Greensleeves Homes Trust

Croxley House

Inspection report

The Green
Croxley Green
Rickmansworth
Hertfordshire
WD3 3JB

Tel: 01923775134
Website: www.greensleeves.org.uk

Date of inspection visit:
15 December 2020

Date of publication:
25 May 2021

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Croxley House is a residential care home providing personal and nursing care to 22 people at the time of the inspection. The service can support up to 33 people.

Croxley House consisted of two floors. The ground floor had living facilities which included staff office space, the kitchen, dining rooms, living rooms and people's individual bedrooms, all of which had a toilet attached. The second floor was made up of all bedrooms.

People's experience of using this service and what we found
People were at significant risk of harm in relation to poor manual handling and support with meeting nutritional needs. Risk assessments and care plans did not identify people's up to date support needs and staff were inconsistent with their knowledge of what support people needed.

Where safeguarding risks had been identified in the past, the registered manager and staff team had not learnt from this and implemented changes to protect people.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice

The staff did not have adequate training and knowledge of processes. For example, in the event of a fire staff could not confidently tell us what they would do. The service did not have a dedicated person responsible for this.

Records showed there was a risk of people not being supported at night in the event of an emergency. Night spot checks had not been carried out by the management team.

Overall, the service had processes in place for infection prevention control. Although we observed some staff in the home not wearing the correct Personal Protective Equipment (PPE).

The registered manager did not lead effectively, and this put people at risk of harm. Quality audits completed were not robust and did not find areas where significant improvement was needed.

Relatives we spoke with were happy with the overall support their family member was receiving.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 26 April 2019). The provider completed

an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
We received concerns in relation to staff training, meeting nutritional needs and governance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches in relation to unsafe moving and handling, risk to people whilst eating and drinking, lack of staff training and governance practices at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate

The service was not effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

Croxley 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 team consisted of two inspectors and one 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
Croxley 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave five minutes notice so we could clarify the services COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us following the transitional monitoring assessment. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and 12 relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, senior care workers, care workers and the chef. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

At our last inspection the provider had failed to consistently promote people's safety and placed people at risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had made improvements in the area of medicine management and poor infection control. However, we found concerns in relation to manual handling and risk assessments.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were at significant risk of harm. We observed poor manual handing practice which could cause people injury. For example, we observed on a number of occasions people being helped up by staff lifting people under their arms.
- People's nutritional needs were not being met and they were at risk of choking. We observed people having the incorrect modified food and care plans did not reflect the guidance set out by the speech and language therapist. A speech and language therapist provides support and care for people who have difficulties with communication, eating, drinking and swallowing. As part of the inspection feedback the nominated individual started to put resources into the home such as training and a qualified individual to review people's needs to reduce the risk.
- Some staff safeguarding training had expired. When speaking to staff about raising safeguarding concerns they were aware of who to contact in the home but did not know they could report to other people in the business or other organisations. However, Information regarding who to contact outside of the Home regarding a safeguarding concern was displayed in the Senior Carer's Office.
- People's risk assessments did not always set out all risks relating to their health conditions and manual handling support needs. Plans were not clear or coordinated. Staff were unable to confidently talk about people's support needs. This meant that the service placed people at risk of harm.
- Where people's needs changed, and risks emerged the staff team sought to amend the support of the person. This was not always reflected in the care plan so the support provided may have been inconsistent.
- Risk assessments and support practices in some instances included unjustified restriction. This limited people's control over their own lives. For example, people were put on pureed diet when this was not recommended by a professional.
- Scheduled night-time care tasks were not recorded consistently throughout the night, which meant the provider or registered manager had no assurances that these had been done in line with what the care plan stated. This had not been identified by the management team and they had not carried out spot checks

prior to this inspection to ensure these were completed. Following on from the inspection the management team had organised night spot checks.
● The registered manager confirmed there were not suitably trained or qualified staff on shift when dealing with an emergency such as a fire. Staff knowledge regarding actions to take in the event of a fire were inconsistent.
● Relatives felt people were safe. One relative said, "I feel she is very safe. When I visit or leave, I have no worries about her." Another relative said, "I've never had cause for concern."

Learning lessons when things go wrong
● Where safeguarding and risks emerged, the registered manager did not gather this information to look at the trends and themes. The registered manager and staff team did not learn from these concerns which meant that people continued to be at risk within the home.
● Staff said they felt comfortable in speaking up when things may have gone wrong. Staff spoke about lessons learnt and how this would be filtered through to the team. However, there was no evidence of this being done as a formal process within the home.

Staffing and recruitment
● We looked at staff training records were some staff had expired training in relation to safety training. For example; safeguarding and fire training.
● When speaking with staff and relatives they felt the staffing levels were sufficient. One relative said, "My brother and I visit at variable times from early morning to later at night and I've never ever noticed any lack of care."
● People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Preventing and controlling infection
● The service had systems in place to manage the infection control within the home.
● Staff were mostly wearing PPE effectively. We observed some staff not wearing masks in parts of the home. This was addressed to the management team.
● People and staff had access to testing, at the time of the inspection people were being supported to attend the GP for the COVID-19 vaccine.
● People were not always able to socially distance within the home, however the home mitigated the risk by ensuring people were tested regularly and had cleaning schedules in place.
● The registered manager was proud to say they had not had an outbreak within the home. Relatives were positive and felt that the home had managed the pandemic well. One relative said, "Based on the evidence that they've not had an outbreak and we've still been able to visit. The visits have been well-managed. We get our temperature taken and we wear a mask and we have to disinfect our hands. The staff wear masks."
● Visits were managed well within the home. One relative said, "They've followed all the guidelines set by the government. We've had FaceTime and Zoom meetings during the time when we weren't allowed to visit. Now we can, we get a timeslot for a particular time. They've allocated a specific room which is cleaned down after each visit. You enter and leave that room by a separate door so you're not in any other part of the home."

Using medicines safely
●Staff confirmed they had been trained to administer medicines in a safe way and records supported this.
● Medicine administration records (MAR) had been completed correctly and were clear to read. Medicine 'grab sheets' had been included, whether the service was responsible or not for administering their medicines. This provided a list of each person's prescribed medicines to assist hospital staff in the event of

someone needing to be admitted in an emergency.

● People received their medicines when they needed them. We saw staff administering medicines in a discreet and respectful manner.

Inadequate

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

At our last inspection the provider had failed to comply with the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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.

- At the last inspection we found there was a lack of decision-specific mental capacity assessments for people. This was still the case and the registered manager continued to not follow their own internal policy. Care plans did not detail where people's mental capacity may fluctuate and how to support people to make an informed decision.
- People's care plans were contradictory and spoke about how one person had capacity and would communicate what they wanted to wear, however later in the care plans described how the person cannot communicate their needs clearly.

● The service had not always made all reasonable efforts to ensure people's liberty was not deprived where this was not in their best interest. For example, one person had been in bed for over a year and the service had not sought professional input to help this person get out of bed.
● Staff gave examples of how they would offer choice in relation to offering food and what to wear, however there was no other thought as to how else they could encourage people to make informed decisions. One staff member said, "I would give them choices of what to wear, with food I always tell them what there is and show them and see on a plate rather than to tell them." On the day of the inspection people were offered the choice to do some painting. We also observed staff give people the choice of what drink they would like.

Staff support: induction, training, skills and experience
At our last inspection the provider had failed to sufficiently deploy staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had made improvements in the area of deploying staff. However, we found concerns in relation to staff being adequately trained.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

●Staff were not adequately trained and did not have the knowledge in some area's that related to people's health and support needs, For example, staff did not have dysphagia training. Staff did not receive competency assessments. Following the inspection feedback, the registered manager had said they would be arranging for staff to complete the required training.
● Staff said they received regular supervisions from their manager and found these helpful, one staff member said, "I actually have a supervision booked, we have them often. If I have any concerns, I will bring them up. We talk about all sorts."

Supporting people to eat and drink enough to maintain a balanced diet
At our last inspection we recommended the provider ensures that people are supported to have food of their liking. The provider had not made improvements.
● People were put at significant risk where they had been diagnosed with dysphagia or at risk of choking. Care plans had conflicting information. When speaking with staff they were inconsistent in their knowledge about how to support people. One example of this was, we observed a person having a pureed main meal as it was identified the person would be at risk, however when dessert was presented this was not modified. Following on from the inspection the management team sourced immediate training for staff and professional involvement to ensure people were supported safely.
● The service did not always involve people in planning their meals. Resident meetings spoke about requests and suggestions people had made but these were not always actioned promptly.
● We observed the dining experience, although people were not rushed and options were given as to what to eat, no condiments were set on the table and people were given 'bibs' to wear which did not promote a dignified meal.

We found evidence that people were put at risk of choking and care plans did not reflect the person support need in regard to their eating and drinking. This placed people at risk of harm. This was a breach of regulation 14 (meeting nutritional needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The chef was knowledgeable of peoples likes and dislikes and when speaking with them they described how they felt presentation of food was important. Where the chef had modified food, this was presented in a

way which was appealing.

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

● People did not always receive appropriate care and treatment at the right time. Referrals for care and treatment for people in relation to moving and handling and choking risks had not been done. Following on from our inspection visit referrals were made.

● Relatives felt involved in the care their family member was getting. One relative said, "Yes, we work as a family. If something happens, we are always told; they're on it instantly. They call us instantly."

● The service had involved the GP and would have regular contact with them to speak about people's health needs.

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

● There was suitable signage up to orientate people. In the lounge the chairs were placed around the outside of the room, this was the main living area and did not offer people a private space to spend some alone time if they wished.

● The home was due for renovations in the coming months. People were moving into a new building whilst this was being done.

Inadequate

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to consistently promote people's safety and placed people at risk. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the provider failed to show dignity and respect to people, this was identified at the at the last inspection. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 and 10.

● People were not always shown dignity or respect. We observed a staff member walking into and out of people's rooms, the staff member did not knock, and when entering did not engage in conversation. People did not have doors on their bathrooms. These had been replaced with shower curtains two years previously while the building awaited refurbishment. The management team gave an example of where they had offered options for the door to be installed but one person told us that they were unable to have a door due to a lack of space.
● The management roles, responsibilities and accountability arrangements were not clear. For example, where audits and actions were completed the information detailed was not credible. Audits identified the service did not support anyone with choking risk, however this was not the case. Action plans identified people had up to date training, however this was not the case. This meant that systems and quality assurances were lacking in identifying issues and implementing change.
● There were gaps in analysis of clinical needs. The registered manager told us there did not analyse accident, incidents and wound management. This had an impact on people for example, there had been a previous incident of choking in the home, the registered manager had not looked at the lessons learnt following this incident and implement change, this meant people were still at risk.
● There was a lack of management oversite in the service, this had been highlighted in the previous inspection, however no improvements had been made.
● The registered manager did not ensure staff had adequate training to complete their role and competency assessments were not completed.

● The registered manager did not have knowledge of key practices that should be implemented in the home. For example, they were unsure about closed cultures and the affect this could have on the delivery of the service. In addition, they were unaware of the up to date guidance relating to modified foods.
● We observed the registered manager use poor manual handling practice. The registered manager could not offer assurances that they were leading by example.
● We spoke with the nominated individual after the inspection and they put in an action plan to mitigate the risks we found. In addition, they sourced professional input to offer training to staff in relation to manual handling and supporting people to eat safely.
● There were mixed views from relatives about the approach of the registered manager. Some relatives felt the manager led effectively, where others felt the registered manager could come across firm. One relative said. "I think she's a nice strong character. She's pro-active." Another relative said, "I think she can be fairly aggressive, which is not appropriate."

Working in partnership with others
● The service did not always work collaboratively with professionals. Decisions were being made with in the home without consulting health professionals.
● The service worked closely with district nurses and the GP.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Resident meetings took place regularly, however, where suggested actions were documented, these were followed on to the next meeting and not always actioned. On three separate occasions it discussed people would like to put a CD together of their favourite music, this had still not been done.
● Relative surveys were completed, the overall feedback from the surveys was positive. Where improvements had been suggested, there was no evidence of an action plan.
● Staff had confirmed they had the opportunity to attend staff meetings where they could raise any issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always shown Dignity and Respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured they were following the principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not adequately trained.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at significant harm of risk. People were being supported with unsafe manual handling and people were being put at risk with meeting their nutritional needs.

The enforcement action we took:

NOP - positive conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Peoples nutritional needs were not being met and were at risk of choking.

The enforcement action we took:

NOP - positive conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured good governance within the service.

The enforcement action we took:

NOP- positive condition