Crocus Care Ltd

The Red House

Inspection report

Clonway
Yelverton
Devon
PL20 6EG

Tel: 01822854376
Website: www.crocuscare.co.uk

Date of inspection visit:
29 September 2016
03 October 2016

Date of publication:
21 November 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 29 September and 3 October 2016 and was unannounced. At the last inspection on 26 November 2014 we found staff lacked understanding about the deprivation of liberty safeguards (DoLS) and their responsibilities under the Mental Capacity Act 2005 (MCA). We asked the provider to take action to make improvements. At this inspection we found the concerns had been addressed and improvements had been made. We found some minor inaccuracies with the wording within some mental capacity assessments, which were highlighted to the manager who understood and said they would address this.

The Red House is a care home which provides accommodation and personal care to a maximum of 28 older people. There were 25 people using the service at the time of our inspection. People's healthcare needs are met through the local community services, such as the district nurses and GPs.

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

A new electronic recording system had been introduced to the service since the last inspection which replaced the paper records. Staff were positive in their feedback about this system telling us it made information easy to locate and saved time in writing records. However we found there was limited personalised information on the system, such as details about the person's strengths, background, history, likes and dislikes. In addition, care plans and daily notes lacked detail or guidance for staff on how to meet a person's needs. This was highlighted to the manager who said it would be addressed and that some work had begun in adding information from life story books to the records.

We observed positive, compassionate and caring interactions between people and staff. Staff took the time to stop and chat with people and to share appropriate humour. Staff knew the people they cared for well and spoke about them with fondness and affection. One relative said; "We always know [our relative] is very well looked after, and when we leave, we have confidence in that".

People told us they enjoyed the food. Mealtimes were a positive experience, which people told us they

looked forward to. People told us meals were of sufficient quality and quantity and there were always alternatives on offer for them to choose from. People were involved in planning the menus and their feedback on the food was sought.

People had their healthcare needs met. For example, people had their medicines as prescribed and on time. People were supported to see a range of health and social care professionals including social workers, chiropodists, district nurses and doctors.

People were kept mentally and socially engaged through a range of activities inside and outside the home. The service employed an activities coordinator who had developed a programme of personalised activities to suit people's individual needs. This was regularly reviewed and updated. The atmosphere in the home was upbeat and vibrant and we observed people taking part in the activities.

People were kept safe by suitable staffing levels. Relatives told us there were enough staff on duty and we observed unhurried interactions between people and staff. This meant that people's needs were met in a timely manner. Recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people.

Staff had received training relevant to their role and there was a system in place to remind them when it was due to be renewed or refreshed. Staff were supported in their role by an on-going programme of supervision, appraisal and competency checks.

There was a safeguarding adult's policy in place and staff had undergone training. Staff described how they would recognise and report any signs of abuse. The manager promoted an ethos of openness and honesty which demonstrated the requirements of the duty of candour. There was a policy in place on whistleblowing which supported staff to question and report poor practice.

Staff were knowledgeable about the Mental Capacity Act and how this applied to their role. Where people lacked the capacity to make decisions for themselves, processes ensured that their rights were protected. Where people's liberty was restricted in their best interests, the correct legal procedures had been followed. People were involved in planning their care and staff sought their consent prior to providing them with assistance.

People, staff and relatives were encouraged to give feedback through staff meetings and residents' meetings. This feedback was used to drive improvements within the service. There was a system in place for receiving and managing complaints. Care records were electronically audited.

The manager had arrangements in place to dispose of domestic waste and a contract in place for the removal of clinical waste. The provider had systems in place to monitor the safety of the premises, which included fire checks, water temperatures, legionnaire's checks and PAT testing.

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 was safe.

People were supported by staff who had undergone training on safeguarding adults and who knew what action to take if they witnessed or suspected abuse.

People were kept safe by a clean environment, with robust infection control practices.

People were supported by staff who had undergone checks to ensure they had the correct characteristics to work with vulnerable people.

People received their medicines as prescribed and on time.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training in order to carry out their role effectively.

People were supported to see a range of health and social care professionals as required.

People were supported by staff who had good knowledge of the Mental Capacity Act 2005, which they put into practice to help ensure people's human and legal rights were protected.

People were supported to maintain a healthy, balanced diet.

Is the service caring?

Good

The service was caring.

People were supported by staff who treated them with respect, kindness and compassion. Positive caring relationships had been formed between people and staff.

People were proactively supported to express their views, and

were supported by staff who knew them well.

People were supported by staff who respected their dignity and maintained their privacy.

Is the service responsive?

Requires Improvement

Aspects of the service were not always responsive.

People's care records were not personalised. There was limited information about their strengths, background, history and preferences.

People's care plans, risk assessments and daily notes were not detailed and contained limited guidance for staff around meeting their needs or reducing risks.

People took part in a range of personalised activities inside the home and in the community.

There was a system in place for receiving, investigating and managing complaints.

Is the service well-led?

Good

The service was well led.

There was a new manager in post who was being supported by senior managers to become familiar with their new role and responsibilities.

People were supported by staff who were happy in their role and understood what was expected of them.

Feedback on the service was sought through a variety of forums such residents' meetings, staff meetings and used to drive continuous improvements.

The Red House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 September and 3 October 2016 and was unannounced.

This inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed information we held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. The provider had also completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make.

During the inspection we looked around the premises, spoke with seven people who lived at the home, three relatives, the manager and seven members of staff. After the inspection we also contacted three health and social care professionals who had contact with people living at The Red House. Throughout the inspection we observed how staff interacted with people.

We looked at three records relating to people's individual care needs, viewed three staff recruitment files and training records for all staff. We looked at a range of policies and procedures and records associated with the management of the service, including quality audits.

Good

Our findings

People told us they felt safe living at the service. Comments included; "I feel safe here"; "There always seems to be someone around if you need them" and; "There are plenty of staff around so I feel safe".

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to review to advise them of what to do if they witnessed or suspected any incident of abuse or discriminatory practice. Staff comments included; "I'd report anything untoward straightaway" and "I would go straight to the manager or above". Records evidenced all staff had received safeguarding adults training. Staff confirmed they were able to recognise signs of potential abuse, and felt reported signs of suspected abuse would be taken seriously.

People told us they felt there were enough staff on duty to keep them safe. We observed staff interacting with people in an unhurried way. Call bells and requests for assistance were answered promptly. Staff spent time chatting to people as they passed them in the lounge or corridors. One person said; "Iif you need a member of staff, they are always there". One relative we spoke with said; "Whenever we visit, there are enough staff on duty without fail".

People were protected by safe staff recruitment practices. Records evidenced that employees underwent the necessary checks prior to commencing their employment to confirm they had the correct characteristics and were suitable to work with vulnerable people.

People had PEEPS (personal emergency evacuation plans) in place to provide guidance on what support they would need should an evacuation be required. The service also had contingency plans in place to deal with emergency situations such as fire or flood. Staff had been trained to understand what their role was in the event of a fire.

People were protected by effective infection control procedures. The service was visibly clean and free from adverse odours. Staff had received training on infection control and were provided with personal protective equipment (PPE), such as gloves and aprons. Bathrooms had paper towels, and soap available for people, visitors and staff.

There were arrangements in place for the disposal of domestic waste and a contract in place for the removal of clinical waste. The provider had systems in place to monitor the safety of the premises, such as fire checks, water temperatures and legionnaire's checks.

People's records contained limited information about what action staff should take if they became anxious or distressed. One person's records stated two staff members were required to assist the person with personal care due to the risk of them becoming agitated. The care plan did not explain the role of the two staff members or what techniques worked well for helping the person to remain calm. When we spoke to staff, they were able to verbally describe in detail the approach that worked best for this person, however this was not reflected in the care plan which meant all staff may not be consistently using the same techniques. This was reported to the manager who said that this would be reviewed.

Good

Our findings

At the last inspection we found staff had a lack of understanding of the deprivation of liberty safeguards (DoLS) and their responsibilities under the Mental Capacity Act 2005 (MCA). At this inspection we found improvements had been made.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive possible. If a person lacked capacity their care was discussed with a range of professionals and family, where appropriate, to ensure any decisions were made in the person's best interest. People's records contained information about their capacity to make specific decisions. Staff had undergone MCA training and had an understanding of the principles of the Act and how this applied to the people they supported.

People can only be deprived of their liberty in order to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had sought authorisations under DoLS when required.

People's consent was clearly obtained by staff prior to them undertaking a task, for example, staff asked people if they wanted support with eating or moving around the home. We saw some care records stated relatives had agreed to elements of the care plan. Nobody can consent to care on an adult's behalf unless they have the correct legal authority to do so. This is called a lasting power of attorney (LPA). If there is no LPA in place and the person lacks capacity to consent to their care themselves, a best interest decision must be recorded instead. This was explained to the manager who confirmed they understood this and would ensure all staff were aware and that records would be updated.

People were supported by staff who had undergone training to undertake their role. The manager had a system in place to ensure staff were trained in all areas identified by the provider as being mandatory and to remind them when training was due to be renewed or refreshed. Staff comments included; "I have recently had team leader training" and "I've had loads of training. They have put me through loads". As well as mandatory training, staff received additional training to meet the needs of specific people. One staff

member said; "We had one person who had challenging behaviour. We wondered if they might need a nursing placement. A community psychiatric nurse (CPN) came and gave us training to increase our understanding and to prevent the person having to move". One relative said of the staff; "I have total confidence in their abilities".

New staff underwent a thorough induction process and were supported to undertake the care certificate. The care certificate is a national induction tool which is best practice to help ensure new staff are trained to the desired standards expected within the health and social care sector. There was ongoing regular supervision for staff on a one to one basis as well as annual appraisals and competency checks. One staff member told us; "Supervision is good. We have three monthly face-to-face supervision and an annual appraisal".

People told us they enjoyed the food. Comments included; "The food here really is excellent"; "You can have whatever you ask for" and "The cakes are delicious". We observed the lunchtime experience. The atmosphere was pleasant and relaxed. Tables were laid with table cloths and flowers and people were chatting and appeared content. The food looked plentiful. People were having a roast turkey dinner and were heard to comment on how much they were enjoying it. One person said; "How lovely! Christmas has come early". Most people ate everything they were served and some asked for a second helping, which was provided. Some people chose to have an alcoholic drink with their meal. For desert, people had homemade cake which they said they enjoyed. Staff were available to assist people throughout lunch, offering drinks and condiments and making pleasant conversation. People were offered choices around what they ate and they were able to put forward suggestions at the residents' meetings.

People had enough to eat and drink. Where people had problems eating or drinking, referrals had been made to SALT (speech and language therapists). For example, one person who had swallowing difficulties had been referred to the SALT team and the advice to eat a pureed diet had been incorporated into their records. This information was also kept in the kitchen for staff to refer to.

People had their healthcare needs met. Records indicated they saw a range of health and social care professionals including GPs, speech and language therapists, social workers and district nurses, as required and staff supported people to attend appointments where necessary. One person said; "They look after us ever so well. If anyone is poorly they fetch a doctor straight away".

People's bedrooms were personalised and individually decorated. One person said; "I have a beautiful room with a fabulous view". Some people's bedrooms looked out across the lawn and some had bird feeders outside their windows which enabled them to enjoy watching the birds. The gardens were well maintained and accessible to people if they wished. There was signage around the home to enable people to orientate themselves. There was a lift and chair lift which were used to enable people to access the second floor of the building.

Good

Our findings

People told us they felt well cared for at the service. Comments included; "I think I am very lucky to be in a place like this"; "This place is tip-top, nowhere better" and "I have no complaints at all. It's a smashing place". Comments from relatives included; "The staff always seem caring. We are very reassured by the quality of care" and "The motivation of the staff is unparalleled. We very carefully researched care homes for [our relative] and this one was recommended".

People were cared for by staff who were compassionate and kind and who spoke about them with fondness. Staff comments included; "We have a lovely bunch of residents here and it's a lovely place to work"; "The people here are our adopted grandparents" and "I always think, a good rapport makes people feel comfortable. It makes the difference between a hospital and a home".

People were made to feel special, valued and important. Staff comments included; "We take time to listen to people and to understand their needs. Some people just want to sit with you and chat and we make time for that. We are their extended family". People's birthdays were celebrated. A cake was always baked for them, staff would sing 'happy birthday' and they were given cards.

Staff knew the people they cared for well and were able to tell us about their backgrounds, histories, likes and dislikes as well as how they preferred to be cared for. One staff member told us that one person could become distressed, but by talking to them about horses, their demeanour would change and they would become calm. The staff member explained that the person had worked with horses and they found talking about them comforting. Another staff member said; "When you get to know someone you get to know the small things to say to them to brighten their day".

Staff were seen to show concern for the wellbeing of people living at the service. We observed the manager stop and talk to one person who had a sore leg, asking how they were feeling and whether they could do anything to make them more comfortable. Another person said they were feeling unwell at lunchtime. A staff member stopped, sat beside them and encouraged them to try a small amount of the meal and see how they felt. The staff member was later seen to ask the person if they were feeling any better.

Staff respected people's privacy and helped to maintain their dignity. For example, staff knocked and waited to be invited to enter, before going into people's bedrooms. However, we noted some confidential information was not always securely stored. People's electronic records were stored on a computer which was located in a shared space in the home. It was highlighted to the manager that anybody could

potentially view people's confidential information if staff were accessing it. The manager said they would consider an alternative place for the computer to be located. On the first day of the inspection, filing cabinets with people's information in them were unlocked. This was reported to the manager who emphasised the importance of locking these cabinets to staff. By the second day of the inspection the cabinets were seen to be locked.

Requires Improvement

Our findings

The service had moved over to an electronic record system approximately 18 months ago which replaced the paper system. Staff were positive about this system, telling us it saved time and made information easier to locate. However, we found people's care records lacked information relating to their background, history likes and dislikes. Although staff were knowledgeable about the people they cared for, this was often not reflected in their care records. There was limited information about where people were from, what their occupation had been and about their families. Care records also lacked detail about people's strengths, aspirations and goals. This was highlighted to the manager who acknowledged this and said some life story work had started with people, and this would be added to their records to begin to address the issue.

People's care plans and care notes lacked detail. For example daily notes contained entries such as "applied Diprobase" without saying where it was applied to and for what purpose, or "accepted personal care" without detailing what exactly the person had been supported with. Care plans contained limited guidance for staff about how people wanted their needs to be met. For example, one person's care plan stated they were anxious and this had been discussed with the doctor, who had prescribed mood stabilising medicines. The section in their care plan entitled "What action are staff going to take" was left blank in relation to this. We saw lots of examples where this section was left blank. This was highlighted to the manager who said the care records would be reviewed to ensure this section was completed with clear guidance for staff about how to meet people's needs. It was clear staff knew what action to take to support people, and people and relatives were very positive about the care provided. However actions needed to be reflected in the records to help ensure care provided was consistent, personalised and met their needs.

Care records were easy to navigate and the system did allow staff to quickly access information. People's care records contained risk assessments relating to falls, malnutrition and moving and handling although these were not always carried through into the care plans to guide staff on what action they should take to mitigate the risk or reduce the likelihood of a reoccurrence.

People had access to a range of activities within the service in order to keep them socially and mentally engaged. There were numerous group activities on offer including pamper sessions where people would use face masks, soak their feet in foot baths and have their nails painted. There were film afternoons, "Knit, natter and sing" sessions and radio reminiscence sessions. Some people were involved in knitting squares for blankets to be sent out to children in Africa. There were pictures displayed of the children receiving their blankets. There had been a recent tallest sunflower competition, and the winner won a prize. At Easter,

some fertilised hen's eggs were brought in, in an incubator, carefully calculated so that they hatched at Easter. People and staff paid great interest in this and relatives commented on its success and uniqueness as an activity.

The service employed an activities coordinator who arranged personalised activities to suit people's individual interests and wishes. People and relatives spoke very highly of the activities on offer. One relative said; "The range of activities on offer is remarkable". One staff member said; "We find out people's interests and then match activities". One person enjoyed poetry and staff arranged for them to read their own poetry to others living at the service. Another person had advanced Parkinson's disease, so staff would take time to chat to them in their room or to support them to enjoy listening books. Activities did not stop when the activities coordinator was not working, or during weekends, as they would arrange activities for care staff to involve people in, in their absence. There were also visitors into the service, including local school children, who would come to sing, visits from petting animals and a company who brought clothes on rails for people to browse and purchase if they wished. The service had its own transport and there were regular trips out. These included trips out to eat fish and chips on the hoe, drives out to local vantage points with a flask of tea to enjoy the views, ice creams by the sea and afternoon teas and lunches.

People were supported to maintain relationships with people who mattered to them. There were no restrictions on visiting times and relatives were able to take people out. We saw that one person was going out for lunch with their family. Staff kept relatives informed of changes as required. One relative told us; "They let us know of any issues immediately so we don't hear anything second hand. We are always updated with any progress".

There were handover meetings three times per day in which any changes to people's needs could be discussed and ideas could be shared amongst staff. One staff member commented that these meetings were useful for monitoring a person's progress as well as any problems.

There was a system in place for receiving, investigating and managing complaints, supported by a policy. People and relatives said they felt confident to raise a complaint and felt that it would be dealt with to their satisfaction. One relative said; "There is information on the notice board on how to make a complaint and I would have no hesitation whatsoever in raising an issue".

Good

Our findings

Staff told us the service was well led and that the manager was approachable and supportive. Comments included; "The manager is very approachable"; "I feel supported"; "I can approach the manager with any concerns and I know they will always listen" and "I am definitely supported well. The manager does a good job".

Staff told us there was a clear management structure in place and enough senior staff on duty to offer support and guidance. The manager told us they had a care background and they liked to take a "hands on" approach and to be visible within the service. The manager was relatively new to post and was in the process of becoming registered with CQC. There was a robust system of support in place whilst they adjusted to the new role. There were senior manager meetings and the provider would visit regularly to offer support, advice and supervision.

It was evident the manager knew the people who lived at the home well and was observed to have a positive rapport with them. They often took the time to stop and chat to people and discuss any concerns.

People were offered the opportunity to give feedback on how the service was run and to offer suggestions about how they would like to be cared for. There were regular residents' meetings which were well attended and minutes evidenced people were able to contribute and share their opinion.

There were regular staff meeting where staff were able to raise suggestions about how the service was run. Staff told us if they raised a suggestion, managers would implement it wherever possible. Comments from staff included; "Managers always take our suggestions on board and we aren't afraid to speak out"; "Staff meetings are a great idea. You can really put your point across" and "There are senior meetings and staff meetings. We have the senior meetings first and then can carry any issues through to share amongst the staff".

Staff were happy in their work, understood what was expected of them and were motivated to provide a high standard of care. Comments from staff included; "I love it here"; "Iits home from home"; "I love it. The residents and the staff are all so easy to get along with"; "We bounce off each other's energy" and "I really, really enjoy it. It's so very rewarding".

The manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred, in line with their legal obligations and told us they would always be open and honest if

things went wrong. This demonstrated the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The manager had a policy in place on whistleblowing, which staff were knowledgeable about. The policy supported staff to question practice. Staff confirmed they felt confident to raise any concerns with the manager.

The service operated a cycle of quality assurance, however questionnaires had not been sent in 2015. The manager explained this had been an oversight and they would be sent annually and were due to be sent this year. This meant that some opportunities for feedback may have been missed. It was clear staff and people were given opportunities to provide feedback in other forums such as staff and residents' meetings and the manager explained that relatives would also attend the residents' meetings and contribute.