

Ms Jo Ball

Crows Nest

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection carried out on 14 and 21 August 2014. The previous inspection was carried out on 8 and 9 May 2013. There were no breaches of legal requirements identified on that occasion.

The Crow's Nest is a care home registered to provide accommodation for up to 12 people with learning disabilities. There were 11 people living at the home when we visited. It is registered to provide accommodation for people who require personal care. The provider, Ms Jo Ball, is also the registered manager and had been in post since the home was registered. A

Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found problems with the cleanliness and hygiene at the home. We observed that people's bedrooms and communal areas were not always clean. Effective systems were not fully in place to reduce the risk and spread of infection. The deputy manager told us there was no system of regular cleaning in place.

The maintenance of the home was inadequate. There was equipment and general items lying around the home including next to the stairs. We were concerned that this was a trip hazard and could impede people's safe evacuation out of the home in the event of an emergency. The outside garden areas had not been well maintained and were strewn with rubbish and debris. Chemicals were not always stored safely and the walls in the laundry room were affected by damp.

Although the service had a registered manager in post, we saw the leadership of the service was essentially carried out by the deputy manager. We were told that the deputy manager was responsible for the day to day management. This meant the person who was legally responsible and registered for the day to day running of the service was not always available when decisions, for example, with regard to the financial budget, or other issues in relation to the effective running of the service had to be made.

A number of checks were carried out to monitor the quality and safety of the service. However, these were not always effective in identifying any issues such as the condition of the premises and infection control concerns.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Proper policies and procedures were in place. The relevant staff were aware of when an application should be made and how to submit one. Staff had received training in safeguarding adults.

We found that people's health care needs were assessed. People were consulted about their care and support. Records confirmed people's preferences. Care and support was planned and provided in accordance with their needs.

People told us they liked the food and were given opportunities to contribute to menu planning. Anyone who required special diets were supported by staff and referred to the speech and language team as necessary.

Staff received appropriate training and had all completed national qualifications in care.

We saw people were afforded choices about their routines and lifestyle. They were treated with respect and staff interactions with people were warm and kind.

People had access to activities that were important to them and were supported to maintain relationships with their friends and relatives.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to cleanliness and infection control, safety and suitability of the premises and assessing and monitoring the quality of service provision. You can see what action we have asked 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 safe. People who used the service were being put at risk because the home was not cleaned or maintained properly.

People told us they felt safe. Staff knew how to recognise and respond to abuse correctly.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Proper policies and procedures were in place. The relevant staff were aware of when an application should be made and how to submit one.

Inadequate



Is the service effective?

The service was effective. Staff received appropriate training and had regular supervision with a senior member of staff. We saw from records that team meetings were held regularly.

We observed that people's preferences were known to staff and these were recorded in the records. People told us they liked the food. We saw the menus were varied and choices were offered.

Staff referred people to health and social care professionals in a timely manner to ensure that their health needs could be effectively met.

Good



Is the service caring?

The service was caring. We observed staff treated people with respect and their interactions were kind.

People told us they were happy with the care and support provided. One person said, "I really like the staff and I think they are kind and helpful."

There was a system for people to use if they wanted the support of an advocate. Advocates can represent the views and wishes for people who are not able to express their wishes.

People told us that they were involved in their care. They said that staff listened to them and respected their wishes.

Good



Is the service responsive?

The service was responsive. People's needs had been assessed and records confirmed people's preferences.

Care and support was planned and provided in accordance with people's needs.

People had access to activities that were important to them and they were supported to maintain relationships with their friends and relatives.

Good



Summary of findings

People were aware of the complaints procedure and felt able to raise any concerns. They were confident these would be taken seriously.

Is the service well-led?

The service was not well-led. Although the service had a registered manager in post, we saw the leadership of the service was essentially carried out by the deputy manager. We were told that the deputy manager was responsible for the day to day management of the home. This meant the person who was legally responsible and registered for the day to day running of the service was not always available when decisions, for example, with regard to the financial budget, or other issues in relation to the effective running of the service had to be made.

People were put at risk because systems for monitoring quality were not effective in identifying shortfalls in the service.

A number of checks were carried out to monitor the quality and safety of the service. However, these were not always effective in identifying concerns such as the condition of the premises and infection control.

Requires Improvement



Crows Nest

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors and an expert by experience, who had experience of services for people with learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with nine people to obtain their views. We also spoke with the registered manager, the deputy manager and four care workers.

We observed care and support in communal areas and also looked at the kitchen, laundry and 11 people's bedrooms with their permission. We reviewed a range of records about people's care that included the care plans and medication records for five people. We also looked at the staff training and induction records for five staff employed at the home. We saw copies of quality assurance audits that staff completed.

Before the inspection, we reviewed the information we held about the home and contacted the local Healthwatch group, the local Clinical Commissioning Group, the local authority contracts and safeguarding adults' teams. We also spoke to care managers from the local NHS Trust for four people.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they were involved in cleaning their own rooms. One person said, “I like it here with all my friends and I have a nice room.” Another person said, “This is my home, the staff are nice and helpful and there is always something to do.

We spent time looking around the home. We saw the kitchen door was open during our visit and on one occasion, a cat was in the kitchen sitting next to the cooker. The infection control policy stated that pets at the home should not be allowed in the kitchen area. This was an infection control risk since infections and diseases can be passed from animals to people. There was pet hair evident on chairs and the floor. A heavy covering of cat hair was present on the conservatory seating and this room contained boxes, a clothes airer and people’s clothes.

We observed that the cooker had not been cleaned properly. There was food debris on the top and side. We checked the laundry room and noticed that it was used for the storage of certain food items which included vegetables and dried goods. The laundry walls were affected by damp and were not easily cleanable.

We noticed that many of the carpets required cleaning and the base of the upstairs shower was marked and showed signs of mildew. We observed the shower heads were encrusted with lime scale. We asked the registered manager what checks were carried out to reduce the risk of legionella. The registered manager was not aware that monitoring of the water system and risk of legionella was required. We were concerned that not all hazards and risks may have been identified and actions taken to reduce the risk of legionella such as the regular cleaning of shower heads.

We spoke with the deputy manager about our concerns and showed her what we had found. She told us there was no system of regular cleaning in place. She agreed that the current cleaning systems were not effective.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We found that the certain areas of the home were not well maintained. One person’s room was uncomfortably hot as

the boiler was housed in a cupboard in their bedroom. The inspector assisted the person to open their window. This person told us it was not their choice to have their room temperature so high. We checked the communal bathrooms and shower rooms and saw that a toilet seat in the ground floor toilet was cracked and the paint on the shower room window was chipped and peeling off. We saw that some of the arm chairs in the sitting room were worn and in one case the leather was torn in several places on the seat.

We observed that access to the rear staircase was partially impeded by items including two curtain rails and a dog food bowl. We were concerned that this was a trip hazard and could also affect people’s evacuation from the building in the event of an emergency.

We checked the laundry room and saw that the blade of a pair of scissors was sticking through the damaged drawer of the sink unit. This presented a risk to anyone who used the sink. There were no doors on the sink unit and cleaning materials, that could present a risk to people, were not safely stored. We saw a laundry basket in use that was damaged and had sharp edges which presented a risk to anyone who used it.

The garden was littered with equipment and materials that were either broken or discarded. At the bottom of the garden, we noticed that several areas were being used for storage of cardboard boxes, a broken bicycle, old garden furniture and scaffolding poles. An old and dirty unused caravan, carpeting and a mattress were also stored in the garden. This meant there was a risk of people injuring themselves on this debris and it also increased the risk of vermin in garden. We also considered that the rubbish and debris posed a fire risk since it could be set on fire. We noticed that the grass and flower beds were overgrown which meant the garden was not a pleasant place to spend time.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We spoke with the deputy manager and staff and they told us there was no maintenance person employed and staff had limited time to spend in the garden. We talked with a

Is the service safe?

care manager and with the commissioners, who also had concerns about the general maintenance and upkeep of the home. The commissioners told us they had discussed their concerns with the provider.

At our second visit to the home, we saw most of the items lying around both inside and outside the home had been removed. The provider told us they had asked two contract cleaning companies for quotes to estimate the cost of a deep clean of the home which they agreed was needed. They also said a current member of staff would take on additional hours to ensure domestic duties were addressed.

We passed our concerns about the condition of the premises to a local authority environmental health officer and the local authority fire safety team.

People told us they felt safe. One person said, "I really like it here. We are well looked after and I feel happy and safe here." Staff told us they had received training in safeguarding adults and records confirmed this. We asked three members of staff who were confident they knew what action they would take if an allegation was made. They were able to describe appropriately the procedure for dealing with and reporting an allegation of abuse.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provides legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. The deputy manager demonstrated an appropriate understanding of MCA and DoLS and confirmed she had received training in this area. We were told updated MCA and DoLS training was planned with care workers. This was to ensure they had more understanding and were aware of the recent change in case law with regard to DoLS.

There had been no applications made to deprive anyone of their liberty at the home. The deputy manager told us that she had contacted a care manager from the local NHS Trust to discuss an application for one person. This was reflected within the person's records and there was evidence to show that family members were involved in this decision.

We saw risk assessments were in place for specific areas, such as to assist people to manage their behaviour and

these were detailed and had been regularly reviewed. The deputy manager explained to us the triggers they looked out for with different people and we saw this information was recorded in the care plan and updated as necessary.

We saw positive risk taking was encouraged to help promote the independence of people. People said they could bathe when they wanted, although they always told the staff when they were getting a bath, so that staff could check that they were all right. Some people also went out and about in the local community unaccompanied by staff; after it was assessed they were safe to do so.

The deputy manager told us there were two care workers on duty throughout the day and we were able to confirm this when we spoke to staff. At night, one care worker slept in the home and would wake up if people required care or support. Staff we spoke with said an "on call" management arrangement was in place to provide support to staff on duty during the day or night when management staff were not on duty.

We saw copies of the last month's staff rotas and these confirmed this level of staffing. We noted there was no provision of domestic hours and this meant care workers were required to carry out cleaning tasks. This meant that whilst staff carried out cleaning duties, they were not available to provide care and support to people who used the service. The deputy manager showed us a cleaning schedule which staff were meant to follow, but it was evident this was not always completed. She said that staff did prioritise the provision of care and agreed they needed additional hours for domestic duties. We asked if there was someone who carried out maintenance tasks and the registered manager told us they had external contractors who carried out this work.

We spoke to a care manager from the local NHS trust about staffing levels. They said that people were supported to follow their interests and were able to spend time in the community. This was confirmed by staff we spoke with. They said extra staff were made available to support people to go out, for example when they attended concerts or meals out.

We looked at staff records and found the service followed safe recruitment practices. There was evidence to show and staff told us references had been checked before they

Is the service safe?

started work. We saw that Disclosure and Barring (DBS) checks were carried out before any new staff started work. These checks helped ensure that staff were suitable to look after vulnerable people.

Is the service effective?

Our findings

People told us they were satisfied with the food which they said was good and they could have a drink or snack at any time. One person told us, "I asked for a big breakfast this morning and it was lovely." We found people with specific needs regarding food had a care plan in place that detailed what support they needed from staff. Information was available to show when advice had been sought from health care professionals such as speech and language therapists and the dietitian. This advice had then been incorporated into the care plan.

The deputy manager described how people were involved in planning the menus. She explained that a two weekly menu was in place and people put forward their ideas about what they would like to eat. We heard people asking what was for lunch. There were no copies of menus in the dining room. The availability of menus would enable people to know what was on the menu for that day. People told us they helped with the shopping at a large supermarket nearby. They told us that they enjoyed assisting with this task. They said this was usually done on Thursdays and Fridays, but they often went to the local shops for other items.

We saw copies of the weekly menu and this showed that people had access to a varied diet, although there were no alternative choices at any of the mealtimes. The deputy manager explained that the menu was discussed with people the day before and if they wanted an alternative meal, then arrangements were made to provide this. The deputy manager explained that the home was small and people's preferences were well known to staff. This was confirmed by staff. One care worker told us, "Last night it was bacon and pasta with cheese sauce. One person didn't like cheese sauce so we made a tomato based sauce instead."

Where required, we saw advice had been sought from health and social care professionals. There was evidence that the speech and language therapy team and the behaviour management team had been consulted. Staff told us how the speech and language therapist had helped them draw up a list of actions that helped one person with their communication. Staff were able to describe how

working with specialists had improved the way they cared for people. One staff member said, "We now know what is the best way with this person, we have very few problems now."

We looked at five staff files and saw these contained copies of certificates of training which they had completed. We talked to staff who were able to confirm the training provided in the last year. This information corresponded with the certificates we had seen. The staff told us they had completed training in safe working practices and they received other training opportunities related to their work and the people they cared for. Two staff told us they had received training in first aid, behaviour management, podiatry, first aid, health and safety and infection control. The deputy manager told us and staff confirmed that all staff had completed national vocational qualifications in care. The deputy manager told us that the service subscribed to the journals, "Care Matters" and "Care Nursing Weekly." She told us that these journals helped her keep up to date with developments in the health and social care sector.

Staff told us new staff completed appropriate induction training and we saw records of this in individual staff files. As part of their induction, they worked with an experienced member of staff. Staff told us they felt this worked well and they had been well supported when they first started work in the home.

The staff told us that they felt supported and they received regular supervision every two to three months from the deputy manager. These were one to one meetings to discuss their work and personal development. A staff member we spoke with commented, "We talk about training needs and things that could have gone better." The deputy manager told us and records confirmed that there had been no appraisals carried out in the last year. This meant that individual staff members had not had the opportunity to discuss their progress and aspirations for their future career development. The deputy manager informed us that this would be addressed immediately.

We saw records of recent staff meetings where there had been discussion about care issues, activities, staff training and household issues. Staff told us they felt able to contribute their views at these meetings. They said that they felt their opinions were listened to and acted upon by

Is the service effective?

management staff. One staff member commented, "If I can't get to a meeting, I can ask for an item to be added to the agenda and meeting minutes are then available to see what was discussed."

Is the service caring?

Our findings

People said they were happy with their care and support. One person said, “It’s nice here, I have my own room and I have lots of friends.”

We spent time observing staff practices. We saw that staff were kind and caring towards people. People were relaxed with staff and staff supported people to make decisions for themselves. We saw staff supporting people to go out for a walk into the local community. One person required extra assistance to use her walking frame which was still new to her. We noticed a care worker spending time with this person and explaining how to use her walking aid. We accompanied people on their walk and observed how staff showed interest in people’s conversations.

We noticed that staff made time for people, listened to them and responded in a way that suited the individuals. They knocked on people’s doors and waited for permission to enter. They also asked for permission for us to look at people’s rooms. People were happy to show us their rooms, which were personalised to suit their individual preferences and interests.

We spoke to staff about confidentiality and privacy and they were able to give examples of how they respected this and were able to confirm they had read policies and

procedures related to these areas. One staff member told us, “I always knock on people’s doors and wait for permission before entering their room and I make sure the door is closed before providing personal care.”

We saw there was clear information about how individual support was provided and how people’s privacy and dignity should be promoted. We read one care plan which stated, “Make conversation with [the person] whilst performing intimate tasks and make the whole process as casual as possible.” This meant staff knew how to support people in a way that reduced their anxiety and stress.

The deputy manager was able to describe how they would access advocacy services for people, although she told us no one currently had an advocate. She said in the past people had requested and had access to an advocate.

We saw from records that there were meetings for people who lived in the home. There were regular discussions about menus and food, activities and any special events such as going to concerts or sports events. We observed care workers asking people their opinion on things and giving them choices such as whether they wanted something to drink or eat or whether they wished to go for a walk. People told us they felt able to talk to the staff and raise any issues or concerns. They said that they considered that their views were listened to and acted upon.

Is the service responsive?

Our findings

People we spoke with told us they were involved in decisions about their care needs. One person said, "I like to watch television at night and have a long lie at the weekend." Two people told us they were retired and we saw others accessed services such as a local horticultural unit and a day centre. Each person's care plans contained information about their interests and any activities they enjoyed. People told us they were encouraged and supported to follow their interests and hobbies. One person said, "I have been to see Boy Zone and Ronan Keating at the Newcastle Arena." Another person commented, "I like going to the café" and "I have been to see Rod Stewart and Elton John in concert." We spoke with a care manager from the local NHS Trust. They told us that people they supported had expressed their satisfaction with the service provided.

We saw people enjoyed a variety of social activities and they had the opportunity to go out on their own or supported by staff. Activities included; cricket matches; picnics; shopping; attending clubs; visiting the pub; walking; music; eating out; cycling; football; computing; cinema visits; concerts and trips out in the car. We were told people had a bus pass and some used it to go by bus to the local town. Other people went in a small group with a picnic to the local coast or countryside. People were therefore supported in promoting their independence and community involvement. One care worker said, "All of us, including staff not on duty went for an Indian meal a couple of weeks ago with people." On the day of inspection we accompanied a group of people who went out for a walk. People pointed out all the places they went to regularly.

Staff were able to describe to us each person's needs and preferences and this was reflected in people's care plans. We saw care plans were in place to ensure that staff helped people to maintain as much of their independence as possible. We saw they promoted the involvement of the person who used the service. The support plans were detailed and well written to make sure the correct amount of care and support was given to the person. We read one care plan which stated that housekeeping skills were encouraged. Such housekeeping skills are important as they help to promote independence. We read another plan

which described how to assist someone with their communication. This had been prepared with support from the speech and language therapist and staff told us this had helped them to reduce the number of incidents that occurred when the person became frustrated. The plan included a list of possible triggers and information about how to respond to the person to reassure them. The care plans we looked at provided a clear description of the steps staff should take to meet people's needs and had been recently reviewed to make sure that the guidance was up to date and met people's assessed needs.

There was a key worker system in place. A key worker is a designated member of staff who maintains regular contact with the person which helps them and their relatives know who to speak with if they need any information. One staff member told us they were key worker for two people. They explained that they spent time with each person and made sure they were supported to contribute to and understand their care plan.

Staff told us and our own observation confirmed, that two people had been allocated rooms on the ground floor because of their mobility. Staff explained that one person had been attending a falls awareness class which was organised by a physiotherapist. However, when we checked this person's records we saw there was no falls risk assessment in place. We brought this to the attention of the deputy manager who agreed this would be completed immediately. We observed staff supported this person when they were walking around the home and reminded them to use their walking aid. One of the downstairs toilets had been converted into a wet room so this person was able to shower with minimal staff intervention.

There was a complaints procedure and a record of all complaints was kept. One complaint had been made in the past year. Records showed that this had been fully investigated and the outcome was fed back to the complainant who was happy with the actions taken. Staff were aware of the complaints procedure and were able to tell us how they would assist a person to make a complaint. This was in accordance with the home's complaints procedure. People told us they knew how to make a complaint and felt satisfied that any concerns they had would be taken seriously. One person said, "I can tell the staff if I am not happy about something and they would do something about it."

Is the service well-led?

Our findings

There was a registered manager in place. She was present on both days of the inspection. During the inspection it became evident the deputy manager was responsible for most of the day to day operation of the service and the registered manager completed some of the audits and was actively involved in outings and activities for people who lived there.

The deputy manager told us people were usually asked to complete a satisfaction survey annually; however this had not been circulated this year. She told us that questionnaires would be sent out in the next few weeks. We did not see any information from last year's survey as records had been put away while the office was being decorated. There had been no surveys of professionals involved with the service.

The registered manager told us a system of quality audits had been introduced. She showed us copies of this documentation. These audits consisted of a list of premises and record checks to be carried out by the registered manager or the deputy manager. We saw there were regular checks carried out of the premises, fire system and equipment and records. However, these did not highlight any of the concerns which we had found with regards to the condition of the premises or infection control. The premises audit undertaken in May, June and July 2014 had not identified the need for more effective cleaning of the home or the upgrading of the shower room and laundry.

The registered manager provided us with a copy of the renewal and refurbishment plan for the service. We saw the schedule for 2014 had slipped. Three bedrooms had not

been refurbished and work had not been completed to fit a new shower, tiling and flooring in the shower room. Other work planned for July to September 2014 was underway with the painting of the middle floor. Another bedroom refurbishment and outside painting had not yet been started. The registered manager told us this was due to the contractors not being available. This meant some areas of the home were not well maintained.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We noted accidents and incidents were recorded and monitored. We saw from these records that action was taken to minimise the risk of any further accidents or incidents occurring.

We talked with members of staff from the local authority contracts team. They informed us that they had identified the need for better auditing systems at their last monitoring visit, earlier in the year.

From our observations and discussions with people who lived in the home and our conversations with staff, we found there was a relaxed and open culture in the home. One staff member said, "People know I'm happy in my job because I don't moan."

Staff told us they were able to talk to the manager or the deputy manager about any issues or concerns they had. They said they were confident their concerns would be listened to and acted upon. Staff we spoke with said they felt supported by management.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Regulation 10 (1)(a)(b) and (2)(d)(i)(ii).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>People were not cared for in a clean environment. Effective systems were not fully in place to reduce the risk and spread of infection. Regulation 12 (1)(a)(b)(c) and (2)(a)(c)(i)(ii).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>People who used the service and others were not fully protected against the risks associated with unsafe or unsuitable premises because the provider had not taken steps to ensure that the environment was adequately maintained. Regulation 15 (1)(c).</p>