

Lancashire County Council

Cravenside Home for Older People

Inspection report

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Date of inspection visit: 15 and 16 October 2014
Date of publication: 29/12/2014

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an inspection of Cravenside Home for Older People on 15 and 16 October 2014. The first day was unannounced. We last inspected Cravenside on 30 December 2013 and found the service was meeting the current regulations.

Cravenside is a 44 bedded care home providing care to older people with a range of needs. Accommodation is divided into six units, two of which provide care for people living with a dementia. At time of the inspection there were 44 people accommodated in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were well cared for in the home. All staff spoken with were aware of the procedures in place to safeguard people from harm.

As Cravenside is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. At time of the inspection one application had been submitted to the local authority for authorisation. However, we found the use of coded keypad locks had not been considered as potential deprivations of liberty.

We found that medicines were not always managed safely and some risk assessments had not been carried out in line with changing needs. This is important to protect the health and well-being of people living in home.

We found staff recruitment to be thorough and all relevant checks had been completed before a member of staff started to work in the home. Staff had completed relevant training for their role and they were well supported by the management team.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

People had individual personal plans that were centred on their needs and preferences. However, we noted one person's care plan required significant updating following a change in needs. Whilst, the plan was updated by the registered manager during the inspection, we also noted other gaps in record keeping in respect of positional change charts and the application of creams.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring, compassionate and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. However, we found there were lack of effective systems to assess and monitor the quality of the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Whilst people told us they felt safe, our findings demonstrated people were not adequately protected against the risks associated with the unsafe management of medicines.

People's needs had been assessed and areas of risk had been identified. However, we noted risk assessments had not been carried in respect to one person's changing needs. This was important to ensure the person was cared for in a safe way.

The way staff were recruited was safe, as thorough pre-employment checks had been carried out before they started work. All staff spoken with had a clear understanding of safeguarding vulnerable adults from abuse.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. Whilst staff had received appropriate training and were supported by the management team, none of the staff had received an appraisal of their work performance.

We also noted people's ability to make decisions for themselves had not been assessed and restrictions posed by the use of key coded locks had not been considered.

People told us they enjoyed the meals served in the home and confirmed they had access to healthcare services as necessary.

Requires Improvement



Is the service caring?

The service was caring. People told us they were happy living in the home and staff were kind and considerate. We saw that staff showed patience, gave encouragement and had respectful and positive attitudes. Relatives spoken with expressed satisfaction with the care provided and confirmed they were made welcome in the home.

The staff we spoke with had a good understanding of people's needs and preferences and we saw that they encouraged people to be independent as possible.

Good



Is the service responsive?

The service was not consistently responsive. Whilst people were satisfied with the care provided, we found there were shortfalls in record keeping and people were not routinely involved in the care planning process.

People's needs had been assessed before they were admitted to the service. Each person had an individual care plan, which provided guidance for staff on how to meet their needs. People were provided with opportunities to be involved in a variety of activities both inside and outside the home.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well led. Whilst all people, relatives and staff spoken with told us the home was well managed and organised, we found the systems used to monitor the quality of the service required improvement.

Requires Improvement



Cravenside Home for Older People

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 15 and 16 October 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications. We also spoke to the local authority social work and safeguarding teams, who provided us with positive feedback about the service. The provider sent us 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.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with 13 people who used the service and five relatives, who were visiting at the time. We spoke with the registered manager, five members of the care team and the cook. We also discussed our findings with the Care Business Manager.

We looked at a sample of records including four people's care plans and other associated documentation, recruitment and staff records, medication records, policies and procedures and audits.

Throughout the inspection we spent time on all six units observing the interaction between people living in the home and staff. Some people could not verbally communicate their view to us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people using the service who could not talk to us.

Is the service safe?

Our findings

We looked at the arrangements for managing medication. All people spoken with told us they were happy with the support they received to take their medicines and confirmed they were offered pain relief as necessary. Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference in each medication trolley.

The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. However, we found prescribed nutritional supplements and creams were not well managed. Records showed that one person had not received any supplements for six days because the home had none in stock. Whilst a new stock of supplements was obtained on the day of the inspection, we were concerned this situation had not been picked up and addressed as part of the management team's regular checks of the medication. Failure to administer nutritional supplements as prescribed puts people's health and well-being at risk.

Charts were in place for recording the administration of prescribed creams but there were 'gaps' of up to three days in the record keeping. This meant it was not possible to tell whether creams were being used correctly. We further noted one person was prescribed thickening powder for drinks. There were no written instructions to guide staff on how to use the powder and when we asked two members of staff how they used it they gave conflicting information.

Our findings demonstrated the provider's arrangements for managing medication did not protect people against the risks associated with medicines. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people's care plans and management strategies had been

drawn up to provide staff with guidance on how to manage risks in a consistent manner. Records seen demonstrated all risk assessments had been reviewed on a regular basis. However, on looking at one person's file we noted risk assessments had not been carried out in response to their changing needs. Whilst the registered manager updated the assessments during the inspection, we would expect such issues to be identified and addressed without our intervention.

All people spoken with told us they felt safe and secure in the home. One person said, "I'm very happy here and definitely feel safe" and another person commented, "I can personally vouch for this home, they really look after everyone very well". Similarly all relatives spoken with expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member. One relative said, "Everything is wonderful, I can't fault a thing" and another relative told us, "I'm 100% happy with the way my Mum is looked after". We observed from the good natured humour between people living in the home and the staff that there was a warm and friendly atmosphere.

Staff spoken with understood their role in safeguarding people from abuse. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. The training records showed staff had received safeguarding training and the staff we spoke with confirmed this.

Notifications we received showed that the registered manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission appropriately.

We looked at how the service managed staffing and recruitment. Staff spoken with told us there was usually sufficient staff on duty. We saw staff had time to spend with people. We found call bells were answered promptly and we saw people's needs were being met. This was confirmed in discussions we had with people living in the home. One person told us, "The staff are always on hand if I want anything".

Is the service safe?

We saw evidence to demonstrate the registered manager continually reviewed the level of staffing using an assessment tool based on people's level of dependency. Whilst the assessment tool included a function to take account of the layout of the building, this was not being used at the time of the inspection. However, the registered manager wrote to us following the visit to confirm the layout of the home was being considered for all future staffing assessments. The registered manager also had a flexible bank of staff hours which could be used to meet specific needs.

We looked at recruitment records of two members of staff and spoke with two members of staff about their recruitment experiences. Checks had been completed

before staff worked unsupervised and these were clearly recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The recruitment process included applicants completing a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. Staff completed a six month probationary period during which their work performance was reviewed at two monthly intervals.

Is the service effective?

Our findings

We looked at how the service trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. All staff had undergone an induction programme when they started work in the home and received regular mandatory training. Two new members of staff told us their induction training was thorough and helped them feel confident to support people living in the home.

From the training records seen we noted staff received regular training in areas such as assisting people to move, first aid, safe handling of medication, proactive approach to conflict and person centred support planning. Staff had also completed specialist training on caring for people with a dementia and end of life care. The training was delivered in a mixture of different ways including face to face, online and work booklets. The registered manager had systems in place to ensure staff completed their training in a timely manner.

Staff spoken with told us they were provided with regular supervision and they were supported by the management team. This provided staff with the opportunity to discuss their responsibilities and the care of people in the home. We saw records of supervision that staff had received during the inspection and noted a variety of topics had been discussed. We found none of the staff had received an annual appraisal during 2014. Appraisals are important to enable the registered manager to review staffs' work performance and set objectives for the following 12 months.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We noted there was a significant amount of information displayed on a notice board about the MCA 2005 on the first floor. According to records seen the staff team had completed work booklets on the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. Whilst staff spoken with had a basic understanding of MCA 2005, we found

there were no mental capacity assessments in the care files we looked at. These are important to assess people's capacity to make decisions for themselves and their ability to consent to care and treatment.

The registered manager explained one application had been made to the local authority for a DoLS and showed us a best interest decision form which had been completed for the person. However, from the records seen consideration had not been given to the potential restriction of liberty posed by the coded keypad locks on some internal and external doors. This type of lock prevented people from leaving and entering some parts of the building without knowing the code to the locks.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, "You can't beat the food, there is always plenty of it" and another person commented, "The meals are very good, I have no complaints". We observed lunchtime on the first day and noted people were given support and assistance as necessary to eat their food. The meal looked well-presented and was plentiful. We observed people were offered second servings if they wanted more to eat. Staff engaged people in conversation and the atmosphere was cheerful and good humoured. The tables in the dining area were nicely dressed, with tablecloths on the tables. Details of the meals were displayed on boards on each unit.

People were offered a choice of food every meal time and could request alternatives if they wanted something different to eat. The cook spoken with was aware of people's dietary needs and personal preferences and said she had opportunities to discuss people's views and suggestions about the food on a regular basis. People's weight was checked at monthly intervals and this helped staff to support people to maintain healthy lifestyle choices.

We checked four people's care files and noted the risks associated with one person's poor nutrition had not been assessed and managed. The registered manager completed the risk assessment during the inspection.

We considered how people were supported with their health. People's healthcare needs were assessed during the care planning process and we noted information had been added to each person's plan to explain any medical conditions. This meant staff had guidance on how to

Is the service effective?

recognise any early warning signs of deterioration in health. We noted records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team. People confirmed the staff contacted their doctor when they were unwell. During the visit we spoke with a visiting healthcare professional, who provided us with positive feedback about the care provided in the home.

We recommend the registered persons consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005.

Is the service caring?

Our findings

Our observations of the staff told us they were kind and compassionate towards the people who used the service. All people spoken with expressed satisfaction with the care provided. One person told us, “The staff have been smashing with me. I don’t think you could get any better. Nothing is too much trouble”. And another person commented, “The staff are very caring. They always look after me very well”. Similarly relatives were happy with the care their family members were receiving, one relative said, “We have been very pleased with this home and would recommend it to anyone”. The relatives also confirmed there were no restrictions placed on visiting and they were made welcome in the home.

People told us they had a keyworker, who got to know them particularly well and made sure they had everything they needed. People said the routines were flexible and they could make choices about how they spent their time. One person told us, “I can do what I like; I keep myself busy and enjoy reading the newspaper”. We saw people being offered choices and staff often asked people if they were okay and if they wanted or needed anything.

The registered manager and staff were thoughtful about people’s feelings and welfare and the staff we observed and spoke with knew people well, including their preferences and personal histories. They understood the way people communicated and this helped them to meet people’s individual needs. For instance, we saw that all staff on duty communicated with the people effectively and used different ways of enhancing communication by touch, ensuring they were at eye level with people who were seated, and altering the tone of their voice appropriately for those who were hard of hearing. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

Before people moved into the home, staff carried out an assessment of their needs and risks, which included gaining information about their preferences. This then informed the care planning process. People had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

Our observations showed us there were positive interactions between the people we observed and the staff supporting them. The staff showed patience, gave people lots of encouragement and had respectful and positive attitudes. We saw that the staff members engaged with people, talking about things people were interested in. They asked people if they were comfortable and encouraged them to engage in activities.

People were provided with appropriate information about the home, in the form of a service user guide and brochure. This ensured people were aware of the services and facilities available in the home. Information was also available about advocacy services. These services were independent and provided people with support to enable them to make informed choices. None of the people living in the home were in receipt of these services at the time of the inspection.

There were policies and procedures for staff about the philosophy of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting. The staff spoken with were aware of the policies and procedures and were able to give us examples of how they maintained people’s dignity and privacy. Staff encouraged people to speak for themselves and gave people time to do so. People spoken with confirmed staff respected their rights to privacy, one person said, “They [the staff] know me well and they don’t interrupt my thoughts”.

We observed staff encouraged people to maintain and build their independence skills. For instance we saw a person washing some crockery after lunch and another person was wiping the table mats.

A member of staff was designated as a dignity champion. The Dignity in Care campaign is hosted by the Social Care Institute for Excellence, and aims to put dignity and respect at the heart of care services. One person we spoke with told us that all staff always knocked on their door and waited, before entering. During our visit we saw that staff attended to people’s needs in a discreet way, which maintained their dignity.

Is the service responsive?

Our findings

We looked at four people's personal files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The care plans were well presented and easy to follow. Staff spoken with told us they were useful and informative documents. The plans were split into sections according to people's needs and included a personal profile of past life experiences and significant achievements. We saw evidence to indicate the care plans had been updated on a monthly basis. However we noted one person's care plan had not been updated in line with their changing needs and contained a significant amount of out of date information. The registered manager updated the care plan during the inspection. Charts were in place for recording positional changes; however there were "gaps" in the record keeping of up to 12 hours. This meant it was unclear if the person had received appropriate care in line with their needs. We further noted that some food and fluid charts had not been totalled in order to determine if the person had received adequate nutrition and hydration. The problems we found with record keeping breached Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at a completed assessment and found it covered all aspects of the person's needs. However, there was no evidence to indicate who had been involved in the assessment.

Although relatives told us they had read and signed their family member's care plan, people living in the home were unfamiliar with their plan and could not recall discussing their care needs with staff. It is important people are supported to have an active contribution to the care planning process so they can influence the delivery of their care.

People told us they were satisfied with the care and support they received from staff. One person told us the staff had responded well and quickly to a change in their

needs following a period of time in hospital. The person told us, "They [the staff] phoned and visited the hospital and since I've been back they have been great. It feels like I am part of a family".

People had access to a range of activities and they told us there were things to do to occupy your time. Throughout the inspection we saw staff engaged in conversation and activities with people on each of the units, including discussing items in a memory box and making cakes. We also noted photographs of one person gardening in one of the home's garden areas. The person told us he often went outside in the garden. On our first afternoon a group of school children visited the home to work in the garden alongside some volunteers from the Friends of Cravenside group. People told us they had been out on trips, such as Blackpool to see the illuminations. The home also had an active choir known as The Elderberries.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was incorporated in the service user's guide and included the relevant timescales. The organisation had also produced leaflets to inform people about the complaints procedure as well as information on their website.

The registered manager kept a central log of complaints and had received four complaints, which according to information submitted in the provider information return had been resolved. However, at the time of the inspection there were no details about the investigation and outcome of one complaint. The registered manager was also unaware of this information because the issues had been investigated by another manager within the organisation. It was important the registered manager was aware of the outcome so she knew what action to take to minimise a reoccurrence of the concerns.

Is the service well-led?

Our findings

People living in the home and their relatives had been given the opportunity to complete and submit a satisfaction questionnaire in July 2014. We looked at the collated results during the inspection and noted people had indicated they were either “very satisfied” or “satisfied” with the service. However, people and their relatives had also raised a number of issues which required action. The results of the survey had not been fed back to people and there was no action plan in place to address people’s concerns. The registered manager explained the results had only recently been sent to the home by the organisation and she hoped to start work on an action plan as soon as possible.

With the exception of a monthly newsletter, the ongoing communication and consultation with people living in the home and their relatives was mostly informal. We looked at the last residents’ meeting and noted it had been held in May 2014 for the people living on Stanley and Dale units. There was no evidence to demonstrate meetings had been held with other people living in the home during 2014. We saw Friends of Cravenside meetings had been held approximately every six weeks, however, there had been no specific relatives’ meetings. Meetings are important to enable people to express their views and influence the development of the service.

Following an accident, a form was completed and the details were entered onto a database. We noted a list of accidents had been generated from the database and action had been taken to minimise the risk of falls. However, there was no analysis of the type of accident or the time an accident had occurred. This meant it was not possible to identify any patterns or trends.

The home was subject to unannounced quality checks by a senior manager of the organisation. However, at the time of the inspection the last visit report was dated June 2014.

The registered manager used various ways to monitor the quality of the service. This included audits of the medication systems, care plans, staff training and staff supervisions as well as checks on mattresses and commodes. Daily checks of the medication systems

included looking at the medication administration records, in order to check for any discrepancies or omissions. However, we identified a shortfall in the management of medication, which had not been picked by the checks.

From our findings we concluded people who use services were not fully protected against the risks of inappropriate care by means of the effective operation of systems designed to regularly assess and monitor the quality of the service. This is a breach of Regulation 10 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service was led by manager who is registered with the Care Quality Commission. The registered manager told us she was committed to continuously improving the service. She was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. The registered manager said one of her key challenges for the year ahead was setting up a dementia carers’ group for the families of people living with a dementia.

All people, relatives and staff spoken with told us the service was well organised and confirmed the registered manager was visible in the home and provided clear leadership. One person using the service told us, “I see the manager at least once a day and she always has a word with me” and a relative said, “The manager is very approachable and sorts out everything”. The staff members we spoke with said communication with the management team was good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people’s care at any time. All staff spoken with told us they were part of a strong team, who supported each other.

Staff received regular supervision with their line manager and told us any feedback on their work performance was constructive and useful. Staff were designated to work on a particular unit so they knew who they were caring for during the day. This approach meant staff were aware of what was expected of them and they were clear on their responsibilities for the day. There were clear lines of accountability and responsibility. If the registered manager was not in the home there was always a senior member of staff on duty.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People who uses services were not protected against the risks associated with the unsafe management of medicines. Regulation 13.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

People who use services were not protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of an accurate record in respect of each service user which shall include appropriate information and documents in relation to their care. Regulation 20 (1) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

People who use services were not protected against the risks of inappropriate care by means of the effective operation of systems designed to regularly assess and monitor the quality of the service.