

Mrs Suzanne Jackson

Culliford House

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?	Good ●

Summary of findings

Overall summary

About the service

Culliford House is a residential care home providing accommodation and personal care. Nursing care is not provided by staff at Culliford House. This is provided by the community nursing service. The home is registered to accommodate up to 25 older people, some of whom are living with dementia, in one adapted building. At the time of this inspection there were 20 people living in the home.

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

People felt safe and were comfortable and relaxed with staff who supported them. Relatives told us they felt their family members were safe and very well cared for. Throughout the inspection we saw kind, relaxed, compassionate and caring interactions between people and staff. We observed that staff were respectful of people and took time to offer support and reassurance when needed.

There were enough staff to meet people's needs and there was a core of staff who had worked at the home for a number of years. Staff understood and anticipated people's needs which contributed to the calm and homely atmosphere at the home.

Staff knew people well and how to identify, assess and mitigate any risks to their safety. Medicines were managed safely and effectively by staff who were trained and competent to do so.

Staff received training, support and supervision. Staff told us they felt well supported to carry out their roles and told us everyone worked very well together as a team for the benefit of the people living at Culliford House.

People had access to nutritious, home cooked food that they enjoyed and were given choice in their menu selections.

People were supported to maintain their independence and have maximum choice and control in their lives. Where people lacked mental capacity to make decisions, these were made in line with the Mental Capacity Act and staff supported people in the least restrictive way; the policies and systems in the service supported this practice.

Care plans were person centred and they detailed how people wished and needed to be cared for. There was a happy relaxed atmosphere with a wide variety of activities and social stimulation for people. People were able to make choices about their day to day lives and were encouraged to continue to follow their interests.

There was an open and positive culture within the home and people, their relatives, staff and professionals told us the registered manager/provider and management team were approachable and helpful.

There were governance arrangements in place and systems to monitor the quality and safety of the service provided. The registered manager/provider took immediate action to address some governance shortfalls identified at the start of the inspection. This had been as a result of a short period of time where the registered manager/provider and management staff had needed to cover care and catering roles at the home. A new management team and structure were implemented to minimise the risk of any reoccurrence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous legal entity was Good, published on 12 April 2018.

Why we inspected

This was a comprehensive inspection based on the date the provider was registered with the Care Quality Commission.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Culliford House on our website at www.cqc.org.uk.

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 well-led.

Details are in our well-Led findings below.

Good ●

Culliford House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Culliford House 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 service had a manager registered with the Care Quality Commission. The registered manager was also the registered 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

We looked at all the information we had received about and from the home since the last inspection. We sought feedback from the local authority who contract with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to

make. We used all of this information to plan our inspection.

During the inspection

We met with all of the people living at the service and spoke with four people in detail. Not all people could speak with us about their experience of living at the service. We observed the care and support people received. We also spoke with four visitors about their experience of the care provided.

We spoke with nine staff including the registered manager/provider, deputy manager, senior and care staff and housekeeping staff. We also spent time observing care and support in communal areas and in the dining room. We received feedback from a visiting health professional. We reviewed a range of records. This included five people's care and monitoring records and their medication records.

We also held a remote video call with the registered manager/provider and the quality manager to discuss the governance arrangements at the service and to give inspection feedback.

After the inspection

We continued to seek clarification from the registered manager/provider to validate evidence found. The registered manager/provider sent us documentation electronically including staff training information, supervision records and a range of records used to monitor the quality and safety of the service. They also sent us detail of the new management arrangements. We received feedback from three relatives, an external trainer, visiting minister and one staff member.

We continued to review the information we received from the service and feedback from relatives and visitors until 4 April 2022.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments which provided staff with a clear description of identified risks and guidance on the support people required. For example, one person was at risk of skin damage. There was a clear assessment showing the risks and a care plan detailing the frequency they needed to be repositioned. We saw and staff confirmed that they were repositioning the person to minimise any skin damage.
- At the start of the inspection, some people's care and monitoring records had not been kept up to date to reflect the monitoring systems in place and the care and support being provided to people. The registered manager/provider took immediate action to address this. By the second day of inspection peoples' care and monitoring records were fully completed.
- The service was well maintained. Regular checks of the environment were undertaken to make sure it was safe. Equipment was regularly checked and serviced by outside contractors. At the start of the inspection there were some shortfalls in the record keeping in relation to fire safety. The registered manager/provider took immediate action to address this.

Staffing and recruitment

- People were supported by staff who had been safely recruited. Staff recruitment records showed pre-employment checks were carried out before staff joined the service, including checks to ensure staff were suitable to care for vulnerable people.
- There were adequate numbers of staff to keep people safe and to meet their needs. People, relatives and a professional told us there were enough staff. On the days of the inspection we saw people who requested support received it promptly.
- At times of any staff shortages, the management team and existing staff team covered any shortfalls. Staff were trained to undertake different roles at the home, and this meant they could all cover any role. Agency staff had not been used.
- There was a core stable staff team at the home. This meant people were supported by a staff team that knew them well.
- The registered manager/provider told us an ongoing recruitment programme was in place and new staff were due to start the week after the inspection.

Systems and processes to safeguard people from the risk of abuse

- People looked very comfortable and relaxed with the staff who supported them. People said they felt safe and staff treated them with kindness. Relatives also told us they felt their family members were safe. One relative said, "I think she's much safer here than she was at home. I have no worries and concerns and they look after her well."

- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns.

Using medicines safely

- People received their medicines safely from senior staff who had received training to carry out the task. This included specific training, and competency checks.
- Medicines management was audited regularly with systems in place for investigating any potential medicines errors.
- Some people were prescribed medicines on an 'as and when required' (PRN) basis. There were 'PRN' protocols in place which provided staff with information about when these medicines should be given.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. Essential visitors had been identified for people and confirmed they had continued to visit their family member at the home at all times. When visiting was restricted, staff supported people to keep in touch with loved ones through telephone and video calls and e-mails. One relative told us, "It was very hard during lockdown, but staff made sure I was able to phone [person] every evening to say good night. We tried facetime but that didn't work for him"

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learned were shared with staff at handovers, staff meetings and supervisions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into or stayed at the home, their needs were assessed. This included working closely with other health and social care professionals. People and their representatives were involved fully in the assessment process. One relative told us, "Completing the necessary paperwork reassured us that all the formalities were taken care of and needs were known."
- People's physical, emotional and social needs were assessed, monitored and reviewed on a regular basis and as and when people's needs changed. Relatives told us that they were involved in the people's reviews where appropriate. One relative fed back, "The review meetings are very helpful, so that any concerns on either side can be discussed and decisions made about the best way forward." Staff told us that any changes in people's needs were communicated to all staff at handovers.

Staff support: induction, training, skills and experience

- People and relatives had confidence in the staff at the home. Staff received training from external and internal trainers. An external trainer fed back to us, 'I was training moving and handling and whilst doing training, it was a breath of fresh air to see and observe staff delivering moving and handling skills with such a gentle, consented and caring way without any discomfort to themselves and above all to their residents.'
- Staff received an induction aligned to the Care Certificate. The Care Certificate is the recognised standard for training for staff new to health and social care.
- There was a mentoring scheme in place for new staff, so they had a key member of staff to work alongside as part of their induction. There were plans to develop further training for the mentors to ensure they were fully equipped to support and induct new staff.
- Staff understood people's needs and delivered care in line with people's care plans. We observed staff supporting people, they knew them well, and clearly understood their needs.
- Staff said they felt well trained and very well supported by the management team. They received regular supervisions to develop their practice. One member of staff told us, "I have been so well supported by [registered manager/provider], we're all like a family... [staff name] is my new supervisor and she's great."

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

- Care plans contained information about people's food preferences and specific instructions around their diets. The cook and staff were knowledgeable about people's nutritional needs.
- There were drinks and snacks accessible so people could help themselves to food and drinks when they were hungry or thirsty. Staff also offered people drinks and snacks throughout the inspection.
- People were able to have their meal wherever they chose. Most people ate in the main dining room, and some people chose to eat in their bedroom.

- We received positive feedback about the food and drinks provided and that choices of meals were available. One person said the food was, "Excellent."
- Staff supported people to eat and drink in a relaxed way. They chatted with people whenever they supported people with eating and drinking.
- There were systems in place to monitor people's food and fluid intake when required.

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

- Health plans for people were in place. Accurate records relating to people's health were maintained and regularly updated.
- People were supported to access community health care professionals such as their GP, district nurses and mental health services when needed.
- There were planned regular virtual and face to face health reviews for people with the local frailty team. Staff were able to refer any healthcare concerns through the frailty team and they had good relationships with local healthcare professionals. One healthcare professional said, "I have no concerns they refer to us and seek advice appropriately. Staff always follow any advice...Staff always ask you to check something if they are not sure."

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

- The service was comfortable, homely and met people's needs. People's bedrooms were bright and airy, personalised and reflected their interests.
- There was ample communal space to enable people to spend time in company or in quieter areas.
- Consideration had been given to making a homely dementia friendly environment with easy to see signage for people.

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. There were systems in place to make sure any applications needed were made and any conditions on authorisations were met.

- Applications had been made for people to be deprived of their liberty where they needed this level of protection to keep them safe. The deputy manager was knowledgeable about any DoLS conditions in place for people and how these were being monitored.
- Staff demonstrated good knowledge of the MCA. Staff asked for people's consent before any care or support was provided.
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision, best interest processes were followed and recorded.

- People told us they were consulted and listened to.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 looked comfortable and relaxed in the presence of staff. We saw staff had developed good positive relationships with people and knew them well.
- People and relatives spoke very positively about the caring nature of staff and about the care their family members received. Staff were described as 'caring', 'kind' and 'friendly'. Comments included, "They are compassionate and caring and always try hard to provide a safe environment for her" and "Well run, caring, kind supportive homely surroundings...care centred around the individual."
- Information on people's past lives was recorded to assist staff to better understand them. Staff, registered manager /provider, management and the senior team demonstrated a good understanding of the people they were supporting.
- Staff were trained in equality and diversity. The staff team were trying to raise the profile and understanding of society's diverse needs. They were doing this by holding events and themed days in relation to different cultures, beliefs and faiths.
- People were able to follow their chosen lifestyles and religions. Before the pandemic some people had attended a local church or been visited by religious representatives. During the pandemic these links were maintained virtually and face to face at the end of people's lives. Services were held virtually on the lounge television so people could still participate and worship.

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

- Staff knew people well, how they wished to be cared for and what was important to them. People said they felt able to express their views at all times.
- Staff told us that people were involved in planning their care wherever possible and people, who were able to, said their care was provided in accordance with their wishes. Relatives confirmed they were involved in developing their relatives care plans where necessary.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. We saw when people needed help with personal care, it was managed very discreetly by staff.
- A professional gave us an example of how staff supported a person living with dementia who was upset. They told us, "Staff knew the person, knew their triggers, knew exactly how to de-escalate situation in the most respectful and understanding way. It was a pleasure to see staff supporting their residents in the highest and most dignifying way." This was supported by our observations during the inspection.
- People and relatives told us they and their family members were always treated with respect. One relative fed back, "Respect between staff and staff, staff and residents and staff and visitors is always paramount."

- People were encouraged to maintain their independence. Their care records detailed what they could do for themselves and what they needed staff to support them with. During the inspection staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves.
- Each person had a single room where they were able to spend time in private if they wanted to. Staff respected people's personal space.
- Systems were in place to maintain confidentiality and staff understood the importance of this, people's records were securely stored.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People had care plans which were personalised to their individual needs and wishes. Care plans contained information about people's previous lifestyles, interests and people who were important to them. This helped to ensure staff accommodated people's wishes and needs when providing support.
- People said they continued to make decisions about their day to day care and people were able to follow their own routines. They said they made choices about all aspects of their day to day lives. During the inspection we saw people were constantly offered choices.
- Staff spoke about people in a way which showed they treated everyone as an individual and provided personalised care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported. People's records contained information about how to support their individual communication needs. For example, if the person was living with dementia their care plan included how to best communicate with them. We observed staff communicating with people according to their needs, giving eye contact, speaking slowly and on same level as the person. People were seen wearing aids such as glasses and hearing aids where they required them.

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

- People were supported to maintain contact with friends and family. During the COVID-19 pandemic the home had followed all government guidelines regarding restrictions on visiting. Staff made sure that people were able to keep in touch with those that were important to them. Regular email, social media updates, individual and group video calls and weekly newsletter updates were provided to people's relatives throughout the pandemic.
- Activities were both communal and on a one to one basis to ensure people were engaged in activities which were meaningful to them.
- There was a wellbeing (activities) lead employed by the service who was very enthusiastic about their role. They were very keen to engage with and involve as many people as possible with the activities provided at

Culliford House.

- The well being lead spent time finding out about people's life history and interests and then developed personalised individual and group activities. On the first day of inspection staff and some people had dressed up to celebrate 'comic relief' and were having activities based around this theme. People told us and we saw they clearly enjoyed the activities.
- People were encouraged and supported to follow their hobbies and interests. One person had a pet rabbit in the garden that they cared for.
- Some people had formed friendships between each other. We saw people sat together chatting and enjoying each other's company.

Improving care quality in response to complaints or concerns

- The registered manager/provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled. There was a comments, concerns and complaints drop box in the front porch.
- There had been no complaints or concerns raised since the last inspection under the previous provider. People and relative told us they were confident about raising any concerns but had not needed to.

End of life care and support

- In 2020 the home was reaccredited the Gold Standard Framework (GSF) Platinum Award. The GSF is a systematic, evidence based approach to optimising care for people approaching the end of life. The award celebrates sustained excellent practice in end of life care which has been embedded into a care home's core working practices.
- People had Advanced Care Plans (ACP) which had been put together with their involvement, on their move to the home. These very personalised and included details of what made them most happy, any special requests and what they did not want to happen.
- A staff reflection was completed following each person's decline in health and death. This was used to review the person's and their loved one's experiences at the end of the person's life and to see if there was anything they could have done differently.
- A relative told us, "We were so happy with the all round care that she received, the atmosphere of the home, how welcome we were made to feel when visiting her, until she passed away. The staff were incredibly kind to us at this very sad and difficult time and could not do enough for Mum or us."
- A visiting religious minister fed back, "When appropriate I am called in when a resident is ill or at the end of life and, am always on hand for relatives. The service I offer cannot happen without the active encouragement and support of the management."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- As identified in the 'safe' section of the report, during a period of pressurised staffing, due to the pandemic, the management team had covered care and catering roles. This had resulted in some shortfalls in the oversight of accurate record keeping. These governance shortfalls did not have any impact on the care and support people received. The registered manager/provider took immediate action to implement new monitoring systems, and all records were accurately maintained by the end of the inspection.
- In response to the initial governance shortfalls identified at the start of the inspection the registered manager/provider reviewed the management structure at the home.
- There was a service development plan in place that was kept under review. This was based on the findings of the monthly quality assurance checks and staff, resident and relative surveys. The plan was produced using our five key questions in relation to is the service safe, effective, caring, responsive and well-led.
- The registered manager/provider and management team were committed to continuous learning and improvement of the service. The management team demonstrated their understanding of quality and regulatory requirements when they quickly implemented the improvements required identified at the start of the inspection.

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

- People benefited from a registered manager/provider and staff team who promoted a positive culture. They focused on people being treated as individuals and being able to continue to live full and rewarding lives.
- Feedback about the registered manager/provider and the home was consistently positive from people, relatives and staff. Comments included; "I would not ever hesitate to recommend Culliford House as an excellent care home who sees the person first and do their best in every way possible to meet physical, emotional, spiritual and social needs of their residents", "My family continue to be eternally grateful to all the staff at Culliford House for all they do... I honestly feel I couldn't have chosen a better care home" and "Culliford is like a big family, with all the ups and downs of family life. I am very grateful that my Dad has been able to spend these years with the bustle of such a family going on around him, and have no doubt that at the heart of it all lies an immense care and compassion for the elderly as they approach their final time. I feel that the staff deserve praise and recognition for all of their efforts, especially through these past two years."

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 registered manager/provider understood their responsibilities to be open, honest and apologise if things went wrong.
- The registered manager/provider made sure we received notifications about important events so we could check appropriate action had been taken.

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

- The home had received many compliments about the care provided from people, relatives, visitors and professionals. One professional told us, "I would feel lucky to be part of the team... who's managed by [registered manager/provider] as a manager. Great communicators, listeners and again, they genuinely care about staff and residents."
- The registered manager/provider told us relatives' meetings have been held via video conferencing during the pandemic. Relatives had fed back to the registered manager/provider that they prefer this method. The registered manager/provider said the virtual meetings are likely to continue as there has been better attendance when compared to when relatives' meetings were face to face.
- Staff morale was good which led to a happy environment for people to live in. Staff were proud of the teamwork and showed they genuinely cared for people living at Culliford House.
- Staff told us they felt valued and appreciated by the registered manager/provider. They felt their work during the pandemic had been recognised and they were well supported.
- There were annual surveys for staff, people and relatives. The results of these informed the service's development plan.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. People's care records detailed the involvement of family members, specialist nurses, GPs and district nurses.
- A health care professional told us "Stable staff team and the home has a good reputation and colleagues also have no worries about Culliford House."