

Cumbria County Council

Grisedale Croft

Inspection report

Church Road
Alston
Cumbria
CA9 3QS

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 5 April 2016. We last inspected Grisedale Croft in January 2014. At that inspection we found the service was meeting all the regulations that we assessed.

Grisedale Croft is registered to provide accommodation and personal care to up to 13 older people, some of whom may be living with dementia. There were 11 people living in the home on the day of our inspection. Grisedale Croft is situated in the small town of Alston in Cumbria and is very much part of the local community.

Accommodation is situated on two floors, the upper floors being accessible by a passenger lift and a stair lift. There are bedrooms and communal areas on both floors. There are well kept gardens to the front of the building.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were happy and felt safe living in Grisedale Croft and said, "I love living here and I can't manage on my own any more".

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate during the day and the manager brought in extra night staff when necessary to meet the needs of those using the service and to promote their independence.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We spent time with people in all areas of the home. We saw that the staff offered people assistance and took the time to speak to people and take up the opportunities they had to interact with them and offer reassurance if needed.

People living there told us that care staff were mindful of their privacy and treated them with respect. We saw that the staff approached people in a friendly and respectful way and people we spoke to who lived there told us that it was a "very nice place to live".

Visitors were made welcome in the home and people could see their friends and family as they wanted.

Staff training was up to date and staff confirmed they received training appropriate to their role within the service.

All health care needs were met by visiting health care professionals and medicines were appropriately administered by staff who had completed the relevant training.

We saw evidence that staff recruitment and selection was robust and that only suitable people were employed to care for and support people using this service.

There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

People knew how they could complain about the service they received and how to make a complaint was displayed in the home.

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.

There were sufficient staff to provide people with the support they required. New staff were recruited in a safe way to ensure they were suitable to work in the home.

Staff were knowledgeable about how to identify and report abuse.

Medicines were handled safely and appropriately.

Is the service effective?

Good ●

The service was effective.

The staff in the home had completed training to give them the skills and knowledge to carry out their roles.

People were supported to eat and drink enough to maintain their health

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and in a kind and caring way.

The staff knew people well and respected their choices and decisions.

The provider had procedures in place to ensure end of life care was provided in the most appropriate manner.

Is the service responsive?

Good ●

The service was responsive to peoples' needs.

People's needs were assessed prior to moving in to Grisedale Croft. Their needs were reviewed regularly and any changes were responded to quickly.

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way.

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager employed in the home. People knew the registered manager and were able to speak to her if they wished.

The registered provider and registered manager had appropriate processes in place to monitor the quality of the service.

People living in Grisedale Croft and their relatives were able to give their views and take part in meetings and discussions about the service.

Grisedale Croft

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 unannounced inspection took place on the 5 April 2016 and was carried out by one adult social care inspector.

A provider Information form (PIR) was sent to the provider and this was completed and returned within the set timescale. A PIR 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. This document provided us with the key information about the service and its plans for the future.

Before our inspection we reviewed the information we held about the service. We also sought the views of the commissioners of services and health and social care professionals who came into contact with the service. We looked at the information we held about notifications sent to us about any accidents or incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, raised with us and any applications the manager may have made under deprivation of liberty safeguards.

As part of the inspection we looked at records relating to the use of medicines and assessed medicine management, storage, administration and disposal. We looked at a total of four care plans. During our inspection we spoke to five people who lived in Grisedale Croft, two relatives who were visiting the home and one health care professional who was in the home at the time of our inspection. We spoke to two members of the care staff team, two supervisors and a member of the domestic team. We spent time with the registered manager and the operations manager responsible for this service. We toured the building looking at the environmental standards within the home.

We observed the interactions between the care staff and the people they supported in all parts of the building. We looked at care plans and records held containing details of the systems used to monitor the

provision of care and operation of the service.

Is the service safe?

Our findings

We spoke to five people who lived in Grisedale Croft and asked them if they felt safe and comfortable in their surroundings. All those we spoke to said they did. One person said, "I do feel safe here and I know there is always someone around if I ever feel nervous". Another person said "I trust the staff and have no worries about my safety". One visitor told us, "I have had no problems with the safety of my friend since she moved in. She is always so relaxed with the staff I never need to worry". One relative told us, "The staff are wonderful. My [relative] has been settled since she moved in and I have never worried about her safety".

Not all the people who lived in Grisedale Croft were able to communicate effectively or make all their wishes known. We observed lots of warm and friendly interaction between the staff and the people they were supporting. Staff communicated through body language and facial expression and it was obvious they knew the people they cared for very well. We saw that all the people who lived in the home were relaxed with the staff who were supporting them and we heard a lot of light hearted banter throughout our visit.

All the staff we spoke to told us that they would be confident reporting any concerns about the safety of people or the behaviour of other staff members. One member of staff said, "I am confident if I saw or heard anything that concerned me, not that I have, the manager or the supervisors would listen and take action if I reported it to them".

Staff told us they had completed training in safeguarding vulnerable adults and our discussions with them showed evidence they had a good knowledge of the different forms of abuse. They also knew the signs to look for. One staff member said, "I would know by people's body language and behaviour if there was something troubling them and I would report it immediately".

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw, in the support plans, there were tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate way.

Grisedale Croft was registered to provide personal care and accommodation to up to 13 older people with a variety of needs. There were three care staff plus the supervisor and the registered manager on duty during the day. We checked 4 weeks staff rosters that confirmed the staffing numbers. We found that the staffing levels during the day were sufficient to meet the needs of the people who were living in the home on the day of our visit.

The registered manager had completed the necessary documentation for approval to employ new staff to cover the shortfall in the current staff vacancies. The provider was aware that the needs of the elderly population were changing with more people being supported for longer within their own home. This meant that people who used the service were likely to have an increased amount of needs requiring an increased amount of support. The provider had made no provision for this. The vacant hours were currently being

covered by relief or existing staff to ensure there were sufficient on duty to provide appropriate care and support. We discussed this with the operations manager who visited the home during our inspection. He confirmed that permission had now been given for the staff vacancies to be filled on a permanent basis.

At the time of our inspection there were two members of waking night staff on duty to support the people who lived in the home. We spoke to the supervisors and the people they supported and asked if this was sufficient. People said it was and they did not have to wait if they rang the bell in the night. The supervisors said, "At the moment the staffing is fine but we know the manager is always looking at this. When we need extra night staff if anyone is poorly or when we are providing end of life care she always brings in an extra member of staff on night duty. We have recently had this situation and it worked very well". The operations manager also told us that the registered provider was putting in place a new dependency tool to ensure all care services they were responsible for in Cumbria employed the correct number of staff at all times.

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up before they were offered a position in the organisation.

As part of our inspection we observed how medicines were handled and found people were asked for their consent to take their medication. We looked at the records and found these were all in order and up to date. One of the supervisors on duty was a trainer in medicines management for the registered provider and, as such organised safe handling of medicines training for staff who worked across all the provider's registered services.

We discussed evacuation arrangements in case of fire or any other emergency and found there was a fire risk assessment in place. The operations manager confirmed that a meeting had been arranged with the fire safety officer and a senior manager from the organisation to discuss and check the roof space and make safe any areas that may become hot zones. When any work required was finished a new fire risk assessment would then be completed. We asked the registered manager to forward a copy to CQC when this was received.

Is the service effective?

Our findings

During our inspection we spent time in all parts of the building and saw that people were given choices throughout the day. Some people spent their day in their rooms, only coming to the dining room for their meals or remaining in their rooms for their meals. Others stayed in the communal areas of the home chatting with their friends, their visitors and the staff. We heard staff asking people where they wanted to sit, if they wanted a drink and if they were comfortable.

All the staff we spoke to said they had completed appropriate training to ensure they had the skills and knowledge to carry out their roles. Training records we looked at showed the registered manager had good systems to identify staff training needs. The registered manager confirmed that she accessed as much training as possible for all the staff. This included domestic staff as well as staff who provided personal care and support. We spoke to one of the domestic staff during our inspection and she said she had completed her level two qualification whilst the registered manager told us the remaining member of the domestic team had almost completed a similar qualification.

We asked staff how they supported people who had behaviours that may challenge the service or other people who lived in the home. One told us, "This sometimes happens and if it does we all know how to deal with these situations like this". Another said, "We just make sure the person is safe and call another member of staff to take over or leave it for a couple of minutes and then go back".

Some people who lived in the home were not able to make important decisions about their care and lives. The registered manager understood her responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager told us that there was one person who was subject to a DoLS order and we saw the documentation with regards to this.

Staff training had been completed in respect of the MCA and DoLS and staff we spoke to understood their responsibilities to ensure people were given choices about how they wished to live their lives and respected all the choices people made.

People had access to food and drink throughout the day and we observed lunch being served. Staff told us that, at the time of our inspection, there was only one person who required assistance with eating although some needed encouragement to eat their meals. We saw that staff supported and encouraged in a patient and appropriate manner and gave people time to eat at their own pace. People told us they enjoyed their meals and were given choices at every meal.

We saw, in the care and support plans, that everyone had a nutritional assessment in place. Weights were checked monthly unless people were at risk of being under or over weight when weights were checked on a weekly or fortnightly basis.

Healthcare needs were met through good working relationships with external health care professionals. The registered manager confirmed they received very good support from the local GP surgery and the district nursing team. People were able to access specialist advice if necessary. This included the dietician, speech and language therapist, hospital consultants and mental health specialists. People also had access to chiropody, dental care and optical care.

We were able to speak to one of the district nursing team who visited the home during our inspection. She was complimentary about the service and the staff who provided the care. She said, "This is a lovely home and the staff are never worried about asking for advice from the team and are open to any suggestions we may have following their requests. We see all the staff providing good care".

Is the service caring?

Our findings

Everyone we spoke to told us that people were very well cared for in Grisedale Croft. People who lived in the home told us that all of the staff were very caring. They said they were happy living in the home and valued the support they received. One person told us, "The staff here are lovely and give me help when I want it although I do like to help myself".

We spoke to two people who were visiting the home and one told us, "These girls are marvellous. They are so caring with all the people who live here. I have never heard a wrong word from any of them". Another visitor said, "My relative had to be admitted to hospital and as well as looking after her they looked after me as well. They made sure I had a drink and something to eat and gave me the comfort I needed at that time. I am so glad she was able to return home".

The staff we spoke to were respectful of people's needs and showed a sympathetic approach to their caring and supportive role. We asked one member of staff about how they supported people with more complex needs such as those who lived with dementia. They said, "I don't treat people any differently whatever their needs. Just because a person lives with dementia they are still able to express their needs although maybe in a different way. There are many ways of communicating with people other than through conversation".

We observed the interaction between the staff and the people who lived in this home. Staff treated people with respect and made sure their privacy was maintained at all times. We saw that staff maintained people's personal dignity when assisting them with mobility and in using the mobility equipment they needed to promote their independence.

All the people who lived in the home had friends or relatives who could support them to make decisions and to express their views. The registered manager told us she had used the services of the Independent Mental Capacity Advocacy service in the past and also knew about an advocacy service run by the organisation 'Best Lives'.

The health care professional we spoke to told us that the registered manager always worked hard to ensure that if people wished remain in the home at the end of their lives this was adhered to. Training in end of life care had been completed by staff who wished to do this and this training had been put into practice in recent weeks. One of the staff had completed the train the trainer and was, together with the registered manager, going to cascade further training to the care staff team. The registered manager said, "The training and putting it into practice ensures people receive consistent and co-ordinated care and enables them to remain in the home if this is their wish".

Is the service responsive?

Our findings

Prior to moving in to Grisedale Croft people's health and social care needs were assessed by the registered manager to ensure the service was suitable and able to meet their needs. The registered manager explained that she always took into account the needs of the people who already lived in the home before she offered a place to people who wished to move in.

Following the assessment process a care and support plan was developed with information from the assessment and the input of the person who had been assessed if this was possible. If appropriate family members were also part of the assessment and admission process.

We saw that care plans were reviewed monthly or more frequently if the person's needs changed. Daily diaries were completed by staff as a means of ensuring all the information about people who lived in Grisedale Croft was up to date.

We looked at the care plans for four people and saw each care plan was centred on the assessed needs and included information of what was important to the person and how they wanted their care and support to be delivered. Preferred routines were documented and, wherever possible, personal histories were included to give guidance to staff about what people liked or disliked.

Grisedale Croft did not have a designated activities co-ordinator so it was left to the staff to organise the activities programme. People told us they had enjoyed Easter celebrations and plans were on-going to arrange a birthday party to celebrate the forthcoming birthday of the Queen. Other activities included visits from external entertainers and outings during the warmer weather. Grisedale Croft is very much a community home and the registered manager told us the kindness of the local community. Children from the local school visit the home and these visits were enjoyed by all.

Church services were held every three weeks which ensured the spiritual needs of people were met.

We asked family members if they thought the home was responsive to people's needs and they agreed that it was. One visitor said, "I think the home and staff are very responsive to the people who live here. The staff keep me up to date with what is going on and if I have any concerns at all they are dealt with immediately. I know they contact the GP as soon as it is necessary and they always tell me if this happens".

People who lived in the home told us staff responded immediately if they needed assistance. One person said, "We are very fortunate with the staff here they are very helpful and if they think it is necessary call the doctor or one of the district nurses.

People told us they knew what to do if they were unhappy or needed to raise a concern. None of the people we spoke to had any complaints and one person said, "If anyone complains about this home they are wrong. The staff are always asking us how we are and if there is anything we want". Details of the complaints procedure were available for people to read and there was a complaints log in place but there had not been

ay to record. There had been no complaints received by The Care Quality Commission.

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC).

Everyone we spoke to told us that they thought the home was well managed. People told us that they knew the registered manager and said she was "always around" if they wanted to speak to her. During our inspection we saw that people who lived in the home, people and their visitors knew the registered manager and were confident speaking to her.

Staff told us they always received good support from both the registered manager and the supervisors. They told us their supervision meetings were up to date and they were given the opportunity to make suggestions and give ideas about the home. They also told us their training was up to date and said this helped them give good care and support to the people who lived in the home.

We saw there was a relaxed atmosphere in the home and staff told us it was "a good place to work in". We spoke to one member of staff who had not worked in Grisedale Croft for very long. She said, "It is very nice working here and I was made welcome. We have a good staff team and we support each other and work well together. I have found the manager and the supervisors very approachable and helpful". Meetings were held for people who lived in Grisedale Croft and we were able to see the minutes of the last meeting and there was a copy on the notice board in the hall area for everyone to read.

There was a system in place to monitor the level of the care and support provided. The manager was well known to the people and their families and had an open door policy. She made sure she spoke to people and their families on a regular basis and had just made arrangements to send out questionnaire survey forms to people who lived in the home, families and friends as well as to visiting health and social care professionals.

We saw copies of the monthly audits the registered manager was responsible for. These included health and safety, infection control, people's personal finances, the environment, care plans, staffing requirements, staff supervisions and medicines. Supervisors also completed a weekly stock check of medicines and a daily check of the medicines administration records at the end of each shift. This helped to make sure people received the right treatment and support and that any errors or omissions were noticed and dealt with.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

There were also regular visits from the operations manager from Cumbria County Council who was responsible for the operation of the service to do their own checks and monitor the standards in the home.