Mrs Rita Moors

Culliford House

Inspection report

Culliford House Residential Home, Icen Way,
Dorchester, DT1 1ET
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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

Overall summary

Culliford House was last inspected on 22 August 2013 and found to be meeting the regulations. When we visited there a registered manager in post. A registered manager was in post that supported us at this 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.

Culliford House is registered to provide accommodation and personal care for up to 25 older people.

The provider had systems in place to ensure the quality of the service was regularly reviewed and improvements were made. The care and support people received were regularly audited, areas for improvement were recognised. Staff knew people's needs; the records relating to people's care and support were kept up to date.

People told us that the staff met their care needs well. One person told us "The staff look after me well, I feel involved in what happens here and know that I am

Summary of findings

listened too". Another person told us "I am too well looked after, nothing is too much trouble for them (staff) I can safely say I am spoilt living here". We observed that people were treated with respect and kindness.

Staff knew people's routines and respected them. One person told us "I like to stay in bed in the morning for a while before I get up, staff bring me tea and something to eat and come and ask if I am ready to get up". Staff knew how to support people when they became anxious and had effective ways of addressing this.

The provider was meeting the requirements of the Mental Capacity Act 2005(MCA) and assessments of people's capacity had consistently been made. The provider had appointed a senior member of staff to act as the homes MCA advisor to staff. This person had received appropriate training for this role. Other staff understood some of the concepts of the Act, such as allowing people to make decisions. Staff demonstrated that they could apply this to everyday life.

Staff demonstrated a caring and compassionate approach to people living at the home. People were offered choices at mealtimes such as where to sit and what to eat. The provider had a system to offer choice of what to eat during mealtimes that was effective.

People told us there was enough staff to meet their needs. The provider was able to demonstrate that extra staff were available to support people should their needs change or if extra support was required.

People told us they felt supported at the home and safe in the company of staff. The staff told us they enjoyed working at the home with many staff being in continuous employment at the home for 10 years and over. They told us they have enough time to sit and talk with people and to do things with them that they knew interested them. One staff member told us "the manager expects us to sit and talk with people". We observed staff working discreetly and in an unhurried manner throughout the inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The risks people faced were known to staff.

People received their medicine safely. Medicines were administered and stored safely.

There were sufficient numbers of staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. The provider had made arrangements to ensure staff knew their responsibilities as set out in the Mental Capacity Act (MCA).

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs, preferences , choices and respect their rights.

Staff training included understanding dementia and positive behaviour approaches. Staff were knowledgeable about the support needs of the people they cared for.

People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring. Staff demonstrated a caring approach, people were respected as individuals. People were treated in a kind and friendly manner.

Staff were aware of people's daily routines and supported them in the way that they wished. People made individual choices about how they spent their time with the guidance of staff.

People could influence how they were cared for through consultation

Is the service responsive?

Good

The service was responsive to people's needs. Care plans were in place, which clearly described the care and support each person needed. People had been consulted about the way they wanted to be supported.

People were encouraged to be actively involved in their care and had opportunities to influence how the home was run.

People knew how to raise concerns. Staff knew how to respond to complaints if they arose.

Is the service well-led?

Good

The service was well led. There were systems to ensure the quality of the service was reviewed and improvements made. Where improvements were required these were recognised and plans made to address them.

There were systems in place to involve health and social care professionals, relatives, staff and the people they supported to ensure an open and transparent culture to the service offered.

Staff confirmed the registered manager was approachable and they felt listened too. Regular staff meetings took place; staff told us they felt supported by the management.

Culliford House

Detailed findings

Background to this inspection

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

This inspection visits took place on 14 October 2015 and was unannounced. The inspection was carried out by one inspector.

The provider had completed a Provider Information Record (PIR) prior to the inspection. 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 looked we held about the service. This included notifications the home had sent us about safeguarding concerns and during our inspection through discussion with the management team and staff.

During our inspection we spoke with five people living in the home, six members of staff and members of the management team. We observed care practices throughout the home. We also looked at records related to five people's care, and reviewed records relating to the running of the service such as staff records, rotas and quality monitoring audits.

We also spoke with two care professionals who had worked with the home or had visited people living at the home.

Observations, where they took place, were from general observations. We also 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.

Good

Is the service safe?

Our findings

The service was safe. We spoke with seven people living at the home. They all commented about the home being safe and how they felt at ease in the company of staff. One person told us "I have all the support I need, the staff tell me things and I listen, I feel like a trusted aunt, they (staff) will make sure people here are safe". Another person told us "the staff are my friends we wouldn't hurt each other". We observed that people were at ease with the staff and the management at the home.

The risks people faced in their everyday life were known to staff and they worked to minimise these risks. We looked at peoples care records that did not consistently illustrate the risks that people faced. However through discussion with staff and management it was clear that these risks were known about and action was taken to minimise these. We spoke with the registered manager who acknowledged our observation and agreed to take steps to rectify this.

We spoke with one person who told us about the risks they faced through limited sight. They told us about how staff ensured that their room was never changed unless they requested things to be moved. They also told us about how this helped maintain their independence as they could get things that they wanted within the room without staff support. Another person told us about their involvement in the home as a health and safety representative. They told us about how it had been identified that some people were at risk of falls due to the lack of handrails in certain areas. As a result of this the provider had installed hand rails in the areas identified.

The administration of medicines was safe but some improvements in the auditing of medicines would help to ensure a more robust approach. People received their medicines when they needed them and at the required times. The staff responsible for administering medicines had been suitably trained. We observed people receiving their medicines safely and saw staff carry out safety checks, including staying with people while they took their medicines. The medicines were stored in a lockable area and were well organised. We looked at the medicines administration records (MAR's) and noted that one person was not given their pain killers as prescribed. We spoke with staff responsible for the administration of medicines who told us "the person can tell you if they're in pain" and so they ask if they require the medicine or not. We spoke to the person who confirmed that they had pain relief when they required it. We looked at the system to audit medicines received and dispensed in the home. This system did not identify this anomaly; the registered manager agreed and told us about their intentions to review their auditing process.

Staff told us, and records confirmed that they had recently received training in safeguarding adults. We spoke with four members of staff who told us how they would respond to allegations or incidents of abuse. In addition, we saw evidence that the registered manager had worked with the local authority when safeguarding concerns had been brought to their attention.

People told us that there was always enough staff to meet their needs. One person told us "The staff are always around to help if needed. Another person told us "There is always someone to talk with; I don't need a lot of help but I see some of the other people who don't speak get lots of attention, that's the way it should be". Staff confirmed that there was always enough staff on duty to support people. Staff member told us that if they need extra staff, because someone is unwell or there is an activity they let the registered manager know and extra staff will be available if required. We looked at the staffing rotas for the preceding three weeks which confirmed there was sufficient staff to meet people's needs.

Good

Is the service effective?

Our findings

Mental capacity assessments were meeting the requirements of the Mental Capacity Act 2005. 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.

The provider had arranged for one senior member of staff to receive extra training in the MCA and what this meant for their service. This member of staff supported the remaining staff to understand how this affected the work that they do and provided a single point of advice and guidance to the staff team. Staff were aware of the MCA and what that meant for the people living at the home.

We spoke to people about the food and drink on offer at the home. One person told us, "the food here is good, I have a choice about what I eat". Another person told us "I have put on weight which I needed too". One person told us "if you want a drink staff will make it for". We looked at the menus for the last two weeks. These evidenced that a choice was offered and when required further alternatives had been made available.

We spoke with staff about people's nutritional needs. They told us that currently no one was at risk of unplanned weight loss. They told us about the systems that they had in place to monitor people's weight to ensure people's care plans could be altered to support their needs as required.

People told us that if they needed to see a doctor or specialist the staff made arrangements on their behalf. People gave many examples of when they had felt unwell and staff had called the GP 'just to be on the safe side'. People's care records evidenced that when a person's needs had changed a range of services had been considered and action taken to meet people's needs

Staff told us about the training they had undertaken and how they accessed training. They told us the training was available through a range of distance learning materials with some face to face training. Staff told us they had received training in areas such as dementia care, control of substances hazardous to health, health and safety and moving and handling. One staff member told us that if you identify an area of care practice you would like to know more about, either the registered manager or senior staff would support you to find a suitable course or information.

Good

Is the service caring?

Our findings

People who could tell about their experience of receiving care told us they were happy with the way staff treated them. We saw that staff sat and talked with people about things that appeared to interest them. We observed friendly banter between the people and staff and that the people were relaxed in the company of the staff.

People told us they had been included in discussions about their individual care needs and the things that they wanted to happen. An example of this was one person told us about how staff knew that they liked to do as much as they can such as getting dressed but felt safer if a member of staff was around "just in case". We spoke to staff who confirmed what the person had told us.

We carried out a short SOFI during the inspection and observed that staff worked well as a team. For example, staff were unhurried in their approach to supporting people. We observed staff sit and talk with people when they served them a snack. We observed that staff gave encouragement and praise to one person who was involved in their chosen activity. Staff were aware of people's emotional needs and gave them reassurance as and when required.

We observed that during lunch staff sat and talked with people they were supporting. Staff described the people they supported in positive terms. One staff member told us. "some need support to eat, others just need little bit of time to complete their meal, that's no problem". Staff told us that people need to have a meal of a size that suits them, however one person told us there is always too much on their plate. The staff we spoke with were aware of the persons concerns and told us they were making adjustments to try and get it right.

Staff were knowledgeable about people's individual needs and personal preferences. They could describe to us people's daily routines such as when they liked to get up and how they chose to spend their day. They told us that relatives were actively involved in making decisions about their loved ones' care, care records evidenced this. While we had some difficulty communicating with people about their experience of receiving care this did not appear to be a barrier to the staff. We observed that staff knew what people meant by their gestures and they were able to make some decisions about the care they received. For example, when one person made it clear that they did not require a drink, the staff withdrew but checked again within ten minutes.

When people were unwell or nearing the end of their life the provider made available a small flat on the top floor of the home for the use of the people's relatives. This was also available for relatives who had long distances to travel. This enabled people important to the person to be around them at a time of need.

Good

Is the service responsive?

Our findings

People told us about how the staff listened to them. One person told us about how the staff sat and talked with them about what they liked and what help they needed. Staff told us about talking with relatives and people important to the person concerned to try to ensure a personalised approach to their care.

When people took up residency their needs were assessed. We looked at peoples care records that evidenced that the person and people important to them were consulted about their needs. The provider ensured that as full assessment was carried out which considered issues such as people's mobility, hearing and sight and communication methods to enable them to be confident that they could meet the person's requirements.

The provider responded to changes in people's needs. For example, one person was expressing a wish to return home. As a response to this the provider had made arrangements to meet with the person's family and social worker to discuss this to establish where best the person should live given their stated wishes.

People's care records gave staff information about people's daily routines. People's care records showed that people or people important to them had been consulted about people's needs and wishes. The words used in people's care records demonstrated that people were treated with respect. From speaking to staff it was clear that they knew people's individual support needs well, the records reflected what we had been told.

Staff described how they ensured people could choose how they were supported. They told us about people's right to have choices in respect of who should care for them, such as what to wear and how the person wished to look.

Staff told us about how people chose to spend their time and the activities they enjoyed. We observed an Art activity that people were involved with and spoke to the coordinator of this activity. They told us that the people living at the home were working toward an exhibition of their art work and showed us a copy of a catalogue of people's work that had formed the basis of their previous art exhibition.

People told us there was plenty to do at the home if you wished too. The staff we spoke with told us that people who were less able and could not articulate their needs had one to one time with an allocated staff member to ensure that all people had an opportunity to have a form of stimulation.

People knew how to make a complaint if they wished to. One relative told us, "If I don't like something staff sort it out for me, sometimes the laundry gets a little muddled but staff sort it out." The provider had a complaints procedure which informed people what they needed to do to make a complaint and the timescales for the complaint to be rectified. There had been no formal complaints.

Good

Is the service well-led?

Our findings

We spoke with the registered manager who told us that the organisation had recognised a weaknesses in its approach to the auditing systems used and had a plan in place to address this. The registered manager acknowledged that a more robust system of auditing of people's care records was required and discussed this openly with staff during the inspection. This demonstrated an open culture where staff views and thoughts on presenting issues were considered.

People told us they knew the registered manager was and felt confident that they 'did a good job'. One person told us that they considered the registered manager "knew people well and how to communicate with them." Others told us the management was approachable. They told us they could talk to the registered manager at any time and make suggestions for improvements. One person told us, "Although they are the manager they know the people living here, know them by name and take time to sit and have a chat when in the home." We observed this to be the case.

Staff described the home as a happy place. They told us it was small enough to be able to get to know people and for them to get to know the staff. They told us they worked as a team and were complimentary about the registered manager. One staff member told us. "I think the management treat us fairly, if we need anything to make people's life better it is provided. They know how we work, know people living at the home, and will support us to continue to make improvements to the support we give."

Staff told us of the value of regular team meetings where they could share their experiences and talk about how they had approached emerging situations. Staff also told us about the positive team approach to caring for people where they would cover each other in order to meet people's needs. Staff confirmed that they felt supported in their work and confirmed that they had regularly meetings with senior staff to discuss their work on an individual basis.

Records showed that staff had recorded accidents and incidents. Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, the injuries and the immediate actions or treatment that had been delivered. These accident / incident records were checked by the registered manager, who assessed whether an investigation was required and who needed to be notified.