a positive impact on the person because they have regained some choice and control."

We spoke with a health professional that was involved with the service due to the support needs of people. They told us, "I have really enjoyed working with staff at Cregg Na Ba who have responded very well to my input and guidance with some complex clients. We have made some significant changes to guidance which they have coped well with and have always shown awareness of the changes when I have visited."

When feedback was received, views were listened to and actions taken to improve. Staff informed us that through people and staff meetings it had been identified that weekly menu meetings were not beneficial. Menus were verbally discussed and handwritten and people were choosing not to be involved. In response to this, the service is developing a monthly pictorial menu to see whether fewer meetings and alternative

means of communication will encourage people's participation.

Any complaints or concerns were well documented and consideration made to where and how improvements could be made. There were clear actions with appropriate timescales and an emphasis on complainant satisfaction with the outcome of the complaint.

## Is the service well-led?

### Our findings

There was a registered manager in post. Although the registered manager was absent on the day of inspection, staff told us that there is always support from others and that there is a 24 hour duty phone number where they can speak to manager's within the organisation.

Staff informed us that the registered manager was very supportive and makes time every day to talk with them. One staff member described him as "kind with a good soul" and, "they helped me a lot when I started."

Relatives told us that they respected the registered manager and that he was approachable and kind. One relative said, "The best thing about the registered manager is that they know the people and always make us feel involved."

We saw evidence that policies were being updated. The medicine policy was currently being reviewed in line with the medicine audit.

The registered manager had good oversight of the service and the people living there. Annual quality monitoring audits looked in depth at the quality and consistency of people's support plans as well as the safety of the service. Any actions identified were passed onto key-workers or addressed by the registered manager themselves. Additional audits were completed by the Operational Manager.

The provider used an online management system to identify when staff training, supervisions, appraisals and support plan audits were due. It also identified trends or patterns in incidents and complaints which meant that the registered manager was able to have oversight on areas of improvement.

The provider sought out views about the quality of care and valued feedback given. Questionnaires were completed yearly by people, their families, staff and other stakeholders such as health professionals. The registered manager used this information to generate an overall document which detailed positive feedback and constructive comments. Any actions identified for areas of improvement were addressed and feedback given to the relevant person. Relatives confirmed that they regularly get asked for feedback and surveys sent to them.

The provider and registered manager used feedback given to continually drive improvement. Staff had developed a sensory area, which was located within the dining room. This included different coloured lighting to calm mood, objects with different textures and music therapy. Staff had identified that having this sensory experience in a communal area was not always beneficial as space was limited and it could be noisy. Therefore the registered manager will be turning the spare bedroom into a sensory room which will enable people to have one to one time.

Staff demonstrated good, up to date knowledge of policies and procedures, as well as relevant legislation related to health and social care. Staff informed us that, "The registered manager makes sure that we are up to date with everything we need to know". We viewed staff meeting and staff forum minutes and staff confirmed that they attend these regularly.