

Countrywide Care Homes Limited

Croft House Care Home

Inspection report

High Street
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Croft House Care Home is a residential care home providing personal and nursing care for up to 68 people. Croft House Care Home accommodates 46 people across three separate floors, each of which has separate facilities. One of the floors specialises in providing care to people living with dementia, the second specialises in nursing care and the third provides residential care.

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

People told us they felt safe and staff were caring and supportive. There were enough staff on duty and they had been recruited through a robust process. The care environment was warm and welcoming and people's rooms were personalised to their tastes. The home was clean and there was a plan in place identifying improvements and refurbishment to the facilities where required.

There was effective management oversight of the service and quality monitoring systems were in place. Care was person-centred and people were involved in expressing their views about the overall quality of the service. Staff, people and relatives were complimentary about the management team. They were approachable, supportive and informative and had created a culture of effective teamwork.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 this service was requires improvement (published 6 July 2022).

Why we inspected

We carried out this inspection based on information shared with us through our enquiries system about care and support for people and appropriate staffing levels. We also needed to follow up on our last inspection where the service was rated overall as requires improvement.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Croft House Care Home

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors 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.

Service and service type

Croft House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Croft House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager was in post and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals including local Healthwatch who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

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During the inspection

We spoke with 4 people who lived in the home and 6 family members. We also spoke with the manager of the service, the regional director, a quality excellence partner, an activities co-ordinator and 6 care support workers. We reviewed a range of records. This included 4 people's care plans, 4 staff recruitment files and a variety of records relating to the management of the service, including audits, reviews and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding systems in place and staff confirmed they knew what actions to take to help ensure people were protected from harm or abuse.
- Staff accessed appropriate safeguarding training and told us they had support from managers to talk through any concerns.
- People who lived in Croft House Care Home felt safe. One person told us, "I love it here, it's the best move I ever made. I feel safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and identified risks associated with people's care. They were informative and gave clear guidance to staff.
- People had individual personal evacuation plans in their care plans to guide staff in the event of a fire.
- There were comprehensive and well-kept records of required maintenance and equipment checks including water temperatures, flushing of water outlets in unused areas, call bells, bed rails and window restrictors.
- Accidents and incidents were documented and included a breakdown of the type of accident that took place. Investigations and follow ups were documented on the accident form to identify learning.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staff were recruited safely. Safe recruitment processes ensured that DBS checks were completed for all staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer

recruitment decisions.

- There were enough staff on duty to meet people's needs and to provide appropriate care and support.
- People told us the staff were caring. One relative said, "They sit with [relative] and they can have banter with him. They put a smile on his face. They really look after him, there are a few like that here. I like it here and [relative] is well looked after and well cared for. I can relax as I know I will get a call if there is a problem."

Using medicines safely

- Systems were in place to ensure people received their medicines safely as prescribed.
- Administration of medicines was documented electronically and the medications room was well organised and arranged.
- Regular medication audits were completed and reviewed by the deputy manager.

Preventing and controlling infection

- The service had identified 2 bathrooms that needed refurbishment within 6 months and this was recorded in their home improvement plan.
- When we asked people about the cleanliness of the home, a relative told us, "Yes, it's clean. They always have [relative's] bed stripped down. They do a sterling job."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 supported and enabled visits for people living at the home to maintain contact with family and friends in line with national guidance.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Care plans were well written and contained information about people's likes and dislikes.
- We observed people being supported over lunchtime by caring and attentive staff. A family member told us, "They asked [relative] what he would like and he said he wanted a bacon and egg sandwich. They brought it for him. They are constantly making cups of tea because he likes tea. They give him what he likes."
- The activities co-ordinators provided a range of different engagement opportunities including games, cooking sessions and trips out. One of them told us, "I see people one to one and we do sensory activities. I hold their hands, do hand massages and talk to them about what they used to do and their history."

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 manager understood their legal responsibility to be open and honest when something goes wrong.
- People felt happy to raise concerns and told us they could talk to the manager or the deputy manager.

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

- There was a robust system of checks, audits and reviews that supported a culture of continuous learning and improvement across the service.
- The manager was supported by the deputy manager and had access to other support such as the regional manager and the quality team.
- The quality team worked closely with the manager to focus on specific areas where it had been agreed that continued improvement was needed.
- Actions were identified from the manager's regular checks of the home and then shared with staff for learning and development.

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

- A resident's and relative's survey had been completed. A detailed analysis of the responses enabled the manager to develop an action plan that highlighted where changes and improvements could be made.
- People told us that the service welcomed their feedback. One person said, "I know if I raise things that they are sorted out." Another person told us, "They do ask how they are doing and there are questionnaires in the reception area."

- Engagement surveys for staff and external professionals were sent out on an annual basis. Analysis of the responses was displayed on a 'You said, We did,' board in the main entrance area of the home.

Working in partnership with others

- There were effective working relationships with other organisations and professionals to ensure people's needs were met and their health promoted and maintained.
- Professional visits and outcomes of discussions were recorded in people's care plans.