

Croft Carehomes Limited

# Croftland Care Home with Nursing

## Inspection report

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Date of inspection visit:  
06 January 2020  
07 January 2020

Date of publication:  
03 February 2020

## 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 ●

# Summary of findings

## Overall summary

### About the service

Croftland Care Home with nursing is a care home which provides accommodation and support for up to 55 people over four floors. At the time of the inspection one floor had been closed for a length of time so only three floors were in use. There were currently 39 people using the service.

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

Safe systems were in place to safeguarding people from abuse and mitigate risk. Medicines were managed appropriately and infection prevention and control procedures were followed. Staff were recruited safely and there were sufficient numbers of staff to meet people's needs. Staff received a thorough induction and a wide range of on-going training.

People's needs were assessed thoroughly before admission to the service. Records included all appropriate information to guide staff in supporting people. Nutritional information was recorded and people told us they enjoyed the food. Appropriate referrals were made to other professionals and agencies where needed. The environment and signage around the home were suitable for people living with dementia.

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.

People told us staff were kind and we observed staff treating people with respect and encouraging independence as much as possible. Residents' and families' meetings were held regularly to ensure people could make suggestions and raise concerns.

People's preferences were recorded and they were given choices in all aspects of their daily lives. Information could be presented in different forms to ensure it was accessible to as many people as possible. People were encouraged to take part in activities by staff. Complaints were dealt with appropriately with actions and learning where required. Compliments had been received by the service. Staff had completed training in end of life care.

People's diversity was respected at the service and we saw no evidence of any discriminatory practice. People felt the registered manager was approachable and staff felt well supported. There were regular checks and audits to help ensure standards remained high. The home welcomed visits from local religious groups for those who wished to take part in these activities.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 January 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 we found improvements had been made and the provider was no longer in breach of

regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Croftland Care Home with Nursing

## **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.

#### Inspection team

The inspection was carried out by one inspector, a Specialist Advisor who was a nurse 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

Croftland Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

During the inspection we spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with the provider, the registered manager, two nurses, one senior carer, six care staff and one domestic worker. We also spoke with a visiting professional. We reviewed a range of records, this included nine people's care records and multiple medication records. We looked at five 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 improved 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 appropriate systems in place to safeguarding people from the risk of abuse. People felt safe. One person said, "Yes, I would ask to leave if not, or see the management." A relative commented, "Yes, [relative] is very safe here, I have no concerns."
- Staff received safeguarding training and regular updates to ensure their knowledge remained current. Staff demonstrated a clear understanding of safeguarding issues.

Assessing risk, safety monitoring and management

- Measures to keep people safe and mitigate risk were in place. Health and safety records were complete and equipment was tested and checked regularly to ensure it remained in good order.
- General, environmental and individual risk assessments were in place. These were reviewed and updated regularly.

Staffing and recruitment

- Recruitment systems were robust and staff files contained relevant documentation.
- Staffing numbers were sufficient to meet people's needs. These were based on people's dependency and were regularly reviewed and updated.

Using medicines safely

- Medicines were managed safely, stored and administered in compliance with best practice. Time was given for each person and their preferences in how to take their medicines was respected.
- Medicines records were clear and had no gaps in signatures. Records of balances were in good order.
- Medicines audits were completed monthly

Preventing and controlling infection

- Procedures were in place to ensure compliance with infection prevention and control.
- The home was visibly clean in all areas and we saw staff wearing appropriate personal protective equipment when providing personal care.

Learning lessons when things go wrong

- Issues identified as safeguarding concerns, complaints or accidents and incidents were analysed and the results discussed at staff meetings and supervisions to look at ways to improve practice.

# 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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Electronic care records included thorough pre-admission assessments and appropriate care plans. These captured people's needs and wishes.
- People's daily notes were added to the electronic records throughout the day by care staff.
- Staff followed best practice guidelines with regard to issues such as nutrition, falls prevention and prevention of pressure sores. One staff member said, "There are no pressure sores in the home, we work very hard to prevent these."

Staff support: induction, training, skills and experience

- The service provided a thorough induction programme and a wide range of on-going training.
- The training matrix evidenced regular refresher training and staff felt there was sufficient training to allow them to carry out their roles effectively.
- The service sourced supplementary training, including training around behaviours that challenge the service, which had been completed by relevant staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and commented positively on the choice they were offered. A visitor told us, "The food is good yes, they have buns, biscuits, a cup of tea in the afternoon. I've had a couple of meals here, what I've had has been nice."
- Care files included information on nutritional issues and special dietary requirements.
- We observed the lunchtime meal, which was balanced and nutritional and served in a pleasant environment. People were offered choices and assistance and encouragement was given to those who required it.
- Fluids were encouraged throughout the day to ensure people remained well hydrated. One person told us, "I haven't been drinking enough, everyone who comes in checks my cup and fills it up again."

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

- People were supported with health needs. People's oral hygiene was a priority for staff. The service was commencing an initiative, which included training, around oral hygiene and its importance within the care setting.
- Care files evidenced appropriate referrals to professionals and agencies such as the Speech and Language Therapy team and dietician had been made. Responses and guidance were included in the records.

- Nurses at the home were supported by the local GP practice and specialist services, such as the falls team.
- When family were unavailable, people were supported to attend health appointments.

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

- Signage around the home was clear and in many cases pictorial, helping people to orientate around the building. On the dementia unit, there were contrasting coloured doors and handrails to help people living with dementia distinguish them clearly.
- Pictorial menus were on the dining tables in all units to help ensure people were aware of what was on offer.
- Gardens and communal areas were well maintained and accessed by people, with support, in good weather.

#### Ensuring consent to care and treatment in line with law and guidance

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought consent for care delivery and support throughout the day. Where people lacked capacity, decisions were made in line with best interests principles.
- DoLS authorisations were in place as required and reviewed and re-applied for in a timely manner.
- Staff were able to explain their roles with regard to mental capacity issues.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, one person said, "I'm lucky to be in a place like this, there are homes where people are treated not very nicely but I am very lucky."
- We observed staff displaying commitment and enthusiasm which was evidenced in the humour, familiarity and non-verbal communication between people and staff. People were continually asked about their well-being, whether they had enjoyed a good night's sleep or if their meal had been to their liking.
- Staff completed training in equality and diversity and demonstrated an understanding of human rights.

Supporting people to express their views and be involved in making decisions about their care

- People were asked if they were comfortable and what they wanted and needed throughout the day.
- There was a service user guide which included a welcome to the service and information about the home.
- Residents' and families' meetings were held regularly offering the opportunity for people to discuss any issues or concerns or make suggestions.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was respected. One person said, "When they're washing me, they explain where they are going to wash and what they are going to do."
- We noted people were encouraged to be as independent as possible with activities such as, mobility, eating and drinking and continence. One person told us, "I can't do a lot for myself but they [staff] realise I like to be independent."
- Staff completed training in promoting dignity and independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they had choice and control within their daily lives. One person commented, "Each day a girl [staff member] helps me dress, she says 'What do you want to wear today?'."
- Care files explained people's like, dislikes and interests, to ensure staff knew how they wished to be cared for. We observed staff following this guidance during inspection.
- Where people found it difficult to make choices they were given assistance. For example, we observed some people being shown the two meal options plated up, rather than asking them to choose from the menu.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had an appropriate policy in place around accessible information. This explained how information could be presented in different forms to meet people's individual needs.
- People's individual communication needs were documented within their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities by staff. A new activities coordinator had been employed, but had not yet commenced their role. One person told us, "There's an administrator, [who] does activities. She's good, she makes things, shows us how to do it, we do them. In the summertime we go on a bus out, we do trips, it's very nice."
- Some people, who were confined to bed, had Christmas trees in their rooms to help ensure they were aware of the season and included in the celebrations. We heard music coming from some rooms and saw therapy items, such as electronic cats, which some people found very relaxing and enjoyable.
- Visitors to the home were welcomed at any time. One visitor said, "Yes we can visit 24/7, mornings, weekends, evenings we have a good view of what's going on."

Improving care quality in response to complaints or concerns

- People were aware of how to raise a concern.

- Records showed complaints were responded to appropriately with actions to address any issues and learning from mistakes put into practice.
- Compliments had been received by the service. Comments included, "I would just like to say that your carer [name] is so lovely. The empathy and understanding she showed towards [person] was excellent."

#### End of life care and support

- There were care plans and risk assessments specific to end of life care and staff had completed training in this area.
- People who were currently nearing the end of their lives were treated kindly and cared for appropriately.

# 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 improved 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

- People's diversity was respected at the service and we saw no evidence of any discriminatory practice.
- People's preferences for all aspects of care and support were recorded within their care plans.
- People felt the registered manager was approachable. One person told us, "She's been lovely with us, if we need anything, there's always someone to talk it out with."
- Staff told us they were well supported. Comments included, "The manager sees us every day and is always available by phone."

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 current CQC ratings were displayed within the home and on the service's website.
- Discussions with the registered manager and senior staff demonstrated an understanding of duty of candour, for example, when responding openly and honestly to complaints.
- Notifications with regard to deaths, serious injuries or allegations of abuse were sent to CQC promptly as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and staff told us the management team led them confidently.
- Staff were able to explain their roles in detail and were aware of their responsibilities within the home. One staff member told us, "Care is not just about the body, time to talk and listen is important too. I have no concerns I think we work very hard and are committed to the care and protection of all who live here."
- Handovers sheets were completed at the end of each shift to help ensure the next shift were aware of people's well-being and any issues to be mindful of.

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

- Staff meetings were held on a regular basis and there were supervisions and annual appraisals for staff to discuss any issues, concerns or development needs.
- The home welcomed visits from local religious groups for those who wished to take part in these activities.

#### Continuous learning and improving care

- There was evidence of regular checks and audits around health and safety, environment and welfare. Medicines audits were also undertaken regularly to monitor any issues and address them promptly.
- Staff competencies were assessed annually to ensure their skills remained current and up to the required standard.

#### Working in partnership with others

- The service worked well with other agencies. The service used the red bag scheme for any admissions to hospital. This included relevant information about the individual to help improve their experience on admission to hospital, to enable a smoother transfer service.
- A visiting professional told us, "The staff are helpful and collaborative with the [local] practice, no problems at all". They were particularly complimentary about one of the nurses at the home.