

## Landmark Care Homes Limited

# Crann Mor Nursing Home

### Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Crann Mor Nursing Home is a care home providing personal and nursing care for up to 24 people. At the time of the inspection 19 people were living at the home. The home is set out over two floors and is located in a residential area of Woking, Surrey.

### People's experience of using this service and what we found

There were a range of checks in place to ensure the environment and equipment in the home were safe. We identified improvements could be made to how the risks associated with water temperatures were taken and recorded. We observed some radiators were uncovered and the risks associated with people coming into contact with them had not been assessed. Whilst the lead nurse reassured us there was no immediate risk to people, they told us they would ensure a risk assessment was completed.

We had not been notified by the provider of all events in line with regulatory requirements. The systems in place to monitor the service had not identified all of the shortfalls in the service.

Areas of the home were worn and in need of redecoration. The provider had an ongoing plan to address this.

People felt safe at the home and with the staff who supported them. There were adequate numbers of staff to meet people's needs and keep them safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff respected people's choices and preferences.

People were cared for by staff who were kind and compassionate. Staff were happy in their jobs which helped to provide a warm and relaxed environment for people to live in. People had built good relationships with staff and during the inspection we heard laughter and good-humoured banter.

People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals to meet people's needs.

People were supported by caring staff who worked towards promoting their dignity and independence.

People felt confident to raise any concerns. People, their relatives and staff commented positively about the management of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Crann Mor Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Crann Mor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who lived at the service and five relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with six members of staff, this included the provider, lead nurse, the activities coordinator and care staff. We spoke with one visiting professional. We reviewed a sample of people's care and support records. We also looked at records relating to staff recruitment and the management of the service such as incident and accident records, training records, policies, audits and complaints.

After the inspection

We contacted three health and social care professionals who regularly visit the service and received feedback from all of them. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments were in place covering most of the environmental risks in the home. The provider had recently sourced a company to test the water for legionella bacteria. This identified no bacteria was present. However, there was no overarching risk assessment identifying preventative control measures to reduce the risk of legionella developing. The provider confirmed they would complete this.
- Water temperatures were being checked regularly in communal areas, such as the bathrooms. However, these were not being checked at all of the water outlets, to ensure they remained within a safe range. The lead nurse confirmed only two people independently used their taps in their bedrooms. The provider confirmed each hot water outlet was fitted with a thermostatic mixer valve to regulate the temperature and ensure it did not exceed safe limits. The provider confirmed they would ensure water temperatures would be checked regularly.
- Most of the radiators in the home were covered, however some were not. Whilst the lead nurse reassured us there was no immediate risk to people, there was no risk assessment in place to confirm this.
- The service environment and equipment were maintained. Records were kept of regular health and safety checks that were completed.
- People had individual risk assessments. We reviewed examples of risk management in relation to moving and handling, the use of bedrail, malnutrition, and mobility. Identified risks had guidance for staff about how to reduce the potential risk to people.
- People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.

### Staffing and recruitment

- Staff were recruited safely. Checks included references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.
- The two staff files we reviewed had unexplored gaps in employment history. Having unexplored gaps in employment could impact on a staff member's suitability to work with vulnerable adults. The provider told us they would explore the gaps and record them in staff's files.
- People told us there were enough staff to meet their needs. One person told us, "If I ring the bell staff come." One relative commented, "There always seem to be staff around."
- Staff told us there were enough staff to meet people's needs. One staff member told us, "Yes there are enough staff here, there are no issues."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I am safe here." Another commented, "Oh yes I feel safe, that's why I came here. I've always got my bell on me and I feel safe night and day." One relative told us, "Oh yes [name of person] is very safe, I have no qualms here."
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "We report everything here, if there is something wrong I go to the nurse in charge. I would go to CQC, I have never seen anything here but would report it if I needed to."
- There had been no recent safeguarding incidents, the provider was aware of their responsibility to report any incidents to the local authority.
- Staff received safeguarding training as part of their induction and regular updates.

#### Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- The charts we reviewed showed medicines were being given as prescribed.
- Medicines which were prescribed to be taken 'when required' had protocols available which explained when it would be appropriate to administer these medicines for each person.

#### Preventing and controlling infection

- The home was clean and free from malodours. There was a team of dedicated staff responsible for cleaning the home.
- Staff had access to personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed and signed off by the lead nurse, who updated people's care plans and shared learning with the team. This helped to make sure that improvements were made when things went wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments were carried out where it was thought people lacked the capacity to make decisions for themselves. Areas covered included, bed rails and receiving personal care.
- We found instances where relatives had signed consent forms on behalf of people where they did not have the legal right to do so. This included consent for photographs to be taken. We discussed this with the lead nurse who confirmed they would complete a capacity assessment for this decision.
- One person received their medicines covertly, which means they were disguised in food. Whilst the person's GP and family had been involved in making this best interest decision, there was no documented capacity assessment evidencing the person lacked the capacity to make the decision. We discussed this with the lead nurse who stated they would complete a capacity assessment for the decision.
- Systems were in place to manage DoLS and applications were made when it was required.

Adapting service, design, decoration to meet people's needs

- Crann Mor Nursing Home is a large older style building with adequate private and communal space for people to use. Bedrooms were set over two floors with a passenger lift to enable people to access all areas.
- We observed some areas of the home were worn and in need of redecoration. The provider had an ongoing refurbishment plan in place to address these areas.
- There was signage throughout the home to enable people to orientate themselves.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had their needs assessed before they moved into the home. This helped to make sure the

staff could meet people's needs and expectations.

- From initial assessments, care plans were devised to give staff guidance about how to meet people's needs. During our conversations with staff it was evident they understood people's needs well.

Staff support: induction, training, skills and experience

- People were supported by staff who had knowledge and skills to meet their needs.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. The providers induction did not currently link to the Care Certificate. The Care Certificate ensures staff new to care understand the national minimum standards. The provider told us they would look into this. Following the inspection, the provider confirmed that most staff held a care qualification.
- People were supported by a staff team who had access to a range of training in health and safety and subjects relevant to people's needs. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.
- Staff were supported in their work. The lead nurse was in the process of ensuring staff received regular 'One to One' supervision. Staff feedback was positive.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food served at the home. One person told us, "I get plenty of food and drinks, [name of cook] asks me what I want, tells me what's on the menu and will cook something else. The food is very good." The lunch time experience was relaxed and unhurried and people were offered soft drinks to accompany their meal.
- The cook knew people well and spoke to people each day to see if they would like what was on the menu, or something different.
- We observed staff supported people where needed with nutrition and hydration. People were being continually offered drinks and supported where required.
- People were regularly weighed. Recorded weights evidenced if people were at risk of malnutrition, action was taken to increase calories where they were.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives confirmed staff supported them to access healthcare services. One person told us, "If I am poorly they get the Doctor."
- Records showed people accessed the dentist, GP, speech and language therapy, chiropodist, optician and the mental health team where required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. One person told us, "The staff are very caring, they treat me the same as they would their grandparents, it's a nice attitude." Comments from relatives included, "They [staff] are lovely" and "They treat [name of person] very well."
- Staff spoke positively about their work and the people they supported. Staff knew people well and could tell us about people's past employment, their interests and what was important to them.
- We reviewed compliments received by the service. One compliment we read stated, "I wanted to say thank you so much for all the love and care you gave [name of person] over the years. They couldn't have been looked after better. Crann Mor is an amazing place, the warmth and love shown to all the residents is boundless and you are all blessed with never ending patience."
- People's religious beliefs were recorded in care plans and people were supported to follow their faith if they chose to do so.
- People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could make decisions about their care. One person told us, "There are no restrictions, I can make my own decisions." A relative commented, "Staff are excellent, they take great care of trying to understand what [name of person] wants."
- Staff described how they supported people to make day to day decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person told us, "Oh yes, they knock on the door and ask if they can come in, the staff are respectful." A relative commented, "Yes they treat [name of person] with dignity and respect."
- Staff described how they supported people with their independence, for example during personal care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised to each person. Everyone had a detailed and person-centred care plan which gave information about their needs, their likes and dislikes. Consistent care was promoted because there was clear guidance for staff to follow.
- People and their relatives were involved in reviews of their care. One relative told us, "We had a review last week, I do feel involved, they keep me updated, it's very good communication."
- People's care plans were regularly reviewed and updated in line with their needs. Any updates were shared with all staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to engage in a range of activities in the home. These also included one to one sessions for people who chose not to attend the group activities.
- During the inspection we observed people being engaged in conversations and reminiscing.
- The activities coordinators knew people well and engaged them in their interests.
- The provider also arranged for external entertainers to come to the home, we received positive feedback from relatives regarding this.

Improving care quality in response to complaints or concerns

- Although people said they had no complaints, they knew how to raise a complaint or concern and were happy it would be listened to and resolved. One person told us, "If I had any concerns I would have a word with [name of lead nurse] they are very good, we have a good relationship. If it was serious I would go to [name of provider]."
- The complaints procedure was displayed in the home.
- There had been no formal complaints raised in the past year.

## End of life care and support

- No one at the time of inspection was receiving end of life care or support. People's end of life wishes were discussed with them and recorded to make sure they would be respected. End of life care plan information was personal and included what people wanted if they were very ill and what they wanted to happen after their death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was also the registered manager and responsible for the day to day running of the home. The provider worked alongside a lead nurse who was responsible for the clinical requirements of the home.
- The provider had not notified us of three Deprivation of Liberty Safeguards notifications in line with their legal responsibilities. The lead nurse confirmed they completed this during the inspection. All other notifications had been submitted as required.
- There were a range of systems in place to audit the service. Although these covered most aspects of the home, they had not ensured water temperatures were being taken regularly, staff gaps in employment were being fully explored and the risk to legionella had been assessed and mitigated.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management structure in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives knew who the provider was, and they felt able to approach them. One person told us, "I know [name of provider], they have done things for me in the past like odd jobs. They are approachable, and I can phone them." A relative commented, "They [provider] are here daily and are hands on when needed."
- Staff spoke positively about the culture of the service and staff team. One staff member told us, "We are like a family here, we understand each other, communication is brilliant, there is team work and we all help each other."
- Staff told us they felt supported and the provider was always available and approachable. One staff member told us, "I feel supported, I can talk to the nurses and [name of provider] at any time. [Name of provider] is very good and approachable always, they are here every day and any problem I can talk to them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to let others know if something went wrong in response to their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- A survey of people and their relatives' feedback had been completed in February 2019. We reviewed the feedback in the survey which was positive. One comment we read stated, "The management is excellent, and approachable, the staff are very professional and helpful the home is of high standard and highly recommended." An action point from the survey was for redecoration of areas of the home, we observed this had been started and the provider confirmed the work was ongoing.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The provider and lead nurse gave examples of where they had applied learning from incidents and they demonstrated their commitment to making improvements to the service.