Care Quality Commission

Croft House (Care) Limited

Croft Dene Care Home

Inspection report

Threap Gardens
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Howdon
Wallsend
Tyne and Wear
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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

We carried out an unannounced visit on 20 November 2014 and a further announced visit was made on 26 November 2014. This was the first inspection since the provider took over the home in April 2014.

Croft Dene Care Home is registered to provide accommodation for up to 42 adults who require nursing or personal care. It is a purpose built home in Howdon, Wallsend. There were 24 people living at the home at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

We looked at the system for dealing with medicines and found policies and procedures in place and medicines were administered safely and appropriately. We observed a nurse giving people their medicines and this was done safely and competently.

The provider had policies and procedures in place to help keep people safe and to prevent abuse happening. The staff we spoke with were aware of the different forms of abuse and the procedure to follow if they observed any abuse within the home. The records showed checks were carried out prior to staff being employed in the home to help ensure they were suitable to work with vulnerable people.

We looked around the premises and found they were well maintained and equipment was checked regularly to help protect people's safety. The home had recently been refurbished and people told us they were very pleased with their environment.

Most people told us they felt there were enough staff on duty. At the time of our inspection there were sufficient staff on duty to meet people's needs. The staff on duty appeared relaxed and were not rushed to complete their duties.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us that she was liaising with the local authority about DoLS applications and had submitted a list of people who she felt needed a DoLS in place.

People told us they enjoyed the food and menus were varied and a choice was offered at each mealtime. The mealtime was relaxed and unhurried and staff were sensitive when assisting people with their meals. Staff told us, and records showed appropriate training was provided and they were supervised and supported. The staff we spoke with were able to describe people's individual needs and we saw they were meeting these in a caring way and they respected people's privacy and dignity.

We saw information to show that the home made prompt referrals to health care professionals if required. This was also confirmed by the professionals we contacted. Activities and outings were provided which people could take part in.

People were aware of the complaints procedure and felt confident to use it if they needed to.

We looked at seven care records and found people's needs had been assessed and care plans developed which gave information to the staff about how they should be met.

The management team carried out audits and checks to help ensure standards were met and maintained. Surveys had been recently issued to people and their relatives to ask their opinion of the service and the comments were positive. People and their visitors said they felt the home was well managed and the atmosphere was good.

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.

The registered provider had systems in place to ensure people received their medicines in a safe and timely manner.

Staff had undergone training related to the protection of vulnerable adults and were aware of the procedures to follow if they were concerned about the practices in the home.

There was sufficient staff on duty to meet people's needs and appropriate checks had been made to help ensure they were suitable to work with vulnerable people.

Good

Is the service effective?
The service was effective.

Assessments had been carried out in relation to potential restrictions under the DoLS legislation. The staff were aware of the MCA and DoLS and the need to consider people's best interests when making decisions regarding their care.

People enjoyed the food served and were offered choice at mealtimes. They were supported to eat and drink enough to help ensure their nutritional needs were met. Health care professionals were involved if people required support regarding their health care needs. Staff received appropriate training to meet people's needs and they felt supported by the management.

Good

Is the service caring?
The service was caring.

Staff were able to explain people's individual needs and how these were met. They had good relationships with people and met their needs in a sensitive manner. People told us staff respected their privacy and dignity.

People and their visitors told us the care was good and staff were very supportive.

Good

Is the service responsive?
The service was responsive.

The records showed people's needs had been assessed and care plans had been developed to give staff information about how these needs should be met.

A range of activities were provided at the home. An activities organiser was employed and people were supported to access activities of their choice.

There was a complaints procedure in place and a record was maintained of any complaints received and the outcome of the investigation.

Good

Is the service well-led?
The service was well-led.

A registered manager was in post.

Good

Summary of findings

People and their visitors told us the atmosphere in the home was pleasant and relaxed. The feedback we received from health care professionals was positive and the management were visible and always prepared to listen. Staff said they were well supported by the management.

The registered provider had systems in place to check the quality of the service provided.

Croft Dene Care 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 was carried out over two days. We visited the service unannounced on 20 November 2014 with two inspectors, a specialist advisor in nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A further announced visit was made on 26 November 2014 to complete the inspection.

Before we carried out the inspection we checked the information held about the service. We contacted the commissioners of the service, the local safeguarding adults team and the local Healthwatch group to obtain their views. During and after the inspection we spoke with a range of health and social care professionals to gain their views about the service. These included a physiotherapist, palliative care nurse, a representative from the supplying pharmacy and a member of staff from the psychiatry for old age service.

During our visit we spoke with ten people who used the service and observed their experiences. We also spoke to five visitors, the registered manager, the clinical manager, two nurses, five care staff, the activities co-ordinator, the cook, a domestic assistant and administrative assistant.

We looked at seven care records, four medicines administration records, accident records and other records related to the management of the home.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe living in the home. Comments included, “Yes I feel very safe now I am in here,” “I wouldn’t be here if I wasn’t safe” and “I’m very well looked after.” When we asked one person if they felt safe they replied, “Oh definitely.” Relatives told us, “It’s definitely safe and comfortable” and “My wife is here. The staff are excellent. I feel safe she is here.”

People told us they were given their medicines at the correct time and the staff stayed with them while they took it. They said, “I get my medication when I need it,” “I have tablets for sugar [diabetes] so I have to take them with food” and “No trouble really, I have to take them [tablets].” A relative said, “They do their best to get mother to take her medication but she can be difficult.”

The registered provider had policies and procedures in place for administering medicines. Medicines were administered by the nursing staff and their competency was assessed regularly. The clinical manager had also liaised with the community pharmacist to help ensure the system was correct and safe. We observed a nurse carrying out a medicines round and saw this was done according to the procedure. We looked at the system for dealing with medicines within the home. We found the medicine administration records (MARs) were completed and medications were stored securely. The manager and three nurses had recently completed a training course with regard to safe handling of medicines which was accredited by City and Guilds.

We spoke with the representative from the supplying pharmacy who visited the home and they said, “I wish every home was as good as they are. Their system is excellent. There are no problems at all.”

There were policies and procedures in place to help safeguard people from abuse and these were accessible to staff. Staff told us they had received training with regard to safeguarding vulnerable people and they were aware of the different forms of abuse and the procedure to follow if they observed abuse. Comments included, "I’ve done the training and know what to report” and “I’ve never seen anything wrong but I would say something if I did.” This meant the provider had taken action to reduce the risk of abuse happening.

The manager was aware of incidents that should be reported and authorities and regulators who should be contacted. We saw a log book was in place to record minor safeguarding issues which could be dealt with by the provider. The log was then forwarded to the local authority safeguarding adults team in line with their procedures so they could determine whether appropriate action had been taken.

There had been a recent safeguarding investigation and the manager had liaised closely with the local authority and other stakeholders and had taken prompt action to ensure people were safe.

The provider had a safe system in place for dealing with people’s personal allowances and money they deposited in the home for safe keeping. We saw receipts were kept for each expenditure. These were signed by the person and a member of staff or two members of staff where people could not sign for themselves.

The building had recently been refurbished and people told us they were pleased with the changes. One person said, “Everyone is over the moon with the refurbishment. Good surroundings make people happy.” The provider had arrangements in place for the on-going maintenance of the building and a ‘handyman’ carried out routine safety checks, such as water temperatures, the security system and the fire alarm. External contractors carried out regular inspections and servicing, for example, the fire safety equipment, electrical appliances and a Legionella risk assessment was in place. We looked around the premises and they were well maintained and in good order.

We saw a fire risk assessment had recently been completed. A contingency plan was in place. This contained information about procedures to follow in an emergency, for example emergency telephone numbers and temporary accommodation details if people needed to move out due to an emergency situation. The manager had assessed the procedure each person should follow if they needed to vacate the premises. This meant there were arrangements in place to deal with foreseeable emergencies.

We looked at four staff files. These were well organised and there was evidence to show the appropriate checks had been carried out before staff commenced work. These included, identity checks, two written references, one of

Good

Is the service safe?

which was from the person's last employer and Criminal Records Bureau (CRB) checks, now known as Disclosure and Barring Service checks, to help ensure people were suitable to work with vulnerable adults.

We saw application forms which included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. Staff had signed to confirm they had read the whistle blowing policy and confidentiality agreement.

Most people felt there were enough staff on duty. Comments included, “There’s always enough staff on duty,” “They come when they can and there are more than there used to be,” “I think there is always enough staff around” and “Staff are always available.”

At the time of our inspection there were two nurses and four care workers on duty to care for 24 people. In addition the clinical manager was available if additional support was required. The staff on duty were relaxed and were not rushed when carrying out their duties. Based on the current level of occupancy and observed levels of dependency we considered the staffing levels were appropriate. We saw staff responding to people’s needs and call bells were answered as quickly as possible. Staff assisted people to move around the home and they spent time talking with them.

Good

Is the service effective?

Our findings

People told us they felt their needs were met and the staff were well trained. Comments included, “Everything I want is done for me,” “They all do a job well” and “They all know what to do.” We asked people if they felt the staff needed more training and one person said, “No they are quite alright with everything they do.” Relatives said, “From what I have seen they are very efficient. It is not an easy job,” “M [clinical manager] is great with her, all the staff are good” and “I think the staff are well trained.”

The training records showed that staff had received health and safety training, such as fire safety and moving and handling. A training matrix was maintained to indicate when training had been completed and when refresher courses were required. Staff confirmed they had undergone training to meet people’s individual needs, such as dementia awareness, dealing with behaviours that challenge and end of life care.

The records we examined showed that regular supervision sessions and annual appraisals were carried out. Supervision sessions are used to review staff performance, provide guidance and to discuss their training needs. The clinical manager provided clinical updates and supervision for the nursing staff employed in the home. Staff confirmed they received regular supervision sessions and they felt the management were very supportive and accessible.

The people we spoke with said they enjoyed the food and they were always offered a choice. Comments included, “The food is very good,” “The food is quite good,” “I have sugar [diabetes) trouble and sometimes I can’t eat things but they give me something else,” “Small amounts but I can ask for more,” “I can ask for something else” and “It’s never been necessary to ask for something else but I expect I could get it.”

We observed lunch being served in two dining rooms. Menus were displayed on the walls and the staff also told people about the choice of food available. The food was well presented and there was a choice of main course and dessert. People could ask for an alternative if they did not want the meal from the menu. People were provided with adapted cups and cutlery to maintain their independence and staff provided varying degrees of assistance to people in a sensitive way.

There were food and fluid charts in place where people had been identified as being at risk of malnutrition and dehydration. This meant people’s food and fluid intake was monitored and people's weights were checked on a regular basis so action could be taken when necessary and referrals made to relevant health care professionals. The kitchen staff were aware of people’s special diets, such as for diabetes, fortified meals and pureed food. They confirmed they had access to sufficient ingredients to provide fortified meals and drinks, such as fresh cream and butter.

We observed that staff asked for people’s consent before they provided them with support. People told us that staff always asked before they offered assistance. Their comments included, “They always ask before attending to me” and “Staff ask what help I need and I tell them.” We heard a staff member ask someone if they needed help to eat their lunch.” We saw the personal care plans instructed staff to ask permission before they provided personal care.

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people's mental capacity and DoLS. The registered manager was aware of a court decision which redefined what constituted a deprivation of liberty to make sure people were not restricted unnecessarily unless it was in their best interests. The manager had liaised with the Local Authority and had submitted a list of people who may require an authorisation to restrict their liberty in their best interests.

We saw documents to confirm individual mental capacity assessments had been carried out and representatives were appointed to make best interest decisions for people who had no relatives.

We saw referrals had been made to health care professionals where necessary, for example GPs, dentists, the psychiatry for old age service and the palliative care nurses. We saw records that showed advice given by health care professionals was recorded in people’s care records. One person told us, “I’m sure they would get a doctor if necessary.” The manager had requested an assessment by a physiotherapist and they were visiting during our inspection to assess someone who required a special chair.

Good

Is the service caring?

Our findings

People we spoke with said they were well cared for and their privacy and dignity was respected. Comments included, “The staff are absolutely marvellous,” “They are champion,” “They have to come into my room, they do their best for me, nice girls,” “I’m quite happy with my care and couldn’t be looked after better,” “Yes the staff are excellent in looking after me. They are obliging. They are lovely and very good,” “The staff are very kind” and “They always ask me what I want.”

Relatives we spoke with said, “Mother is physically well cared for. She is content and has continuous care” and “I’ve been away and mother fretted. The staff handled this well. We looked at five other homes and this one stood out above the rest” and “They care for my wife very well.” We spoke to a visitor who visited the home every day and they felt their relative was well cared for and M [clinical manager] was very helpful.

We spoke with four health care professionals and they felt the staff were proactive and provided good care. Their comments included, “One of the better homes I visit. Staff are very caring and they accommodate people’s needs” and “They are very proactive in getting us involved. There has been a lot of successful episodes of end of life care there. They use the new care of the dying document and keep their palliative care register up to date which means they contact us as soon as required. I have no problems with the home and staff at all.” Another health care professional told us they had not needed to visit recently but had never had any concerns about the care provided in the past.

We saw two complimentary letters which had been received from relatives recently. Comments included, “Across the board all the employees are very cheerful and helpful……..The general principle is that nothing is too much trouble……..I feel very reassured that my father is well cared for” and “I cannot speak too highly of the standard of care X is receiving under the excellent guidance of the manager, M [clinical manager].”

We saw interactions between people and the staff were friendly and professional. Staff respected privacy by knocking on bedroom doors before entering. The staff were meeting people’s needs in a respectful manner and they dealt with their personal care discreetly, such as quietly asking if they wished to use the toilet. In several cases the conversations between people and the staff were humorous and friendly. People told us staff respected their privacy and dignity. One person said, “They shut the door and put a towel over me when necessary.”

The registered manager told us the services of an advocate had been requested for someone who did not have any relatives but the person no longer resided in the home. Advocates can represent the views and wishes for people who are not able to express their wishes. The manager told us that no one had an independent advocate as they all had relatives involved.

Good

Is the service responsive?

Our findings

People we spoke with told us the staff always responded to their needs. Comments included, “They are quick to answer the buzzer,” “I sometimes have to wait up to 10 minutes but what I want is not urgent,” “Yes, they always see to my needs” and “Everything is fine with me.”

We saw a letter from a relative who appreciated the clinical manager had insisted that a specialist nurse visited the home to instruct the staff with regard to moving and turning their relative so they received the best care to meet their needs.

There were a number of systems and procedures in place which helped ensure the staff provided a responsive service. Handovers were held at the beginning of each shift. This helped to ensure staff provided continuous and safe care. There were brief handover notes but these were expanded upon in the daily report sheets kept for each person.

We looked at the care records for seven people. Every aspect of a person’s needs had been assessed prior to admission. We noted that care plans had been formulated to cover a number of areas, such as nutrition, skin integrity, moving and handling and personal hygiene. The care records also contained information about people’s past history, working life, hobbies, interests, favourite possessions, preferences and likes and dislikes. We spoke with the staff on duty who were able to describe people’s individual needs and gave examples of how these were met.

Moving and handling equipment was in place and pressure relieving equipment was provided where necessary. We saw records to show that two hourly turns were carried out for a person who was cared for in bed to help reduce the risk of pressure damage.

We spoke to people about the activities available in the home. Comments included, “They have activities downstairs and they tell me what is going on,” “Look I made a Christmas card the other day” and “There are things happening but I’m quite happy in my own room.”

An activities organiser was employed and they were spending time with people on an individual basis. An activity programme was in place and was displayed in the main entrance and included board games, movie nights, arts, crafts, and a carol concert. A sing-a-long was taking place during our inspection and staffs were dancing with people. The lounge was decorated for Christmas and a Xmas Fayre was taking place the following day.

We asked people if they knew how to make a complaint and all confirmed they did. Their comments included, “Yes, I would tell that M [clinical manager] who’s the boss,” “If I needed to complain I would go to the manager but I have never needed to,” “I’ve never complained. I know how to and they would listen” and “I have no complaints at all. I would tell them if I needed to.”

The complaints procedure was displayed in the entrance to the home and it formed part of the welcome pack which was issued to each person when they came to live in the home. A visitor confirmed that they were given a copy of the welcome pack when their relative moved in.

The provider had a complaints book in place to record any complaints received, details of the investigation and the outcome. Two complaints had been recorded since the new provider took over the management of the home and we saw the provider had taken appropriate action. For example, someone had complained that meals were not covered when taken to people’s bedrooms so the manager had purchased plastic lids to cover the plates. A visitor told us her relative had made an informal complaint and this was dealt with to their satisfaction.

Good

Is the service well-led?

Our findings

The current provider took over the management of the home in April 2014 and a registered manager was in post.

People we spoke with had no complaints about the atmosphere in the home. Their comments included, "Everyone is pleasant and friendly," "It is friendly and sociable. I can get all I need" and "M [clinical manager] is very good. A relative said, "When we were looking for a home for my mother we looked around without an appointment. It was no problem and I liked that." Everyone we spoke with said they felt the service was well led.

Three people said the home was good and one person said it was outstanding. A relative said, "The service is outstanding and I have not seen anything that would cause concerns. Other visitors told us, "It has improved since the takeover. There is more documentation and more active management" and "We have a laugh together and it is very relaxed here. You can come and go as you please."

We saw two complimentary letters from relatives and their comments included, "I cannot speak too highly of M [clinical manager]. She takes immense pride in her work and her relationship with both residents and relatives" and "I recognise and greatly appreciate the work done by the manager and staff at the home. I would like to express my appreciation of the manager and staff at Croft Dene."

Staff told us they felt very supported by the management of the home and advice was always forthcoming. One person said, "I feel comfortable to discuss any issues I have, they are understanding."

Staff meetings were held every three months and minutes were recorded. These showed that safeguarding and whistle blowing procedures were discussed along with updates on care practices. Three monthly meetings were also held for people and their relatives to discuss activities, menus and refurbishment of the home. One person told us they knew about the meetings but did not wish to attend but they were always told what was happening.

The clinical manager undertakes in house training on a range of nursing care issues and she told us that additional input was available from other health professionals, such as a respiratory nurse advisor, palliative care team and the tissue viability nurse. She also attended care providers' forums arranged by the local authority and clinical commissioning group to keep up to date with new developments.

Surveys had been issued to people and their relatives in October 2014. 19 had been returned and the comments were positive. Staff had been issued with surveys in November 2014 and 11 had been returned so far. The results had not been analysed.

Accidents and incidents were recorded and were monitored each month by the manager to ascertain if risks could be reduced and if there were any lessons to be learnt.

Various audits were carried out to check the quality of the service provided. Audits were in place to check specialist mattresses and equipment such as wheelchairs and hoists. A dedicated nurse was responsible for auditing the medicines each month. The registered manager and clinical manager carried out a monthly audit of the care plans and recorded any actions that were required, for example she had identified that some people had not signed to confirm they had received a welcome pack and this had been completed. This meant that systems were in place to ensure standards were monitored and any improvements were implemented. Events that affected people's welfare and health and safety had been reported to CQC as required by the regulations.