Croftwood Care UK Limited

Florence Grogan House Residential Care Home

Inspection report

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22 March 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This unannounced inspection took place on 20 and 22 March 2018. It was the first inspection of the service since a change of ownership.

Florence Grogan House 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 home accommodates up to 40 people in purpose-built premises. This includes a specialist unit providing care for ten people who are living with dementia. The home does not provide nursing care.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough qualified and experienced staff to ensure that people's needs could be met. The manager monitored staffing levels regularly using a dependency tool. Robust recruitment procedures had been followed when recruiting new staff to ensure they were of good character.

In general, people's medicines were stored and handled safely and the manager told us they had worked hard to improve medicines management, however there remained some areas for improvement.

All parts of the premises looked clean, however there was an unpleasant smell of urine in one area which needed to be addressed without delay. Maintenance records showed that regular checks of services and equipment were carried out by the home's maintenance person, and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

Risk assessments were recorded in people's care notes and plans put in place to reduce the risks. These were reviewed regularly and kept up to date.

The manager had made appropriate DoLS applications to the local authority. Some of these had been authorised but others were still awaiting consideration. We saw completed consent forms in people's care notes, and daily records showed evidence of consent being obtained by care staff before support was provided.

People had a choice of meals and malnutrition risk assessments were completed monthly. People at risk were referred to a dietician.

Staff received regular training and supervision to ensure they knew how to work safely and effectively.

All parts of the home were warm and comfortably furnished, with a choice of communal sitting areas.

Visitors we spoke with all described the home as friendly and welcoming. People who lived at the home told us that the staff provided them with good care and support. We observed that staff protected people's dignity and individuality by respecting their choices and preferences. Personal care was provided in a discreet way and we saw that people were well-groomed and appropriately dressed to their own taste. People were encouraged to be independent and pursue their interests. Some people who did not have close family were supported to access advocacy services.

People's personal information was kept securely in offices that were code locked and this protected their confidentiality.

People's care and support needs were assessed before they went to live at the home to ensure that the service would be able to meet the person's individual needs. We saw information in the care plans about people's likes and dislikes. The care files we looked at showed that people had access to health professionals as needed.

The care plans contained basic relevant information including nutritional assessments and eating and drinking care plans, falls risk assessments and moving and handling plans, personal hygiene care plans and sleep care plans. These had been updated monthly.

People we spoke with said they would be happy to approach the manager with any complaints. The complaints procedure was displayed and advised people who they could contact with any complaints and gave contact details. The manager kept detailed records of complaints that she had received and the records showed that complaints had been investigated, responded to appropriately, and addressed.

Regular meetings were held for staff and for people living at the home.

The manager completed a series of quality audits. These were accompanied by action plans for improvement where needed.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a summary of the home's last CQC inspection report, which referred to the previous provider, was displayed.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at the notifications that had been submitted by the manager and found that this was being done.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mainly safe.

In general, people's medicines were stored and handled safely, however there remained some areas for improvement.

All parts of the premises looked clean, however there was an unpleasant smell of urine in one area which needed to be addressed without delay.

There were enough qualified and experienced staff to ensure that people's needs could be met. Robust recruitment procedures had been followed to ensure that new staff were of good character.

Maintenance records showed that regular checks of services and equipment were carried out by the home's maintenance person, and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

Risk assessments were recorded in people's care notes and plans put in place to reduce the risks. These were reviewed regularly and kept up to date.

Is the service effective?

Good

The service was effective.

The manager had made appropriate DoLS applications to the local authority. We saw completed consent forms in people's care notes, and daily records showed evidence of consent being obtained by care staff before care was provided.

People had a choice of meals and malnutrition risk assessments were completed monthly. People at risk were referred to a dietician.

Staff received regular training and supervision to ensure they knew how to work safely and effectively.

All parts of the home were warm and comfortably furnished, with a choice of communal sitting areas.

Is the service caring?

Good

The service was caring.

Visitors we spoke with all described the home as friendly and welcoming.

People told us that the staff provided them with good care and support.

We observed that staff protected people's dignity and individuality by respecting their choices and preferences.

People were encouraged to be independent and pursue their interests.

People's personal information was kept securely in offices that were code locked and this protected their confidentiality.

Is the service responsive?

Good

The service was responsive.

The care files we looked at showed that people had access to health professionals as needed.

The care files contained basic relevant information including assessments and plans for people's care and support. These were updated monthly.

The complaints procedure was displayed and records showed that complaints had been investigated, responded to appropriately, and addressed.

Is the service well-led?

Good

The service was well led.

The home had a registered manager who was supported by an area manager and a regional manager.

Regular meetings were held for staff and for people living at the home.

The manager completed a series of quality audits. These were accompanied by action plans for improvement.

Florence Grogan House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 20 and 22 March 2018. The inspection was unannounced and was carried out by an adult social care inspector.

Before our inspection we looked at the information CQC had received about the service including notifications of incidents that the provider had sent us, complaints and safeguarding. We had received information of concern regarding infection control.

During our visit to the service we spoke with five people who used the service, two family members and a professional visitor. We spoke with nine members of staff including the registered manager and the deputy manager.

We observed care and support in communal areas and staff interaction with people. We looked at people's care records and records relating to health and safety, staff and the management of the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with believed the home was safe. One person told us "I'm absolutely sure it's safe. My bell is always answered in two or three minutes and if they're busy with someone else they tell me they'll be back in a few minutes and they always are."

The manager told us that the home was fully staffed. A dependency tool was used to determine staffing levels and we saw that this was reviewed regularly. The number of staff on duty at night had recently been increased from three to four so recruitment had been taking place to cover this. A member of staff said they would also like more staff in the evening as this was a busy time.

The home had a deputy manager, care team leaders, senior carers and care assistants. In addition to the care staff, we observed that there were enough domestic, catering, maintenance, administration and activities staff.

We looked at the recruitment records for four members of staff who started working at the home during 2017. Records showed that robust recruitment procedures had been followed to ensure staff were of good character. Disclosure and Barring Service checks were on record for all staff and staff were required to make an annual declaration that their status had not changed.

We looked at the arrangements for people's medication. We found that, in general, medicines were stored and handled safely and the manager told us they had worked hard to improve medicines management, however there remained some areas for improvement.

Medication was only handled by senior staff and we saw that, while carrying out medicines rounds, they wore a tabard which asked people not to disturb or distract them. There was a locked medicines room of adequate size which was clean and tidy. There was a cabinet for the safe storage of controlled drugs. More care was needed in the accurate recording of controlled drugs in the register, however we checked the quantities of controlled drugs in the cabinet and these were all correct.

Room and fridge temperatures were recorded daily and showed that medicines were stored at safe temperatures. Monthly repeat medicines were checked in and signed for on the medication administration record (MAR) sheets. However, hand-written additions to the MAR sheets had not all been signed.

When we looked around the home we saw that one person had three tubes of a prescribed barrier cream, two large containers of another prescribed cream, and a tube of analgesic gel with no pharmacy label on, all on the shelf by their wash basin. We brought this to the attention of a senior member of staff who took prompt action.

People had the opportunity to look after their own medication following a risk assessment. Their medication was in locked storage in their bedroom and the arrangements were monitored by staff.

One person sometimes received their medication covertly - disguised in food or drink. This had been agreed by the person's GP and a pharmacist had provided clear and detailed guidance about how this should be done safely.

There were at least two domestic staff on duty each day and a laundry assistant. Disposable gloves and aprons were available for staff to use when providing personal care. All parts of the premises looked clean, however there was an unpleasant smell of urine in one area of the first floor. The manager told us that this was due to a continence issue and a bedroom carpet was going to be replaced with washable flooring. This needed attention without delay because it was affecting surrounding areas.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance person. Records showed that testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors. Automatic closers were fitted to bedroom and corridor doors so that they would close in the event of fire. A fire risk assessment was in place and had had been kept under review. Fire evacuation equipment was available on staircases. Regular fire drills were recorded but these had all been held during the day and not for night staff. The manager said she would address this.

Risk assessments were recorded in people's care notes and plans put in place to reduce the risks. There were reviewed regularly and kept up to date. A log of accidents and incidents was maintained and the records showed that appropriate action had been taken when accidents occurred, for example referral to the falls prevention team, use of technology. The manager had informed CQC of serious incidents that occurred. However, we recommend that the accident reports should be analysed by the manager to find out if there are any trends, for example the time of day when accidents occurred.

Staff received training about safeguarding as part of their induction, with updates periodically. We spoke with four staff who said they would have no hesitation in reporting any concerns. Contact information was available for them in the staff office. CQC records showed that the manager had reported safeguarding incidents as required. Full records were kept of safeguarding referrals that had been made.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met and found that they were.

The manager had made appropriate DoLS applications to the local authority. Some of these had been authorised but others were still awaiting consideration. We saw completed consent forms in people's care notes, and daily records showed evidence of consent being obtained by care staff before support was provided.

One person we spoke with said they had "marvellous meals". They told us that the kitchen assistant came round every day to ask for their menu choices. We spoke with the cook and kitchen assistant who told us most people did not have any special dietary needs and currently nobody required a pureed meal. They told us they always made an alternative for people who did not want to have the meals on the menu.

People could have breakfast at a time that suited them. We observed that some people went to the dining room for breakfast and others stayed in their rooms. Lunch was a light meal and the main meal of the day was early evening. Care staff told us nobody required support with eating but some people needed help cutting up food and some required encouragement with their meals. The care notes we looked at contained malnutrition risk assessments that were updated monthly. Food and drink intake charts were well completed by the care staff. We saw evidence that people at risk were referred to a dietician.

We spoke with three of the care team leaders. They told us that in order to become a care team leader they had completed NVQ level 3 or were working towards this qualification.

There was a programme of on-line training for all staff to ensure that they knew how to work safely. Topics covered included first aid, fire safety, food hygiene, health and safety, medication awareness, and safeguarding. The manager and the deputy manager were moving and handling trainers and provided practical instruction.

The manager told us that training had been provided by health professionals including the continence nurse and dietician. New staff were working towards the Care Certificate supported by the care team leaders. Staff we spoke with said they had done some training about dementia but would like more.

There was a monthly rota for staff supervisions which took place three or four times a year. Staff also had an annual performance appraisal.

All parts of the home were warm and comfortably furnished. In the main part of the home there were a number of lounges which meant that people could choose where they spent their time. Some people chose to stay in their bedrooms. There was a large dining room on each floor but the manager told us they were currently trialling using the ground floor dining room for everybody. There was an adequate number of bathrooms and shower rooms including a new shower room on the first floor that had been refurbished to a high standard.

The small unit was newer than the rest of the building and all bedrooms were of a good size with en-suite facilities. It had a comfortable and homely lounge/dining room. The entrance to the unit was protected by a key-pad lock but security was not obtrusive.

Good

Is the service caring?

Our findings

Visitors we spoke with all described the home as friendly and welcoming. A relative told us "All the family are made welcome, even the dog." and another relative said "Staff are wonderful, I've not come across anyone bad. I would recommend it to anyone. They can't do enough for you."

A professional visitor told us "I have visited a few clients here and have a very positive experience of this home. Parts of the home could do with upgrading but the staff and the love they show for the clients outweighs this. I have asked different staff how my client is and they all know or else they refer to the care plan. They are lovely with her."

People who lived at the home told us that the staff provided them with good care and support. One person commented "This is a lovely place." Another person said "I'm very happy here."

We observed that staff protected people's dignity and individuality by respecting their choices and preferences. A relative told us "She's got so much dignity here." People's bedrooms were personalised with their own belongings.

Personal care was provided in a discreet way and we saw that people were well-groomed and appropriately dressed to their own taste. A hairdresser visited two days a week.

People were encouraged to be independent and pursue their interests. Most of the people living at the home were able to walk and had a range of mobility aids to help them stay independent.

During the inspection, one person was going out to a knitting club with a church group that provided transport. Another person asked a member of staff to book the 'Plus Bus ' for them to go to a social group in Chester. A number of people enjoyed going to church regularly and one person told us she was looking forward to a visit to Lourdes later in the year.

Some people who did not have close family were supported to access advocacy services.

People's personal information was kept securely in offices that were code locked and this protected their confidentiality.

Good

Is the service responsive?

Our findings

People we spoke with said they had choices in daily living, for example they could get up and go to bed when they wanted to. We observed that staff were sensitive to people's individuality and people were supported to spend their time in the way they preferred and with other people whose company they enjoyed.

We looked at the care files for three people. These showed that people's care and support needs were assessed before they went to live at the home to ensure that the service would be able to meet the person's individual needs. We saw information in the care plans about people's likes and dislikes.

The care files we looked at showed that people had access to health professionals as needed and a relative told us "My Mum is so much better and happier. She sees the doctor and has had new glasses."

People's wishes regarding end of life care were recorded in their care files. Members of staff told us they were sometimes able to provide end of life care for people with support from district nurses and GPs, but they considered that at other times it was better for people to move to nursing care.

The care plans contained basic relevant information including nutritional assessments and eating and drinking care plans, falls risk assessments and moving and handling plans, personal hygiene care plans and sleep care plans. These had been updated monthly.

The home had two part-time activities organisers and a weekly activities timetable was displayed on a notice-board. Activities included crafts and quizzes. Entertainers also came to the home, which people enjoyed. People told us they had really enjoyed a prize Bingo evening. Some people who lived at the home told us they didn't think there was much to do, however a relative said "There's always something going on." The manager told us there were activities going on every day but some people chose not to join in. We discussed with the manager that some fresh ideas for activities might be considered.

People we spoke with said they would be happy to approach the manager with any complaints. The complaints procedure displayed advised people who they could contact with any complaints and gave contact details. The manager kept detailed records of complaints that she had received and the records showed that complaints had been investigated, responded to appropriately, and addressed.

Good

Is the service well-led?

Our findings

The home had a registered manager who was supported by an area manager and a regional manager. People living at the home described the manager as "nice" and "very pleasant".

Some staff had worked at the home for many years. A new member of staff told us they had found everyone very friendly and helpful. We saw evidence of regular staff meetings which were well attended. The minutes of the staff meetings showed that staff felt able to express their views. During the inspection we found all of the staff were positive and well-motivated and they were happy to contribute their views.

People living at the home told us there were regular resident meetings and records showed that these were well attended. There had not been any relatives' meetings but we observed that visiting relatives had good communication with all of the staff including the manager and the administrator who both had offices adjacent to the main entrance. There had been no satisfaction survey since the change of provider but the manager told us that forms were being sent out.

The manager completed a series of quality audits. We looked at the records and found evidence of regular checks of care plans, kitchen hygiene, medication, infection control, health and safety, maintenance and gardens, and finance. These were accompanied by action plans for improvement where deficits were identified.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a summary of the home's last CQC inspection report, which referred to the previous provider, was displayed.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at notifications that had been submitted by the manager and found that this was being done.