

Bupa Care Homes (BNH) Limited

Croft House Care 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 ●

Summary of findings

Overall summary

Croft House provides accommodation and nursing care for up to 38 older people, some of whom are living with dementia. The service is spread across two floors and includes a communal lounge and dining areas. On the day of the inspection there were 25 people living in the service.

At the last inspection on 18 November 2014 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had recently recruited a new manager who was in the process of registration with the Care Quality Commission. 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.

People were supported by staff who knew how to recognise the signs of abuse and who were confident about how and whom to report any concerns to.

There were enough suitably qualified staff available to effectively meet the needs of people. Staff were recruited safely and medication was well managed.

Systems were in place to record and monitor accidents and incidents and we saw evidence that the service put actions into place to mitigate the risk of reoccurrence.

Staff supported people in line with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to express their views and had completed surveys. Consequently, they felt listened to and were confident that any concerns or issues they raised would be promptly addressed.

People continued to have their nutritional needs met and were supported to have their healthcare needs met.

People were supported by staff who knew them well and who were kind and caring when supporting them. A variety of activities were available which were inclusive, stimulating and prevented social isolation.

The management team were visible and supported staff to undertake their roles. The service continued to have a relaxed and homely feel.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Croft House 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 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.

We completed an unannounced, comprehensive inspection of Croft House on 31 August 2017. The inspection team consisted of one inspector, an expert by experience and a specialist professional advisor with an expertise in pressure care management and end of life care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion they had experience in dementia care.

Prior to the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us and previous inspection reports. A notification is information about important events, which the service is required to send us by law. We also reviewed the Provider Information Return (PIR), which was completed by the provider before the inspection. This is a form that asks the provider to give some key information about the service and outline what the service does well and any improvements they plan to make.

During the inspection we spoke with twelve people living in the service, four relatives, six care workers and two nurses. We spent time with the regional support manager and newly appointed home manager discussing the service. We also spoke with one visiting healthcare professional. We looked at three staff files to see whether staff had been recruited safely and looked at complaints and compliments received by the service.

To help us gain an understanding of people's experiences of living in the service we observed interactions between people and staff and saw care and support being provided. We looked at five care plans and associated care documentation and at how medicines were managed. We also looked at documentation relating to the management of the service including policies and procedures, staffing rotas covering the last six weeks, staff training records, a range of audits and the results of quality assurance surveys.

Is the service safe?

Our findings

People told us that they were well supported by staff and felt safe living at Croft House. Comments included, "I feel safe because someone will come quickly if I need them." And, "I feel safe here. No reason not to, you can always find someone to talk to if you need them." And, "I feel very safe here because of all the care and attention you get."

There were systems in place to minimise the risk of abuse. Staff understood how to recognise signs of abuse and were confident in the action that they would take to report any concerns both within the service and to external organisations. A relative told us, "My [relative] is very safe here. We could not wish for better care."

Potential risks to people's daily lives had been assessed and staff had taken appropriate action to manage and minimise these risks. Each assessment provided staff with the necessary information to support people in accordance with their expressed preferences and to minimise the risk of harm to the person and the staff who supported them.

The environment was regularly audited and monitored to ensure that people were kept safe from harm. Water taps were fitted with thermostatic mixing valves and the temperature of the hot water was regularly checked to ensure that it was within a safe range for people to use. Weekly fire safety checks were completed and personal electrical appliance (PAT) testing had been carried out to ensure that electronic equipment was in safe working order.

The service had a process in place for effectively recording, monitoring and analysing accidents and incidents and appropriate action had been taken to mitigate the risk of reoccurrence. For example, one person had fallen and sustained a skin tear. Their care plan contained a copy of the accident form completed by staff after the incident and the person had been referred to the falls clinic for further support. There was also evidence that staff were monitoring the progress of the wound.

Staff rotas showed staffing levels were consistent over time and during the inspection we saw that there were sufficient suitably qualified staff available to effectively care for people and keep them safe from harm. Throughout the day we observed staff supporting each other and working as an effective team to ensure that people's needs were met.

The service had a robust recruitment process in place to ensure that staff had the necessary skills and attributes to support people using the service. New members of staff were introduced to the service through a thorough induction programme and were required to complete a probation period to ensure that they had acquired the necessary skills to care for people.

Staff continued to support people to take their medicines safely and staff competencies relating to the administration of medicines were regularly checked.

Is the service effective?

Our findings

Staff told us that training and their continued professional development was considered as a priority by the management team and they were supported to develop their knowledge and skills in order to effectively meet the needs of the people living in the service. Consequently, people and their relatives had confidence in their ability to care for them. One relative told us, "I feel the staff are well trained here they always know what my [relative] likes and does not like."

The provider continued to support staff develop their knowledge through regular training sessions. Records showed that staff had attended a variety of training sessions including; manual handling, infection control, fire and health and safety. On the day of the inspection an agency nurse was on duty. They explained to us that they had been invited to attend a training session on the administration of medication via a syringe driver. This demonstrated that the service supported and monitored the competencies of agency staff to ensure that they had the skills and knowledge to care for people.

Nursing staff had the knowledge and skills to manage pressure ulcer care. Staff attended in-house wound management training and were well supported by the tissue viability team if additional professional advice was required. Records showed that staff were following the correct process to monitor wound care via photographic evidence kept securely and repeated regularly to identify healing or deterioration of the area.

When new members of staff joined the organisation they were supported by an established induction programme. Records showed that annual appraisals of staff performance had been completed and that staff had access to regular formal supervision sessions. All of the staff members that we spoke with told us that they felt well supported and confirmed that they had regular planned supervision sessions and an up to date annual appraisal.

Some people living in the service were not consistently able to make important decisions about their care and how they lived their daily lives. Staff understood their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that people were supported in line with the legislation of the Mental Capacity Act and no unnecessarily restrictive practices were in place. Staff had completed training in respect of the MCA and DoLS and all the staff we spoke with understood their responsibilities to ensure people were given choices about how they wished to live their lives. Where people did not have the capacity to consent themselves we saw that the service had operated in line with the requirements of the MCA. Records showed that best

interest meetings had been held to support people with fluctuating levels of capacity with decisions around more complex issues.

Staff supported people to maintain a healthy diet and to access drinks throughout the day. One person told us, "If you are hungry you can always ask for something to eat." Another said, "The food is good, you always can have extra if you ask for it." And, "We always have homemade cakes here and tea and coffee when we want it." Mealtimes were sociable occasions during which people were encouraged to be as independent as possible. When assistance was required staff were kind and patient and provided support at a pace dictated by the person. Where staff had identified concerns strategies were put in place to support the person to minimise risk and maintain a healthy lifestyle choice. People were encouraged to provide feedback about the quality and choice of food and their meal time experience.

Staff supported people to access healthcare professionals and attend medical appointments. One person told us, "I frequently have to go to hospital and if my daughter cannot go a carer will always be able to travel with you." Care records showed that people had regular reviews from opticians, chiropodist and the dentist. We saw that staff had responded promptly to people's changing health needs and visits from the GP and referrals to other specialist healthcare professionals for additional advice and support had been made in a timely manner.

Is the service caring?

Our findings

People described the staff as "kind" and "caring" and told us that they were happy living at Croft House and were well looked after by staff. One person told us, "The staff here will always try and make you feel better when you do not feel too well."

People were supported by staff who knew them well and who provided kind, compassionate care. We saw that staff was kind and respectful and that care was delivered in accordance with people's preferences and wishes. This meant that people were supported to make choices in their day to day care which empowered them and promoted their independence. People sat and chatted and joked with staff members and clearly felt relaxed and comfortable in their presence.

People were encouraged to remain as independent as possible and were supported to say how they wished their care to be given. One person told us, "The staff never mind doing a bit extra for you if you ask them." Other comments included, "I can go to bed when I want to and get up any time." And, "Staff will help if you ask them but you can always choose your clothes for the day."

People's cultural, religious and spiritual care and preferences were discussed with them and clearly recorded in their care plans.

Staff received training to ensure that they understood how to respect people's privacy, dignity and rights. One person told us, "The staff always treat you with respect here." All the staff that we spoke with demonstrated a respectful approach towards the people that they cared for and we observed staff consistently asking people for their consent before providing care.

People's care plans contained advance care planning which included clear comprehensive information about how and where they wished to be cared for at the end of their life. End of life (EoL) care training has been provided by the local NHS trust in the past and in addition the service provided an in-house training module which covered issues including advance care planning, symptom management, dementia and EoL care, last days of life and care after death. Staff were aware of the local EoL care team and how to access their support and records showed that staff had sought advice from the specialist palliative care team when the need arose. The service was in the process of arranging up to date syringe pump training for nursing staff. We saw that the pump was accessible and there was a complete service history which ensured that it was safe to use. Nursing staff were aware of how to manage someone's pain via as required medication if they were unable to set up a pump. This meant that nursing staff were able to support people to remain as comfortable as possible at the end of their life.

Is the service responsive?

Our findings

People living in the service received person centred care which maximised their independence and enhanced their lives. We saw that people moved freely around the service and chose where, how and with whom they spent their time.

People were assessed before they moved into the service to ensure that their needs could be met. Care plans were person centred and reflected individual's preferences as to how they wished their care to be delivered. Records showed that care plans were regularly reviewed and updated to reflect people's current needs and people and their relatives were invited to actively participate in these reviews. One relative told us, "I have been very involved in my [relatives] care plan." Another said, "Yes I am always involved in any changes to my [relatives] care plan." The care plans that we reviewed were individualised and contained information and guidance which enabled staff to provide care in accordance with people's expressed wishes and preferences.

People received personalised care and support from staff who knew them well. Both inside and outside the service people were supported to participate in a variety of activities which were fulfilling and meaningful to them. One person told us, "There is always different activities for you to join in here if you want to." Another person said, "The activities here are very good something different every day." On the day of the inspection a musical activity was taking place in the morning, people were joining in with the songs that they requested and could be heard laughing and reminiscing about the music that was being played.

People and their relatives knew how to raise concerns or make a complaint and were confident that prompt and appropriate action would be taken if the need arose. One person told us, "We did complain about the old cutlery they had here and straight away new was bought in." And a relative said, "Management are very good here for sorting out complaints. I had a small one about something and it was dealt with the same day."

The service supported people to move between services. For example, if a person needed to attend the local acute hospital a transfer letter would accompany them to ensure the appropriate sharing of information. Some people had a do not attempt cardio pulmonary resuscitation (DNACPR) form in place. Forms were correctly completed and where a DNACPR was in place it was discretely highlighted on a central board so that staff were aware. The service used the East of England DNACPR form which is transferable with the person should they need to attend hospital.

Is the service well-led?

Our findings

People, their relatives and the staff were all complimentary about the management team and described them as open and approachable. We saw that the management team were a visible presence around the service. Staff told us that they had confidence in their ability to effectively and promptly deal with issues raised.

Staff were encouraged to use their initiative and express their views and opinions to improve the experience of people living in the service. One staff member discussed with us an initiative that they had to use coloured cups to highlight those people who had been identified as requiring extra support with hydration. We discussed this with the management who were keen to move forward with the idea.

The service had recently recruited a new manager who was in the process of registration with the Care Quality Commission. They were present on the day of the inspection and explained to us that they were in the process of completing a thorough induction programme and that the support provided by both the regional support manager and the regional director had enabled them to familiarise themselves with both the service and the policies and procedures of a new organisation.

Staff told us they were well supported and that communication in the home was good. Regular staff meetings were held and the day that they took place and there were daily de-briefing meetings, during which the manager met with the head of each department. This gave them the opportunity to discuss what was happening in the home on that day, including activities, healthcare appointments and to highlight any staffing issues.

At the time of the inspection the provider was in the process of going through some significant organisational changes. The regional manager explained to us how they were supporting staff through this period of transition through regular meetings and written correspondence updating them of any progress in the changes that were taking place. None of the staff that we spoke with raised any concerns regarding this matter.

The service sought and responded to the views of people living in the service through regular resident and relative meetings and satisfaction surveys, the results of which reflected positively on the service. One relative told us, "They have meeting here every three months and they listen to what you say." Records showed that people had requested the introduction of a trolley with goods to buy on it, in response the service had introduced a trolley contain stationary, toiletries, magazines and snacks.

There were effective quality assurance systems in place to monitor the quality of the service delivered and drive improvement. Monthly audits and reviews were completed in areas including medication, health and safety and weekly fire safety checks. Action plans were implemented to identify and address any issues found and records showed that concerns were resolved in a timely manner.

The service had a statement of purpose in place which was seen to be adhered to. A statement of purpose is a document which describes what a service does, where the service is provided and who it is provided to.

The management team were aware of their responsibility to send notifications as required, so that we could be made aware of how any incidents had been responded to. Records showed that they also worked with statutory organisations to deliver support to people and consulted with other professionals to achieve the best outcomes for the people using the service.