Bupa Care Homes (BNH) Limited

Croft House Nursing and 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 12 November 2014.

Croft House is registered to provide accommodation for 38 older people who require personal and nursing care. There were 29 people living in the home on the day of our inspection.

The last inspection of Croft House took place on 4 June 2014, during which we found the provider was not meeting the requirements of the law in relation to the accuracy and content of some records. At this inspection on 12 November 2014 we found that the required actions had been taken and the provider was meeting legal requirements.

The home had a registered manager who was registered with the commission in September 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe living at the service. Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. Information on how to report any concerns was displayed in the home and recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the home.

Medicines were safely stored, recorded and administered in line with current guidance so as to ensure people received their prescribed medicines. People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet their needs effectively. People's dignity and privacy was respected and they all spoke in a complimentary way about the kind and caring approach of the staff. Visitors felt welcome and people were supported to maintain relationships and participate in social activities and outings.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions for themselves and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. Staff were aware of the requirements of the MCA and DoLS and had acted in accordance with the law. Assessments of people's capacity to make decisions about their care had been completed to protect people's rights. At the time of our inspection no applications had been made to the local authority in relation to people who lived in the service.

Care plans were regularly reviewed and showed that the person, or where appropriate their relatives, had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the care that they needed. People told us that they received the care they needed.

The service was well led. People knew the manager and found them to be a strong presence in the home. People and staff had opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had robust systems in place to check on the quality and safety of the service provided, to put actions plans in place where needed, and to check that these were completed.

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 knew how to recognise and report concerns of abuse. Staff recruitment processes were thorough to check if staff were suitable people to work in the home.

Risks to people's safety were identified and plans were in place to limit their impact on people. Medicines were managed safely.

There were enough skilled, experienced staff to meet the needs of the people who lived at the home.

Good

Is the service effective?
The service was effective.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs.

People were supported to eat and drink sufficient amounts and people enjoyed their meals.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being applied appropriately.

Good

Is the service caring?
The service was caring.

People were cared for by familiar staff with whom they had built positive relationships. People spoke highly of the staff and the care they provided.

People's privacy and dignity was respected and they were involved in planning their care.

Good

Is the service responsive?
The service was responsive.

People's views and preferences about their individual care and lifestyle were listened to and supported.

Complaints were responded to promptly and actions were taken to improve the service.

Good

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

The manager was a visible presence in the home. People who used the service and staff found the manager approachable and available.

Opportunities were available for people to give feedback, express their views and be listened to. The manager was open to working with other professionals and local initiatives to improve the quality of the care people experienced.

The provider had systems in place to gather information about the safety and quality of the service and to support the manager to continually improve these.

Good

Croft House Nursing and 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 12 November 2014, and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services, in this case older people.

Before the inspection, the provider was asked to, and completed, a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information that the provider had sent us since the last inspection. This included any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. We contacted four health and social care professionals. We had responses from two people.

During the inspection, we spoke with 10 people living at the service and five of their visiting relatives and friends. We also spoke with the manager, two nursing staff, five care staff, two catering staff and two housekeeping staff.

We reviewed three people's care records and seven people's medicine records. We looked at records relating to staff support, the provider's statement of purpose, as well as their records and arrangements for managing complaints and monitoring and assessing the quality of the services provided at Croft House.

Good

Is the service safe?

Our findings

All the people we spoke with during the inspection told us that they felt safe and had confidence that staff looked after them well. One visitor said, “When I go home I never have to worry about (person) being ill-treated, I am so very grateful.” Another visitor said, “I feel (person) is safe, (person) has had no falls since being here.”

People were protected from abuse, or the risk of abuse, and their human rights respected and upheld. Staff told us that they had received suitable safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns where necessary. The manager had a clear understanding of appropriate actions in reporting and recording any safeguarding incidents. A professional confirmed that the manager maintained contact with them directly for advice and to ensure good practice.

Staff were suitable to work with people living in the home. Safe recruitment and selection processes were in place. We looked at the files of recently employed staff. Appropriate checks had been undertaken before they had started working at the home. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references.

Risks were identified and actions were planned to limit their impact. People’s care plans included information about risks individual to them. We saw that where risk had been identified a care plan was in place to help staff to manage this safely. Staff we spoke with were aware of people’s individual risks.

The manager had appropriate procedures in place to identify and manage any risks relating to the running of the home. These included dealing with emergencies such as power cuts, water damage or the failure of the lift, with arrangements in place, for example, to access places of safety if people had to be evacuated from the home.

People received their medicines in a timely and safe manner. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication. Medicines were safely stored and recorded. People received their medicines in line with the prescriber's instructions. We looked at records of medicines where people were prescribed variable doses for example, one or two tablets depending on their level of pain. We noted occasions in the MAR where it was not easy to read the handwritten note of how many tablets the person had been administered. The manager told us that the provider has plans to move to an electronic recording system that will address this.

People told us there were enough staff to meet their needs. We saw that staff were not rushed during the day and had time to spend with people. The manager told us that staffing levels had recently been reduced in line with the reduced number of people living in the home and therefore the reduced dependency levels. We looked at four weeks’ staff rota records. These showed that the levels advised by the manager had been maintained. They also showed that people were cared for by a regular staff group, with no agency staff having been used. This meant that people were cared for by staff who were familiar with them and who would be more likely to identify any changes or concerns in relation to their welfare and safety.

Good

Is the service effective?

Our findings

All of the people we spoke with praised the staff and care they received.

Staff had had an effective induction when they started working at the home. The purpose of induction is to help the new employee become familiar with the responsibilities of their role, the needs of people they are to care for, and to ensure that staff have the training to do this well. Staff told us that the induction and training provided them with the knowledge they needed to meet people's needs safely.

People told us staff were well trained to meet their needs. One person said, "Staff always seem to be on training courses and I am confident that they all know what they are doing." Ancillary staff from housekeeping and catering departments told us that they were included in much of the training, including, for example, dementia care. All staff received regular supervision and appraisal.

The manager had a good understanding of the MCA and DoLS. Mental capacity assessments had been completed where considered as required. There were no DoLS authorisations in place. The manager was aware of the implications of a recent High Court ruling and was assessing whether applications needed to be made to the local authority in relation to DoLS for some people living in the home.

People were included in consenting to the care and treatment they received. Staff had a good understanding of people's rights to make their own choices and decisions and to have these respected. They always asked people for their agreement before undertaking any tasks or care. We observed this in practice throughout the day. People's wishes and preferences were represented, clearly recorded and known to staff. Where people were unable to make decisions, records showed that people who were legally authorised to, had been involved in these decisions in their best interests.

People were supported to maintain their nutritional health and had enough to eat and drink. People told us they enjoyed the food and drinks served and that they always had a choice. Some people chose waiter service in their bedroom and others preferred to eat in the dining room. People's specific dietary needs, such as allergies to certain foods, medical conditions or individual lifestyle preferences were clearly noted in their care plans and were known to both care and catering staff. Referrals had been made to relevant healthcare professionals where people were assessed as being at nutritional risk. Care plans were in place to limit the risks and to provide people with additional nutritional support. One person told us, "Before I came here I was wasting away, but since coming here I have put on weight and I am as happy here as I could be anywhere". A member of the catering staff told us that, if people did not eat or could not be encouraged to request an alternative meal, they would make the nurse aware immediately so that the person's well-being could be monitored.

People's healthcare needs were well managed. They told us that the staff contacted, for example, their GP when requested or required. Visiting relatives and friends told us that staff monitored people's health closely, noted any changes and acted promptly to seek appropriate attention for them. One visitor told us, "I visit very regularly, but I know I will always be told if (person) is unwell – it gives me peace of mind when I am not here". Care records demonstrated that staff sought advice and support for people from relevant professionals, outcomes were recorded and reflected within the plan of care so that all staff had clear information on meeting people's needs. A healthcare professional told us that they had no concerns regarding people's care at the home and that staff always followed the advice provided.

Good

Is the service caring?

Our findings

All the people we spoke with told us that staff were kind and caring and treated them with dignity and respect. One person said, "It really could not be any better here, we are fortunate to be looked after by such lovely people, who show us such kindness." A visitor told us that their family member had "Always been treated with the greatest kindness, they (staff) will always go that extra mile to care for (person), I am so grateful for that."

People were cared for by staff they were familiar with and had opportunity to build relationships with. Care and nursing staff were aware of people's needs, abilities and preferences and how these were to be met for each individual. Catering and housekeeping staff also knew the people living in the home and treated them with kindness and concern.

Staff addressed people by name and spent time asking people for their views and listened to their responses. One person told us they preferred a formal title rather than being addressed by their first name and confirmed that staff respected this preference. The conversations we heard showed that staff and people living in the home knew each other and had comfortable relationships. They chatted about everyday things such as family members, special events and planned outings. Staff used opportunities to engage people in conversation. They were involved in lively conversation that showed a respectful familiarity and often ended in shared laughter.

People were involved in decisions about their care and, for example, their right to retain their independence was supported. One person's preference to retain responsibility for their medication was supported through their care plans and risk assessments. This was also confirmed within the medicines records. One person's care plan showed that they now had a reduced ability to communicate verbally but could still understand on occasions. We spoke with the person's visitor who told us that that their relative had little verbal communication now but that staff tried their very best to understand the person's wishes through their non-verbal communications.

People told us that their privacy and dignity was always respected. Staff knocked on people's bedroom doors and waited to be told they could enter. A visitor told us that their relative's dignity was promoted and said, "I have never come in to find (person) dressed in anything that does not belong to them, neither have I ever found (person) dirty or unkempt." The manager told us that, to ensure people's privacy and dignity, arrangements were being made for additional window coverings for people's bedrooms, as a new building was being erected next door to the home and this could compromise their privacy.

Written information about the home told us that the provider's philosophy of care and care planning process was based upon the person being as actively involved in their care as possible, maintaining relationship with family and friends, and staying as independent as their care and treatment needs allowed. People told us that there were no restrictions on visiting and that their friends and family could visit with them at all reasonable times. A visitor told us that they were always made to feel welcome and that the friend they visited was happy about this. The visitor also told us that their friend sometimes invited them to stay for a meal and said, "I will ask (staff member), who is so kind and always telling me there is plenty of food. My friend does enjoy us eating together; it reminds her of old times."

Good

Is the service responsive?

Our findings

At our last inspection of the service in June 2104, we found that people were not protected from the risks of unsafe or inappropriate care and treatment because records about them were not accurate or comprehensive as to the care provided. This was in breach of Regulation 20. At this inspection we found that the stated improvements had been made. We saw, for example, that, where a person was assessed as being at high risk of developing pressure ulcers, the type of pressure relieving equipment to be used was recorded in the person's records, along with any settings for the equipment that were individual to the person, so that the records accurately reflected the persons care needs.

Care records we reviewed included an assessment of the person's individual needs and preferences. This included the views of person, or their representative, so that information was in place to show their personal preferences and lifestyle choices. A plan of care was in place for each person based on their individual assessment and included information on how they wished to be supported and cared for. This showed that care was planned in a way that reflected people's individual specific needs and preferences. Staff told us that they were also given updated information about people at the handover of each shift so they knew the care to provide to people at that time.

Care plans were reviewed monthly or more frequently if people's needs changed, for example, if they had an infection and were prescribed additional medicines. Records showed, for example, that where a person was assessed as being at nutritional risk, their weight was monitored and recorded in line with the frequency detailed in their plan of care and supporting risk assessments. A health professional told us that, in a recent review of a person's care, their care plan was noted to be of a good quality and detailed the person's needs.

People found that staff and the care they provided at the service were responsive to their needs and wishes. One person told us that the service was flexible, such as where they ate their meals, spent their time and what time they got up in the morning. People also told us that they could raise any issues and were listened to. One person said, "That is how it is here, nothing is dismissed as unimportant. They respond to things very quickly and without making you feel bad."

People told us that a range of activities and social events were available to them to meet their needs and preferences. We saw for example that some people took part in a quiz, while other people choose to stay in bedroom to read or listen to music. During our inspection, four people had gone on a planned outing to a garden centre, shopping and for a meal. Where people preferred not to engage in organised events, volunteers had recently been appointed to spend time with people to support their individual hobbies and interests.

People told us they felt able to express their views about the service and they had no complaints. One person told us, "Nothing is ever too much trouble for them here; they never make you feel a nuisance and are only too happy to help you in whatever way they can."

The manager had a clear system to manage complaints received and to show how they were investigated and responded to. In response to one recent complaint, the manager had arranged for large print newspapers and a separate television programme guide to be made available to enable the person to better maintain their reading skills and independence.

Good

Is the service well-led?

Our findings

People told us that they had opportunities to give feedback about the service and that their opinions were taken into account. People knew the manager and felt that the service was well led. A person who used the service described the manager as, "Visible and on the ball." A visitor said, "She is very approachable, a presence in the home, I don't think she misses very much that goes on. I know I can always talk to her about anything and that she will make time for me." Another visitor told us about a minor incident and said, “The home rang me immediately to explain, and to apologise, despite it not being a major incident. There is no secrecy or cover ups here.”

The home had an established manager who was supported by a clinical lead deputy manager. The provider had a clear staffing structure with people having identified roles and accountability. The Provider Information Return (PIR) told us that this enabled a manager presence for all staff, providing guidance, communication and oversight and so ensuring a positive culture. This level of support left the manager free to focus on running the home well to ensure positive outcomes for people.

Staff felt supported and listened to by their manager and their colleagues overall. Three staff told us that they had worked at the home for many years and that this should tell us how happy they were working there. Staff completed an annual survey about their job role with the opportunity to offer comments and told us they felt listened to. The provider ran a staff recognition scheme as an incentive to encourage and reward staff achievement so that staff felt valued for their contribution.

People had opportunity to be involved in the way the service was run. People and their relatives attended meetings and received feedback on actions taken in response to issues previously raised, such as about the quality of the lighting or the new garden room. This provided opportunity for a two-way discussion on all aspects of the service, including the appointment of the volunteers, proposals for activities and entertainment and changes to menus in response to a catering survey. One person said of the meeting, "It was very positive, the manager gave us all the opportunity to talk about how we feel."

The manager demonstrated that they were open to working with others organisations to improve the safety and quality of the service people received. The home was part of a project to improve safety, reduce harm such as from falls and pressure ulcers, and to reduce emergency hospital admissions for people living in care homes. Training to support this was provided by the local authority in agreement with the provider.

Clear and effective quality assurance systems were in place. The PIR told us about the provider’s extensive quality framework and audit programme. We talked with staff and looked at records relating to the system and found they supported the information provided to us. Checks and audits took place within the service. These were then analysed to identify any patterns so that action could be taken for improvement. The quality manager and regional support manager visited the home each month to check on the safety and quality of the service. This included talking with people and staff to check that actions had been followed up to ensure continual improvements to the service for people.