

# Bupa Care Homes (CFChomes) Limited







## Croft Avenue Residential Home

### Inspection report

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### Ratings

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

### Overall summary

This inspection took place on the 13th of March 2015 and was unannounced.

Croft Avenue Residential Home is located a short walk from the town centre of Penrith. Situated in its own grounds the home provides support for up to 40 older people some of whom live with dementia.

The service had a registered manager. 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.

The service had sufficient appropriately recruited staff available to support people.

People told us they felt safe and the staff knew how to protect people from avoidable harm.

# Summary of findings

Medicines were ordered, stored, administered and disposed of correctly.

Staff had received training and were regularly given supervision by their manager.

People received a healthy and nutritious diet that was based on an assessment of their nutritional needs.

Staff treated people in a respectful caring manner.

Care plans were written in a straightforward manner and based on thorough assessments. They contained sufficient information to enable people to be supported correctly.

The registered manager had clear expectations of her staff and the service they provided. The provider had systems in place to ensure the delivery of good quality care.

# 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?

The service was safe.

Staff were aware of how to recognise and report concerns about vulnerable people.

There were sufficient staff to provide support to people.

Appropriate risk assessments were carried out.

Good



### Is the service effective?

The service was effective.

Staff records showed that they had received adequate training.

Staff received supervision from their manager.

People's nutritional needs had been assessed and meals planned accordingly.

Good



### Is the service caring?

The service was caring.

People told us that staff were caring.

We observed that staff treated people with dignity and respect.

People's right to privacy was upheld.

Good



### Is the service responsive?

The service was responsive.

Care plans were based on comprehensive assessments

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Good



### Is the service well-led?

The service was well led.

The registered manager had high standards and shared them with staff.

The registered manager was supported by their senior manager and a quality assurance team.

There was a quality assurance system in use.

Good



# Croft Avenue Residential 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 checked 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 took place on the 13th March 2015 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with seven people who used the service. We also spoke with five staff including the registered manager.

We looked at five written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

We looked around all the communal areas of the home and with people's permission some bedrooms.

# Is the service safe?

## Our findings

We spoke with people who used the service and asked them if they felt safe while living at Croft Avenue Residential Home. One person said, “I feel very safe.” Another person commented, “I’m safe and well looked after.”

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. The training included how to identify different kinds of abuse and staff were able to demonstrate their knowledge of this. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We looked at records we held on the service and saw that the registered manager regularly reported safeguarding issues to the CQC and the Local Safeguarding Authority (LSA). We were aware from attending safeguarding meetings prior to the inspection that the registered manager and the provider co-operated fully with the LSA.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example people had

personal evacuation plans in the event of a fire. The manager had also recently completed risk assessments that helped to ensure people could enter and exit the home safely.

We spoke with people who used the service and asked if there were sufficient staff to support them. People told us that they were satisfied with the number of staff working in the home, one person said, “They’re really well organised, I don’t know how they do it!”

We observed staff working in an unhurried manner. We noted that no one had to wait for assistance because there were enough staff to meet people’s needs.

We reviewed recruitment procedures in the service. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview. If they were successful, criminal records checks were carried out and references sought. The written records we saw confirmed this. All new staff were required to complete an induction which included ‘shadowing’ other staff.

We looked at how the service managed medicines. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that the MAR charts had been filled in correctly on the day of our inspection. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

# Is the service effective?

## Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person commented, “They know what they are doing.”

We looked at training records for the staff and saw that they had received basic social care training. This included safeguarding vulnerable adults, moving and handling and infection control. Staff told us that they were well trained in their roles. We spoke with the registered manager who told us that she had recently booked additional dementia training for staff.

We looked at supervision and appraisal records for staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. All staff had met with the registered manager of the home within the past eight weeks for supervision.

We examined how the service supported people to make their own decisions. People we spoke with lived as independently as possible in the home but acknowledged that they required a degree of support to be able to do this. We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to

ensure that decisions were made in people’s best interests. We saw that the service worked closely with professionals from the local authority to ensure that people’s rights were upheld.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty.

We looked at how staff supported people to take adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. We saw nutritious and varied meals being served. Staff in the kitchen were able to explain how they fortified the food to ensure that frail people were receiving sufficient calories. They were also able to provide specialist diets including meals suitable for people with diabetes. People told us, “The food’s good if you want to put weight on.” And, “The food’s very good!”

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people’s care. A visiting healthcare professional told us, “On the whole we have a good relationship.”

# Is the service caring?

## Our findings

We spoke with people who used the service and asked them if they thought the service provided good care. One person told us, “Yes, they’ve got to?” Another added, “They’re very good.”

We observed that staff supported people in a caring and compassionate manner. People who used the service responded well to this approach and it was clear that staff had taken time to get to know the people who they provided a service to. We saw from written records of care that information had been gathered about people’s personal histories and their personal preferences. This helped to enable staff to deliver person centred care.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Many of the people who used the service had capacity to make their own decisions. The people we spoke with did not feel that their right to make their own decisions had been compromised by the service.

People were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People’s privacy and dignity was upheld. We saw staff treating people with dignity, for example ensuring bedroom or bathroom doors were kept closed during personal care. We noted that staff always knocked on people’s doors rather than walk straight in to their room. Staff we spoke with knew that maintaining people’s privacy and dignity was important. People we spoke with told us that staff were always respectful of them.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. This meant that the service ensured that people were not discriminated against.

We saw that on occasions staff contributed towards the care of people at the end of their lives. The service had arranged suitable training for staff to enable them to support people properly and they worked in conjunction with district nurses.

# Is the service responsive?

## Our findings

We asked people if they knew how to raise concerns about the service they received. People told us that they felt comfortable telling someone if they were unhappy about the Croft Avenue Residential Home. One person told us, “I’d speak to the seniors!” Another said, “I would speak to the manager, she’s pretty good.”

We saw that the registered manager had made sure she was approachable by regularly speaking with people who used the service and their relatives. There had been a recent complaint via the LSA at the home. The manager was able to demonstrate that she had done everything possible to ensure that the complainant was satisfied with the outcome of her investigation and the actions taken following the incident.

In addition to this the service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome.

We asked people if the service was responsive to their needs. People were satisfied “Yes they have an idea what we like, they do very well on that side.”

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people’s needs. For example people were assessed as to whether they needed support to mobilise. If they did a moving and handling assessment was carried out to identify precisely the support required including what equipment was needed.

Assessments were then used to formulate care plans. For example one person’s written records indicated that they were at risk of developing pressure areas, also known as bed sores. The care plan provided step by step instructions on how to support that person and ensure that they maintained their skin integrity.

We looked at the standard of care plans in the service. We found that they were clear and straightforward. Staff had written daily notes that corresponded with people’s plans of care. For example if the care plan stated that people’s weight should be monitored the staff would comment on this in the notes.

Reviews of care plans were carried out regularly and involved the person receiving support. Where necessary their relatives and other health and social care professionals were invited to these reviews.



# Is the service well-led?

## Our findings

When we spoke with people who used the service it was clear they were aware of who the registered manager was. People told us that they felt comfortable speaking with her. One person told us, “The manager is fine, I get on with her really well, she’s very friendly.”

During our inspection it was clear that the registered manager was very knowledgeable about the day to day operation of the service. We noted that when necessary she worked alongside her staff providing direct support to people and giving support to staff. This helped her to maintain oversight of the quality of care.

We spoke to the registered manager at length. She had recently returned from a secondment to another home and was keen to continue to make improvements at Croft Avenue residential Home. It was evident that she wanted the home to attain a high standard of care. She told us, “I have clear expectations, the resident is the most important person, when expectations are not met I deal with it.”

We saw evidence that the registered manager communicated her expectations to the staff via supervision or in group meetings. The registered manager said, “I give information to the team and we discuss it as a team.”

There was a clear management structure in place. The registered manager had a deputy that assisted in planning care and managing staff. The registered manager reported directly to the area manager who visited the home regularly and was in contact on an almost daily basis. Alongside this support the provider had a quality team that had regular input into the service.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the registered manager, in conjunction with the provider, devised action plans based on the feedback from the surveys.

We looked at how the provider and the registered manager monitored the quality of the service provided Croft Avenue Residential Home. We saw that the registered manager carried out regular audits and checks. These included medicines audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.