Mr & Mrs N Nauth

Credenhill Court Rest Home

Inspection report

Credenhill Court
Credenhill
Hereford
Herefordshire
HR4 7DL

Tel: 01432760349

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 10 January 2018 and was unannounced.

Credenhill Court Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation with personal care for up to 35 older people, some of whom are living with dementia. The accommodation is split across three floors within one large adapted building. At the time of our inspection, there were 30 people living at the home.

There was a registered manager in post who was present during our inspection. 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.

At our previous inspection in November 2017, we rated the service as 'Requires Improvement' and identified two breaches of the Regulations. These related to the need for consent and good governance of the service. At this inspection, we found the provider had made a number of improvements and was now meeting the Regulations. However, further improvements were needed in relation to the management of people's medicines. These included the need for a clearer system for recording the application of people's topical medicines.

People felt safe living at the home. Staff had received training in, and recognised, their individual responsibilities to protect people from any form of harm, abuse or discrimination. The risks to individuals had been assessed, recorded and kept under review. The provider maintained safe staffing levels at the home, to ensure people's needs could be met safely. They completed pre-employment checks on prospective staff to ensure they were safe to work with people. Measures were in place to protect people, staff and visitors from the risk of infections.

Before people moved into the home, the management team carried out a formal assessment of their individual needs and requirements to ensure these could be effectively met. Staff and management understood the need to avoid any form of discrimination when planning or delivering people's care. Staff received induction, training and ongoing support to help them fulfil their duties and responsibilities. They helped people to choose what they ate and drank on a day-to-day basis, and promoted a positive mealtime experience for people. Staff played a positive role in monitoring people's general health and helping them to access healthcare services. The provider had taken steps to adapt the home's environment to meet people's needs. Staff and management understood and promoted people's rights under the Mental Capacity Act 2005.

Staff treated people with kindness and compassion, and had taken the time to get to know people well as individuals. People were supported to express their views about the service. Staff understood and promoted people's rights to privacy and dignity, and helped them to maintain their independence.

The care and support provided was tailored to people's individual needs and requirements. People's care plans were personalised and read by staff. The management team had assessed and addressed people's communication and information needs. People had support to pursue their interests and participate in a variety of stimulating and enjoyable activities. People and their relatives knew how to raise any concerns or complaints about the service, and felt comfortable doing so. People's preferences and choices for their end-of-life care were discussed with them and, where appropriate, their relatives, in order to meet these.

The provider carried out audits and checks to monitor the safety and quality of the service provided. The registered manager had a good understanding of the requirements associated with their registration with CQC, and spoke with commitment about people's care and quality of life. People, their relatives and community professional described positive relationships and open communication with the management team. Staff told us they had the management support and direction they needed to succeed in their roles. The management team took steps to maintain and develop links with the local community to benefit the people who lived at 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?

Requires Improvement

The service was not always safe.

The provider's procedures for managing people's medicines needed improvement.

Staff were clear how to report any suspected or witnessed abuse involving the people who lived at the home.

Appropriate staffing levels were maintained to ensure people's needs could be safely met.

Is the service effective?

Good

The service was effective.

Staff received training and ongoing management support to help them succeed in their roles.

People were supported to choose what they wanted to eat and drink, and to enjoys their meals at the home.

Staff supported people to access professional medical advice and treatment if they were unwell.

Is the service caring?

Good

The service was caring.

Staff adopted a caring approach to their work.

People were encouraged to share their views about the care provided.

People were treated with dignity and respect at all times by staff and management.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was shaped around their

individual needs and preferences.

People had support to participate in a range of stimulating activities and achieve their personal goals.

People and their relatives understood how to raise any concerns or complaints about the service.

Is the service well-led?

Good

The service was well-led.

The management team promoted a positive and inclusive culture within the service.

Staff felt well-supported and valued by the management team.

The provider carried out quality assurance activities to monitor the quality and safety of people's care.

Credenhill Court Rest Home

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.

The inspection took place on 10 January 2019 and was unannounced. The inspection team consisted of two inspectors.

Prior to our 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. We took this information into account during the planning of our inspection of the service.

Before the inspection site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority, the local clinical commissioning group and Healthwatch for their views on the service. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During our inspection visits, we spoke with five people who used the service, four relatives, a visiting community artist and three community health and social care professionals. We also spoke with the registered manager, deputy manager, head cook, activities coordinator, two senior care staff and four care staff.

We looked at a range of documentation, including four people's care and assessment records, staff induction and training records, medicines records, incident and accident reports and three staff recruitment records. We also looked at complaints records, certification related to the safety of the premises and records associated with the provider's quality assurance.

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.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in November 2017, we rated this key question as 'Requires Improvement'. At this inspection, we found the provider had made a number of improvements in the service. However, further improvements were needed in relation to the management of people's medicines. The rating for this key question remains 'Requires Improvement'.

We looked at how the provider ensured people received their medicines safely and as intended. At our last inspection, we identified concerns in relation to the lack of stock checks on people's medicines, the completion of people's medication administration records (MARs), and the management of time-specific medicines. At this inspection, we found that, whilst the provider had taken steps to address these concerns, further action was needed to ensure people's medicines were managed in line with current best practice.

A clearer system was needed to enable staff to accurately record the application of people's topical medication at the time these were administered. At present, staff made only general references to the creams and ointments they applied in people's care notes. An effective system for monitoring the temperature of medicines storage within the home was also required, to ensure this did not fall outside of recommended limits. In addition, we found controlled drugs stock checks were not carried out on a sufficiently frequent basis. The National Institute for Health and Care Excellence (NICE) recommends these are done at least once a week. During our inspection, we did not identify anyone who had not received their medicines as prescribed.

We discussed these issues with the registered manager who assured us they would address these without delay. Following our inspection visit, they confirmed a more robust system of monitoring medicines storage temperatures had now been introduced. They had also discussed record-keeping in relation to the application of topical medicines with a local pharmacist, and planned to implement a new system of recording by the end of January 2019. We will follow this up at our next inspection.

At our last inspection, we found the provider had not always followed safe recruitment practices. A member of the domestic staff team had been allowed to start work without the appropriate pre-employment checks. At this inspection, we did not identify any concerns in relation to the provider's recruitment practices. Consistent checks had been completed on prospective staff to ensure they were safe to work with people. This included requests for employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS searches police records and barred list information to help employers make safer recruitment decisions.

People told us they felt safe living at the home, and their relatives had confidence in the safety of the care and support provided. One person told us, "I've got a nice little room. If something does happen, I've got the [pull] cord so I know I'm safe. If I pull it, they [staff] are there straightaway." A relative said, "I do believe [person] is safe here and well looked after. Staff are calm, gentle and responsive."

Staff received training in, and understood, their individual responsibilities to protect people from any form

of abuse or discrimination. They told us they would immediately report any concerns of this nature to the management team. One staff member said, "If I saw any types of abuse or neglect, I would report it to the manager. I would also report to external agencies if I thought management weren't taking me seriously."

The provider had systems and procedures in place to ensure the foreseeable risks to people were assessed, managed and kept under review. This included checks on the safety of the premises and specialist care equipment in use, and the assessment of people's individual care and support needs. These assessments considered, amongst other things, people's vulnerability to pressure sores, their risk of falls and any risks associated with their nutrition and hydration.

At our last inspection, we found people's risk assessments were not always reflective of their current needs, and that staff were not always familiar with their content. At this inspection, we did not identify any concerns of this nature. People's risk assessments had been reviewed and updated on a regular basis to ensure they remained accurate. Staff told us they read people's risk assessments, and they showed good insight into the specific risks to individuals. One staff member said, "The registered manager and deputy manager will complete risk assessments for individuals, which are reviewed monthly or when changes are required. Information is up to date and relevant, and staff know what to do to reduce risks as a result." Staff told us they were kept up to date with any changes in the risks to people through daily handovers between each shift.

Staff were aware of the provider's procedures for recording and reporting any accidents or incidents involving people who lived at the service. We saw the management team reviewed these reports to identify trends and took action to prevent things from happening again.

People, their relatives, staff and community professionals were satisfied the staffing levels maintained at the home ensured people's needs could be met safely. One relative told us, "I have no concerns about staffing. I think it's a brilliant place; I couldn't be happier that [person] is here." A staff member said, "I have absolutely no concerns about staffing levels. We have time, and no one is rushed in any way. We have enough staff to meet people's needs effectively." The registered manager explained how they monitored and adjusted staffing levels using a weekly dependency tool.

The provider had measures in place to protect people, staff and visitors from the risk of infections. They employed domestic staff to support the care staff in maintaining standards of hygiene and cleanliness. We found the home and care equipment in use to be clean and hygienic. Staff had been provided with, and made use of, appropriate personal protective equipment (disposable aprons and gloves) to reduce the risk of cross infection.

Good

Is the service effective?

Our findings

At our last inspection in November 2017, we rated this key question as 'Requires Improvement'. At this inspection, we found the provider had made improvements in the service. The rating for this key question is now 'Good'.

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 with appropriate legal authority. 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. At our last inspection, we found the principles of the MCA were not always applied correctly by staff and management. This included a failure to respect people's right to make unwise decisions, and to ensure the content of mental capacity assessments was clear and unambiguous. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 11. Staff had received training in, and undertsood, people's rights under the MCA. The provider had procedures in place to record people's consent to their care at the home. We saw evidence of individual mental capacity assessments in people's care files in relation, for example, to the use of bedrails and the administration of their medicines by staff. The content of these documents was clear and decision-specific. Applications for DoLS authorisations had been made based upon an individual assessment of people's capacity and their care and support arrangements. Where DoLS authorisations had been granted, the management team had reviewed any associated conditions, in order to comply with these.

The management team met with people and, where appropriate, their relatives to assess people's individual needs and requirements before they moved into the home. This enabled the provider to confirm whether they were able to effectively meet people's needs and, if so, develop initial care plans for staff to follow. Once people's care started, staff and management worked effectively with a range of health and social care professionals, including GPs, district nurses and social workers, to promote people's health and wellbeing and ensure they received joined-up care. The community professionals we spoke with talked positively about their working relationships with staff and management.

Staff and management understood the need to avoid any form of discrimination in the planning or delivery of people's care, taking into account people's protected characteristics. Staff spoke to us about the benefits of their equality and diversity training and the inclusive culture within the home. One staff member told us, "I have also just completed training in LGBT. We have a very progressive attitude here. We are one big family,

and are inclusive irrespective of your individual sexuality. It's about being yourself."

People and their relatives had confidence in the competence of the staff working at the home. One relative told us, "Staff have a fantastic understanding of my relative's needs." Upon starting work at the home, new staff completed the provider's induction training to help them settle into their new roles. Staff spoke positively about their induction experience, which included the opportunity to work alongside more experienced staff, read people's care plans and participate in initial training. One staff member told us, "I think I had a good start to the job. They [management team] made sure I knew what I needed to know, and ensured I was confident before I went off to work on my own." The registered manager assured us the provider's induction programme incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.

Following induction, staff received further training to enable them to carry out their duties and responsibilities, and periodic updates were arranged to ensure that staff knowledge was maintained and refreshed. This included training in dementia awareness, food hygiene, safe moving and handling and infection control. Staff spoke positively about the training provided to enable them to work safely and effectively. One staff member told us, "We [staff] have annual mandatory training. I definitely believe training is sufficient to meet my personal needs." In addition to training, staff attended one-to-one meetings ('supervisions') with the management team to identify any additional support they needed, and receive constructive feedback on their work. One staff member said, "The thing I like about this place is that we [staff] can raise issues anytime outside of supervisions and staff meetings. The seniors will record things and [registered manager] will act on it."

People and their relatives spoke positively about the quality of the food served at the home, and confirmed people were supported to choose what they wanted to eat and drink on a day-to-day basis. One person told us, "The food looks appetising and it generally is. I haven't had a meal that I haven't enjoyed; it's very good quality food." A relative said, "I often have dinner [at the home]. The food is lovely with plenty of choice."

We saw mealtimes at the home were relaxed, flexible and sociable events. Staff took the time to explain the available meal options to people, and offered them a choice of drinks. We heard people laughing and joking with staff as they ate their meals. There were sufficient staff present throughout the mealtime to ensure people were comfortable and to promote a positive mealtime experience. Any complex needs or risks associated with people's eating and drinking were assessed, with advice from nutrition specialists if needed. Plans were in place to enable people to eat safely and comfortable through, for example, the provision of soft food diets.

Staff and management helped ensure people's day-to-day health needs were met, and supported them in accessing professional medical advice and treatment if they were unwell. A relative told us, "When [person] has felt unwell, straightaway they [staff] get the GP." People's care files included information about their medical histories and any long-term health conditions to give staff insight into this aspect of their care needs.

We looked at how the provider had adapted the home's environment to meet people's needs. People and their relatives spoke positively about the standard of the accommodation provided. One person told us, "I'm very pleased with my bedroom, which has its own shower." A relative said, "My relative knows where their room is, and it has a wonderful view." We saw evidence of dementia-friendly adaptions within the home, including some clear signage to help people navigate their way around the home. Tactile collages had also been attached to some of the home's walls. The registered manager spoke to us about their plans to further adapt the environment to the needs of people with dementia, including greater use of dementia-friendly

signage. We saw there were a number of pets living at the home, and that people responded warmly to these. A programme of refurbishment was underway to further upgrade the standard of the accommodation in some areas.

Good

Is the service caring?

Our findings

At our last inspection in November 2017, we rated this key question as 'Good. At this inspection, we found people continued to be supported with kindness and respect. The rating for this key question remains 'Good'.

People and their relatives told us staff treated them with kindness, and helped them feel they mattered. One person said, "Staff are very respectful and kind. If you need anything, they will always fetch it for you." A relative explained, "The home is very inclusive and caring towards everybody here … Staff are very friendly and do listen to you … You can visit at any time and you are always made to feel welcome and offered drinks and meals." A community professional praised the homely, welcoming feel of the home, which staff and management helped to create.

During our inspection, we saw a number of caring interactions between staff and the people they supported. Staff showed concern for people's comfort and wellbeing, and people were clearly at ease in their presence. The staff we spoke with had taken the time to get to know people well, and showed good insight into their individual personalities and requirements.

People and their relatives were satisfied they could express their views to staff and management, and participate in decision-making that affected them. One relative told us, "I am consulted about everything." We saw staff were able to support people in an unrushed manner, and had the time to sit and listen to what they had to say. People's individual communication needs had been assessed, and staff were provided with guidance on how to promote effective communication with each individual. The management team understood the role of independent advocacy services in helping people to have their voice heard, and confirmed they would help people access these as needed.

People and their relatives confirmed staff treated people with dignity and respect at all times. During our inspection, we saw staff addressed people in a warm and polite manner, and attended to their personal care needs sensitively. Staff gave us further examples of how they promoted people's rights to privacy and dignity on a day-to-day basis. One staff member told us, "We have one resident who does not like male staff supporting them, which is respected. We are discreet with personal care and ensure people are covered up … We do encourage people to do as much as they can; it includes washing and dressing."

Good

Is the service responsive?

Our findings

At our last inspection in November 2017, we rated this key question as 'Good. At this inspection, we found people continued to receive a service that met their needs. The rating for this key question remains 'Good'.

People and their relatives told us the care provided reflected people's individual needs and requirements. One relative said, "The home meets my relative's need well, it certainly suits them living here. They love the views and have freedom. They engage in activities, which I never thought they would do. As a family we are really so pleased."

People's care plans were individual to them and included information about their personal histories and interests, alongside guidance for staff on how to meet their needs. They covered the key aspects of each individual's care, including their mobility needs, health needs, pressure care, nutrition and personal care needs. Care plans were reviewed and updated on a regular basis to ensure they remained accurate and up-to-date. Staff confirmed they had the opportunity to read and refer back to people's care plans as needed. One staff member commented, "The care plans are there for us to read whenever we want."

We checked how the provider was meeting the requirements of the Accessible Information Standard. The Accessible Information Standard tells organisation what they need to do make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, along with any communication support that they need. People's individual communication and information needs had been considered and kept under review. The registered manager confirmed they had the facility to provide information in alternative, accessible formats as needed. We saw the home's 'service users' guide' had been produced in large print to make this more accessible to people.

The provider placed a clear emphasis on ensuring people had support to pursue their interests and participate in a variety of stimulating recreational and social activities. People and their relatives spoke very positively about the activities on offer. One person told us, "Last week I went to see a pantomime in Hereford. It was a fantastic afternoon." Another person said, "I have stuff (activities) to get involved in, like bingo and games, that's enough for me. … They even take me to football now and again to watch Hereford play … I really enjoy that." A relative commented, "I think it's great with so many activities taking place. People are not left sitting around bored … [Person] decides whether they want to get involved, and so much generally happens; it's fantastic."

During our inspection, we saw people, amongst other things, taking part in a historical project with staff from the local theatre. As part of this, people were invited to discuss the history of the home and the local area. A relative spoke about their loved one's interest in this project adding, "[Person's] quality of life has improved since coming here in terms of the socialising." The provider employed activities coordinators who took the lead in organising people's activities. The activities coordinator we spoke with talked with clear enthusiasm and commitment about their role. They explained they attended a local forum meeting and networked with other local homes to share good practice. They provided all the people living at the home with a weekly activities timetable, and had developed a record of each individual's 'wish list and goals' to

personalise the activities made available to them. They were currently working with one person to achieve their dream of taking a trip on a plane.

People and their relatives knew how to raise any concerns or complaints about the service, and told us they would feel comfortable doing so. A relative said, "They [management team] do listen and action your concern. I am so glad I found this place." The provider had a complaints procedure in place, which was clearly displayed in the home's reception area and issued to people and their relatives as part of the home's 'service users' guide'. Although the provider had not received any complaints for a number of years, we saw they had a clear system in place for recording the nature of and response to any such issues.

The provider had procedures in place designed to identify people's preferences and choices for their end-of-life care, in order that these could be met. At the time of our inspection, no one living at the home was receiving palliative or end-of-life care. A community professional described the standard of end-of-life care they had observed at the home as 'fantastic', adding, "It was a dignified and respectful process." They described how staff had arranged for the individual to spend time with their dog in their final days. They also praised staff's willingness to seek advice and guidance from the community professionals in relation to people's end-of-life care.

Good

Is the service well-led?

Our findings

At our last inspection in November 2017, we rated this key question as 'Requires improvement'. At this inspection, we found the provider had made improvements in the service. The rating for this key question is now 'Good'.

At our previous inspection, we found the provider's quality assurance systems were not yet effective in identifying shortfalls in the service. In addition, they had not always maintained accurate, complete and contemporaneous records in respect of people's care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 17. The management team carried out audits and checks to monitor and address the safety and quality of care people received. These included health and safety and infection control audits, and the ongoing monitoring of any accidents, incidents or complaints. We saw there had been significant improvements in the service since our last inspection, including the overall standard of record-keeping in respect of people's care.

During our inspection visits, we met with the registered manager who was responsible for the day-to-day management of the service, with the support of the deputy manager. The registered manager demonstrated a good understanding of the requirements associated with their registration with CQC. This included the need to notify us about certain changes, events and incidents that affect their service or the people who use it. These 'statutory notifications' play a key role in our ongoing monitoring of services. They spoke about their role, and people's care, with commitment. They explained they kept themselves up to date with best practice guidelines and legislative changes through, amongst other things, attending events organised by the local authority and local network meetings for registered managers. The registered manager confirmed they had the support and resources they needed from the provider to effectively manage and drive improvements in the service.

People and their relatives talked positively about the overall quality of the care and support provided. One relative told us, "We think it's the most wonderful place. My relative spent a week on respite, and when they went home they asked to come back here. They knew they would be safe and happy here." Another relative said, "We, as a family, feel we couldn't have chosen a better home. To see our relative so happy and settled has taken a massive weight off our shoulders." People and their relatives had confidence in an approachable and accessible management team. One person told us, "[Registered manager] is very, very good and never refuses to do anything for you." Another person said, "[Deputy manager] is the person to see if I have any problems. They will go out of their way to help you." A relative explained, "Even though management are busy, they are always prepared to listen. Issues and concerns are resolved."

Staff spoke about their work at the home with clear enthusiasm. They felt well-supported and valued by the management team, and were clear what was expected of them at work. They explained management were approachable, and prepared to listen to and act on any issues or concerns brought to their attention. One

staff member told us, "This is a family environment, where [registered manager] is wonderful and available anytime night or day. I have never known anyone so dedicated to their job; they will come straight in if needed. They are very supportive with professional and personal issues. They are very close with staff and will resolve any problems." Another staff member said, "I feel supported, listened to and valued by management." We saw the registered manager maintained a visible presence around the home and that they had developed positive relationships with people, staff and visitors, who freely approached them.

The community health and social professionals we spoke with talked positively about their working relationships and collaboration with staff and management team. One professional praised the registered manager's commitment towards the people who lived at the home, and staff's willingness to act on any recommendations made to them. Another professional said, "They [staff and management] will never hesitate to contact us and seek guidance. They are very responsive to any guidance provided and follow things through."

The provider encouraged people, their relatives and staff to be involved in the service and contribute towards its development. They achieved this by, amongst other things organising regular meetings to consult with people, their relatives and staff. One staff member explained, "We have monthly staff meetings where we are encouraged to speak our minds and make suggestions on the way things can be improved." The provider also distributed feedback questionnaires to people's relatives and other visitors to the home, and analysed the results of these.

Following a 'Dementia Friends' session at the home (an Alzheimer's Association initiative), the management team had identified people's relatives did not always know how to engage with their family members who were living with dementia. In view of this, staff and management were in the process of creating a 'residents and family activity pack', which was due to be introduced in February 2019. This pack was designed to offer relatives a range of resources to help them initiate activities and conversations with their loved ones.

The management team placed a clear emphasis upon developing and maintaining links with the local community to benefit the people living at the home, and supporting people to access their local community. People enjoyed spending time with children from a local nursery on a fortnightly basis. Staff and management had hosted a weekly 'fitness for the elderly session' during the summer, which had been open to people living in the local community and other care homes. They also organised coffee mornings, bazaars and fetes over the course of the year to further strengthen community links.