DRB Healthcare Limited

Cromwell Court Care Home

Inspection report

76 Church Street
Warrington
Cheshire
WA1 2TH

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29 June 2018
05 July 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 29 June and 5 July 2018 and was unannounced.

Cromwell Court Care Home was previously inspected in January 2017. During the inspection we found breaches of Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered person had failed to maintain accurate records necessary for the management of the regulated activity. Furthermore, we found that the registered person had failed to clearly demonstrate that staff employed by the service had received training appropriate to the work they perform.

At this inspection we found that the registered provider had taken action to address the breaches identified at the last inspection.

During this inspection we found a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 related to notification of incidents.

We found that the registered person had not always notified the Commission of incidents or allegations of abuse. We have written to the provider regarding their failure to notify us.

Cromwell Court is a 'care home' run by DRB Healthcare Limited. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is two-storey purpose built building that is situated in the centre of Warrington. It is located close to bus routes, a train station, local shops and other public amenities.

Cromwell Court is registered to accommodate up to a maximum of 67 people across four separate units, each of which have separate adapted facilities. The home was awaiting refurbishment work to commence on the first floor and therefore only two units on the ground floor were in use. At the time of our inspection, the care home was therefore accommodating 27 people.

The care home did not have 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.

The care home provided a homely, comfortable and relaxed environment for people to live in. People could receive visits from family members and friends each day and staff were seen to be attentive and responsive to the needs of people using the service.

We found that people's needs had been assessed and planned for and that a range of risk assessments had been completed to ensure staff were aware of how to keep people safe.

Appropriate arrangements were in place for checking the environment was safe. For example, equipment and services were routinely serviced and health and safety audits were completed on a regular basis. Accidents and incidents were also reported and recorded appropriately.

The provider had developed policies and procedures relating the Mental Capacity Act 2005 and deprivation of liberty safeguards. Staff had completed training in this key legislation and staff spoken with understood the needs of the people they cared for including people who lacked capacity. People were observed to have choice and control over their lives and staff supported them in the least restrictive way.

We found that staff's suitability to work with people using the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

Staff had received access to induction, mandatory, service specific and qualification level training in addition to formal and informal supervision. This helped to equip staff with the necessary knowledge and skills to ensure people received appropriate care.

Systems were in place to ensure medication was managed safely and people's medication was kept under review with the assistance of a dedicated care home pharmacist from the Clinical Commissioning Group.

People were supported to attend healthcare appointments and staff liaised with GPs and other health care professionals when required.

The provider had a quality assurance system in place that included seeking the views of people who used the service and their representatives and monitoring of the service.

People using the service had access to a choice of wholesome and nutritious meals that were well presented and took into consideration each person's dietary needs.

We have made a recommendation about the provision of activities in the care home in response to feedback from the last service user questionnaire and satisfaction levels. This will help to ensure people receive activities that meet their social, recreational and leisure expectations.
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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 was safe.

Policies and procedures were in place to provide guidance to staff about safeguarding adults and staff understood how to recognise and respond to allegations or suspicion of abuse.

Recruitment procedures provided effective safeguards for people using the service.

People were protected from the risks associated with unsafe medicines management.

Staff were aware of current risks to people using the service and the required actions to keep people safe.

Is the service effective?

Good

The service was effective.

The needs of people had been assessed and kept under review to ensure the service was responsive to changing needs.

Policies and procedures relating to the Mental Capacity Act and deprivation of liberty safeguards had been developed to provide guidance to staff on this protective legislation.

People had access to a choice of nutritious meals and systems were in place to liaise with GPs and other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

Staff interactions were warm and relaxed and people using the service were treated with dignity and respect and their privacy was safeguarded.

Staff demonstrated an awareness of the importance of maintaining confidentiality of information and promoting independence and relationships.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The provision of activities remained in need of review to ensure feedback from the service user survey and satisfaction levels were acted upon.

Systems had been developed for managing and responding to formal complaints, however the recording of informal feedback needed review.

Care planning processes had been established and measures were in place to provide appropriate and dignified end of life care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not have a registered manager in place to provide leadership and direction.

The registered person had not always notified the CQC of safeguarding incidents in relation to people using the service.

A range of auditing systems had been established to enable key aspects of the service to be monitored and developed.

Cromwell Court 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.

This inspection took place on 29 June and 5 July 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we looked at all the information which the Care Quality Commission already held on Cromwell Court such as intelligence, statutory notifications and / or any information received from third parties. We also contacted the local authority to provide us with any information they held about the care home. We took any information provided to us into account.

On this occasion we did not request the provider to complete 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.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the care home and to gather information.

We spoke with the area manager; home manager; home administrator; two senior care assistants; five care assistants; the head housekeeper; one laundry assistant; one kitchen assistant; the cook on duty and the maintenance person.

Furthermore, we spoke with 10 people who lived in the care home and five relatives.

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. We used this process to observe the support provided to people living with dementia during a lunch time meal on one unit.

We looked at a range of records including four care files belonging to people who lived in the care home. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being.

Examples of other records viewed included; policies and procedures; three staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training; maintenance checks and audit documentation.

Good

Is the service safe?

Our findings

People spoken with confirmed they were safe and were seen to be relaxed in the care home and in the presence of staff.

Comments received from relatives included "I feel mum is safe here" and "Our family come every day and the home is always clean."

Guidance on 'safeguarding of vulnerable people' and 'whistleblowing' had been developed by the provider. A copy of the local authority's 'safeguarding adults' procedures' was also in place for staff to refer to.

Training records indicated that 36 out of 39 staff had completed safeguarding training. Staff spoken with during the inspection demonstrated a satisfactory awareness of their duty of care to protect the welfare of vulnerable adults in their care and the action they should take in response to suspicion or evidence of abuse.

Records held by CQC indicated that there had been no whistleblowing or safeguarding incidents in the past 12 months. Upon reviewing the safeguarding log for the care home, we found that there were four safeguarding incidents that had occurred in the service in the last year.

Records confirmed that where safeguarding concerns had been identified, the service had managed them correctly and reported them to the local authority's safeguarding team in accordance with policies and procedures.

At the time of our inspection, there were 27 people with a diverse range of needs receiving accommodation and personal care on two units located on the ground floor of the care home. The first floor was not in use as it was awaiting to be refurbished.

We checked staff rotas with the home manager to review how the home was being staffed and saw that between 8am and 8pm there was a minimum of one senior care assistant and six care assistants on duty. From 8pm to 8am there was a minimum of one senior care assistant and four care assistants on duty.

Other staff were also employed for catering; activities; laundry; housekeeping; clerical and maintenance roles. The home manager was supernumerary and worked flexibly subject to the needs of the service.

We noted that the provider had developed a 'staffing level assessment tool' as a mechanism for the management team to monitor the dependency levels of people living in the care home and the deployment of staffing hours.

Whilst we had no concerns regarding the number of care staff deployed at the time of our inspection, we noted that the assessment tool had not been completed since November 2017 and did not reflect the number of people living in the home or the staffing levels deployed. We raised this issue with the area

manager and the home manager and received assurance that the document would be reviewed on a monthly basis or sooner if changes in people's dependency were noted.

We observed that staff were responsive to people's support requirements and that people looked clean and well cared for. No concerns were received from people using the service, their relatives or staff regarding the staffing levels in operation at the care home at the time of our inspection.

The manager told us that the provider had developed guidance on the recruitment and selection of new staff, to help promote safe recruitment processes.

We looked at a sample of three staff personnel files for staff who had recently been employed to work at the care home. We saw that all staff had completed an application form and a health questionnaire together with recruitment checks that included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults.

All the staff files we viewed provided evidence that the checks had been completed before people commenced employment. This practice helped to ensure staff were suitable to work with people who may be vulnerable.

The provider had developed a policy on the safe handling and administration of medicines to provide guidance to staff. Separate protocols for homely remedies, transdermal patch application and topical medications application guidance were also available.

We looked at the arrangements in place for the management of medicines in the care home. We noted that senior staff were designated with responsibility for administering medication following completion of training and an assessment of their competency. Training records indicated that two of the five senior care staff needed refresher e-learning training at the time of our inspection.

A list of staff responsible for administering medication, together with sample signatures was available for reference. Photographs of the people using the service had also been attached to the front of their individual medication administration records. This helped staff to correctly identify people who required assistance with medication.

Medicines were stored securely in a dedicated room and administered from two medicine trolleys which were kept locked and secure when not in use. Separate storage was also available for controlled drugs.

Medicine administration records (MAR) viewed contained key information such as allergies and individual preferences when taking medication and were completed by staff to record the administration of medication to people. We carried out a sample of checks on people's medication and associated MAR including controlled drugs medicines. We found that MARs and the controlled drugs register were accurate and there were no missing signatures for the medicines administered.

Systems were in place to report, record and learn from any medication errors. A senior clinical pharmacist from Warrington Health Plus continued to undertake visits to the care home in a supportive role, to perform medication reviews and help promote best practice. Monthly medication audits were also undertaken by the home manager and a senior care assistant. We viewed the most recent record for June 2018 and noted that the total score was 94.5%. This was a positive score for the care home and confirmed medication procedures and practice were of a satisfactory standard.

We reviewed the personal files for four people living in the care home. Risk assessments had been undertaken to help mitigate risks to people's health and wellbeing and had been reviewed periodically to reflect any changes in people's needs.

General and environmental risk assessments such as fire risk assessments and personal emergency evacuation plans had also been developed to ensure an appropriate response in the event of an incident or fire. The plans were stored near to the fire alarm system so they could be accessed quickly in an emergency.

An emergency contingency plan had also been developed to ensure an appropriate response in the event of a major incident. The document had not been updated since 2016 and needed review as it contained out of date information. The home manager assured us that she would take update the plan as a matter of priority.

Systems were in place to record any accidents and incidents that occurred within the care home. We noted that the provider had established a monitoring tool that enabled trends to be analysed and action to be taken where necessary. This helped to minimise the potential for recurrence.

A series of internal and external checks for the safety of the premises and equipment were routinely undertaken. We looked at a sample of the test records and / or service certificates with the home's handy person relating to: the fire alarm system; fire extinguishers; electrical wiring; portable appliances; gas safety; passenger lifts; hoists and slings and found all records to be in order. These checks help to show that the building and equipment is safe and appropriately maintained.

We conducted a tour of the care home and observed that in general the environment was clean except for one bedroom which had a malodour. We looked at the room with a laundry assistant and could find not find an explanation for the offensive smell. We asked the home manager to review this issue in more detail to determine the cause. We received assurance that action would be taken to address this matter.

Staff had access to policies and procedures and e-learning training that covered infection, prevention and control and were provided with personal protective equipment such as hand sanitisers, gloves and aprons to use when carrying out personal care or serving food.

We saw that an infection control audit was completed the 'Public Health Infection Prevention and Control Team' in June 2018. The overall score awarded following the audit was 88% however some sections of the audit did not achieve the 85% threshold. An action plan was produced in response to the audit which identified the main concern was around cleaning.

The home manager told us that action had been taken in response to the findings of the audit which was due to be reviewed in three months' time.

We asked to view other internal infection control audits for the service to verify that infection control standards within the home were being continually monitored. We viewed the most recent infection control audit which indicated an overall score of 93%. This was a positive score and an action plan had been produced to ensure action was taken to improve standards where necessary.

Good

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided at Cromwell Court Care Home to be effective.

Comments received included "There is plenty to eat and drink and the food is really lovely", "You get plenty of food" and "Everything is here for you and if you want a drink you just press the button."

Likewise, comments received from relatives included "The staff are fabulous" and "Staff are one in a million."

We previously inspected this care home in February 2017 and found the care home to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities). This was because the registered person had failed to clearly demonstrate that staff employed by the service had received appropriate training and supervision for the work that they perform. Following the inspection, we rated this domain as requires improvement.

We asked the provider to take action to address these concerns. The provider submitted an action plan which told us the improvements they had made to meet this breach. At this inspection we found improvements had been made. The provider had taken steps to support staff to complete a range of training and plans were in place to continue to deliver any outstanding training. This breach was met.

The provider commissioned an independent training company to deliver a programme of training for staff via e-learning or face to face training. We looked at the training matrix and associated records to obtain an overview of the range of training provided to staff and any outstanding learning needs.

Training records indicated that staff had access to a range of training which covered several topics such as induction, mandatory, service specific and qualification level training. We noted that improvements had been made in supporting staff to complete outstanding training and the home manager was able to provide evidence of further training booked for staff in areas such as falls prevention and fire awareness.

The home manager told us that she was committed to ensuring that staff completed refresher training at the required intervals and the diverse range of training available to them. Progress in these areas will therefore be reviewed at our next inspection.

Examination of individual training records and discussion with staff confirmed staff had access to a range of training that was relevant to their roles and responsibilities and the needs of people living in the home. For example, dementia care, challenging behaviour, end of life care and the Mental Capacity Act. Records viewed also confirmed that staff had attended regular team meetings and received supervision periodically.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within principles of the MCA and whether any conditions or authorisations to deprive person of their liberty were being met.

The provider had developed policies on the MCA and DoLS to offer guidance for staff. Since our last inspection, staff had also been supported to complete training in the MCA and DoLS and those spoken with demonstrated an awareness of their duty of care in respect of this protective legislation and the needs of people living in the care home who were subject to a DoLS.

We noted that mental capacity assessments had been undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings, agreeing to any DoLS imposed and for ensuring they were kept under review. The home manager maintained a record of people with authorised DoLS in place and the expiry dates.

At the time of our inspection, the local authority had authorised DoLS for seven people using the service. A further 14 applications had also been submitted to the relevant local authorities which were awaiting authorisation.

Cromwell Court Care Home is a two-storey purpose built care home registered to provide accommodation, personal and nursing care for up to 67 older people within four units. At the time of our inspection, the 'Daresbury' and 'Grosvenor' units located on the first floor were not in use as they were awaiting refurbishment. Therefore, no nursing care was being provided in the care home.

Since our last inspection, the 'Crossfield' and 'Rylands' units (located on the ground floor) had been completely refurbished. These two units provided residential care for up to 33 older people, some of whom were living with dementia. Dementia can cause memory loss, confusion, mood changes and difficulty in functioning and dealing with day-to-day tasks.

We saw that the units had been redesigned to ensure the building was more suitable for the needs of the people using the service. For example, the lounge and dining room areas had been redeveloped to provide an 'open plan' layout to make better use of large open spaces and create better use of natural light. Furthermore, all the bedrooms, en-suite facilities and communal bathrooms had been refurbished to include new fixtures and fittings. This helped to make the environment more homely and modern.

We noted that people's rooms had been personalised with memorabilia and personal possessions to ensure they were comfortable. We also saw that efforts had been made to adapt the building to help people living with dementia to orientate around the home safely. For example, bedroom doors had been fitted with photo recognition frames and letter box face plates. There was colour schemes and clear signage displayed on the communal bathroom and toilet doors to help people identify each facility. The home manager was also in the process of developing a pictorial menu to help people choose their preferred meals.

People using the service were noted to have access to a range of individual aids and adaptations to assist with their mobility and independence. There was an assisted communal bathroom, shower room and toilet facilities on each unit for people who needed additional assistance. Bath and toilet aids, grab rails and other equipment was also in place to help people maintain their independence and mobility. Additionally, the provider had taken action to secure wardrobes in people's bedrooms to prevent them from tipping over and fitted window restrictors to keep people safe.

The ground floor units had access to a secure central garden area with seating area and raised flower beds. This was in the process of being fully cleaned and maintained by landscape gardeners during the inspection. Parking was available at the front of the premises for visitors to use.

We spoke with the chef on duty and a kitchen assistant and looked at the kitchen area. The kitchen appeared well stocked, clean and hygienic. Catering records relevant to the operation of the kitchen were being maintained to ensure compliance with food safety regulation. Information on people's dietary needs, food likes and dislikes and allergies had also been recorded for catering staff to reference and staff spoken with demonstrated a good awareness of people's dietary needs.

The most recent food standard agency inspection was undertaken in February 2018. The care home was awarded a rating of 5 stars following the inspection. This meant that food hygiene standards in the care home were rated as very good.

A four-week rolling menu was in place that offered people a wholesome and nutritious diet. Alternative options were also available upon request and these were discussed with people using the service and recorded on daily menu choices forms.

Meals were transported from the central kitchen to each unit via hot trolleys. People using the service had the opportunity to eat in each unit's dining room, lounge or in their own rooms if they preferred.

Since our last inspection, the provider had invested in the provision of new tableware and equipment. Dining tables were appropriately laid with menus, artificial flowers, table cloths, table mats, crockery and condiments and the environment provided a pleasant and relaxed dining experience.

We used the Short Observational Framework for Inspection (SOFI) tool to help us assess the standard of care provided to people using the service during a mid-day meal. We noted that staff were attentive and responsive to the needs of the people using the service and provided appropriate levels of support to people when required.

For example, we saw staff helping people to cut their food into smaller pieces and accommodating any changes to people's original meal choices. We also observed a member of staff providing support to a person who required assistance to eat a soft diet. The staff member was seen to engage with the service user to help the person remain focused on eating their meal.

All staff interactions were seen to be calm, quiet and relaxed. People using the service were given the necessary time to eat and finish their meals at their preferred pace and sufficient quantities of food and refreshments were available to satisfy people's appetites.

Systems were in place to ensure the needs of people were assessed and kept under review following admission to the care home. This helped to ensure the changing needs of people were responded to in a timely way and any risks were appropriately managed.

For example, one person was at risk of weight loss. We noted that the care home had involved the dietetic service and had recorded the person's weight and fluid and food intake using monitoring charts, to ensure the welfare of the person was routinely monitored.

The home manager told us that they worked in partnership with other teams and services to ensure the delivery of effective care and support to people using the service. For example, we were informed that the care home had established working relationships with a range of health and social care professionals such as: GPs; district nurses; enhanced care home support team; dieticians; chiropodists; advocates; deprivation of liberty and best interest assessors; clinical pharmacists and the later life and memory service. This helped to ensure people using the service had access to appropriate services, subject to individual need.

We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health. This helped to ensure positive outcomes for people health and wellbeing.

Good

Is the service caring?

Our findings

People spoken with confirmed they were appropriately cared for and treated with dignity and respect.

Comments received from relatives included "The staff are kind", "It's always lovely", "The staff know my relative very well" and "I am always made to feel welcome."

During our inspection of Cromwell Court Care Home, we spent time talking with people who lived in the care home, their relatives and staff. We also undertook observations within the care home.

People living in the care home appeared clean, appropriately dressed and happy in their appearance. The environment was generally warm, clean, homely and relaxed and people were supported and encouraged to follow their preferred daily routines and to maintain their independence.

For example, during the inspection we observed a person who lived at the home enter the secure central garden area of the care home as they wanted to assist the gardening team to sweep the grounds. It was a hot day and a member of staff tried on several occasions to encourage the person to return to a shaded area to protect the person from over exposure to the sunlight. The person refused to return so staff respected the person's wishes and ensured the person was continually monitored and offered refreshments, a protective hat and sun cream to keep the person safe.

Throughout the inspection, people were observed to be supported by staff that were caring, attentive and responsive to their needs. Staff were seen to communicate and interact with people in a respectful and dignified manner and offered appropriate intervention, explanations and support when required.

Relatives were encouraged to visit people at different times of the day and told us that the staff were always friendly and approachable.

People spoken with confirmed that they were given privacy and accorded respect and dignity. Staff were observed to respond to people's needs in a timely manner and when personal care was needed, this was undertaken discreetly and in the privacy of people's bedrooms or bathrooms.

Staff spoken with informed us that they had read information on the needs of people using the service and received opportunities to work alongside experienced staff to get to know the needs of the people they cared for.

It was evident from discussions with staff that they had a good awareness of the needs and support requirements of the people they cared for. Staff told us that they completed training in equality and diversity and other subjects which had helped them to appreciate the importance of promoting and respecting people's individuality and safeguarding their human rights.

A statement of purpose had been developed to provide current and prospective service users and / or their

representatives with key information on the service provided. A combined welcome pack and service user guide had also been produced for people to reference.

The documents contained a range of information about Cromwell Court Care Home such as the aims and objectives of the service, philosophy of care, admission criteria, facilities and how to raise a complaint.

We noted that the statement of purpose on display in reception was in need of review as it contained the details of a former registered manager and did not include the business address of the provider. The home manager assured us that she would update the document to include the required information - as was correctly detailed within the service user guide.

Newsletters were also produced throughout the year to share information with people using the service and their representatives.

Information about people who lived at Cromwell Court was kept securely in lockable cabinets and computers were password protected to ensure privacy and confidentially.

The home manager told us that the care home had links to advocacy services including 'Warrington Speak Up'. This is an advocacy service that promotes social inclusion, equality and social justice for people who may face discrimination, disadvantage and social isolation.

The provider also had links on its website to the Alzheimer's Society, Age UK and MIND. These charities can provide people with information and support about Alzheimers and dementia and the economic, wellbeing and mental health needs of older people.

Requires Improvement

Is the service responsive?

Our findings

We previously inspected this Cromwell Court Care Home in February 2017 and found the care home to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities). This was because the registered person had failed to maintain accurate and complete records in respect of each service user. Following the inspection, we rated this domain as requires improvement.

We asked the provider to take action to address these concerns. The provider submitted an action report which told us the improvements they had made to meet this breach. At this inspection we found improvements had been made. Records viewed during the inspection were found to be of a satisfactory standard. This breach was met.

We looked at the files of four people who were living at Cromwell Court. Each file contained important information such as: pre-admission assessments of need; care plans which outlined identified risks and needs, desired outcome and goals and the support required and individual risk assessments.

A range of supporting documentation such as: past medical history and key information; individual profiles; personal preferences; daily care notes; weight records; healthcare information; records of contact with other professionals and family members and other monitoring records were also in place - subject to individual needs.

Overall, records viewed provided evidence that people's needs had been assessed, planned for and kept under review. We noted that in one case, the care home was accommodating a person who presented with many complex needs and risks. We identified areas where some care plans and risk assessment records could be further improved to clarify and control potential risks. Following our inspection, the home manager promptly provided us with evidence to confirm the relevant care plans and risk assessments had been updated to include the necessary additional information.

The local authority's care quality monitoring team identified some areas where record keeping could be improved during their last monitoring visit. They reviewed progress in June and found that some records remained in need of further attention. We received assurance from the home manager that action had been taken to address outstanding issues.

At the time of our inspection to Cromwell Court Care Home, the care home had one part-time activities coordinator in post.

A basic programme of activities had been developed over a two-week period for people living at the service to participate in. The programme highlighted that during this period people had accessed a limited range of activities such as two morning visits from a pets as therapy dog; one morning arts and craft session; one afternoon baking activity; two games and one bingo sessions; one coffee morning and an afternoon tea party; one movie afternoon; one light exercises session and a gardening afternoon. A hairdresser had also visited the home.

No activities were observed to take place during the two days of our inspection and people spoken with told us that they wanted more activities. We also noted that following the last service user questionnaire in February 2018, 14 out of 18 respondents had indicated that they were unhappy with the activities in the home. No details of what action to be taken to improve activities had been recorded in the survey results or on the 'you said', 'we did' notice board.

The home manager told us that the activity coordinator was on her days off and that the provider was in the process of advertising for another part-time activity coordinator to enhance the range and frequency of activities provided.

We therefore recommend that the activities programme and staffing resources for activities be reviewed again to develop and enhance the provision and range of activities on offer for people using the service. Progress will be reviewed at our next inspection.

The provider had developed a 'management of complaints policy' which outlined how the provider would respond to the receipt of formal and informal complaints. A copy of the complaints procedure was displayed in the reception area of the home and within the Statement of Purpose and Service User Guide for people to reference.

We looked at the complaint log and associated records for the care home. Records indicated that there had been 11 complaints in the last 12 months. Records confirmed that appropriate action had been taken to investigate any concerns and respond to issues raised.

One relative spoken with told us about an incident which they raised as an informal complaint. Details of the incident had not been recorded on the complaint log and no details of the action taken had been recorded. We raised this feedback with the home manager who assured us that she would record all complaints in future, to include any informal complaints, to ensure a clear audit trail of action taken was recorded.

At the time of our inspection, none of the people living in the care home were receiving end of life care. However, we spoke with the home manager regarding this important aspect of care, to ensure systems were in place to support people at the end stages of life to have a comfortable, dignified and pain free death.

We noted that the majority of staff responsible for the direct care of people using the service had completed end of life training. The service had also established links with representatives from the Clinical Commissioning Group (CCG). This included GPs, the district nurse team and other health and social care professionals. This helped to provide assurance that people had access to appropriate support if required towards the end of their life and enabled people to remain at the care home if they wished.

'Individual plans of care and support for people at end of life' had been obtained from the CCG to ensure appropriate records were maintained in addition to internal records. This is a document that seeks to capture key information and involve people using the service, their relatives and those involved in providing care and support. The document outlines the key principles of caring for people who are dying and the essential elements required to provide good end of life care.

The care home utilised a range of assistive technology to help keep people safe and to maintain their independence. This included call bells and various sensor mats to help detect movement and prompt staff to check if people needed assistance.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service, their relatives and staff if they found the service provided at Cromwell Court Care Home to be well led.

Comments received included "I see the manager a lot. She used to be a carer you know", "Staff are very open and I always get a complete update when I come in" and "[The manager] listens to everything we have to say."

We previously inspected this care home in February 2017 and found the care home to be in breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had failed to maintain securely and utilise records relating to the provider's quality assurance systems and processes. Following the inspection, we rated this domain as requires improvement.

We asked the provider to take action to address these concerns. The provider submitted an action report which told us the improvements they had made to meet this breach. At this inspection we found improvements had been made. The provider's governance arrangements were now more effective to support safe standards and drive forward improvements in the care home. This was because the management team had started to utilise the provider's audit tools to monitor the service and had sought feedback for people living in the care home, their relatives and staff. This breach was met.

During this inspection we found a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 related to notification of incidents.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service so that we can check that appropriate action has been taken. We found that the registered person had not notified the CQC of four safeguarding incidents in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

The provider had developed a 'Quality Assurance and Improvement' policy which outlined its commitment to working within a framework of quality assurance and systems of governance. These included several tasks to ensure the overall service was monitored and developed such as: the development of an annual development plan; annual satisfaction surveys; home manager audit processes; action plans and area manager monitoring visits.

We sampled a selection of audit records for the last six months which confirmed that monthly 'area manager monthly visit summary reports' and 'quarterly monitoring audits' had been routinely undertaken. The audits confirmed that key aspects of the operation of the service were being monitored by senior management and kept under review via action plans.

Additionally, we noted that the provider had established a number of audit tools for: health and safety;

infection control; care documentation; medication; catering and first impressions. Examination of the monthly audit records confirmed the audits were consistently undertaken on a monthly basis and that the performance scores recorded for each audit type since April 2018 were generally showing an upward trend except for the care documentation audits.

We noted that the care documentation audit only focussed on one service user's records and experience each month. The home manager told us that she planned to increase the sample audit size from one file per month to six to capture more feedback and further improve standards.

Since our last inspection, annual surveys had been distributed from the provider's head office to people using the service, their representatives and staff during February and March 2018.

The summary report for the service user questionnaire included questions relating to the building; core values, involvement and consultation; support services; care services and services and facilities. Out of 33 questionnaires distributed, 18 responses were received. Respondents could select whether they were happy, satisfied or unhappy. Overall, feedback indicated that most people were happy or satisfied with each category. Only two relatives responded to the relative satisfaction survey and feedback received was also noted to be positive.

An action plan had not been produced in response to feedback, however a 'You said', We did' notice had been displayed for the feedback received for service users. This identified that action had been taken to revamp the menus, include more fruit and vegetables, to remove a skip at the front of the building and increase staff wages.

We noted that 14 out of 18 respondents had indicated that they were unhappy with the activities in the home, however no details of what action was to be taken to improve activities had been recorded. We raised this issue with the home manager and have recommended that the activities programme and staffing resources for activities be reviewed.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough Council's Care Quality Monitoring Team. This is an external monitoring process to ensure the service meets its contractual obligations.

The care quality monitoring team last undertook a monitoring visit of Cromwell Court in May 2017 following which the care home was issued with an improvement plan. The care quality monitoring team continue to monitor progress and last reviewed their improvement plan in June 2018. We noted that many actions had been met and that progress had been made in improving standards.

The provider was governed by a board of directors that had overall responsibility for the operation of the service. We noted that the provider had also published a mission statement on its website which highlighted an emphasis on the provision of a quality, caring service in a pleasant homely environment.

At the time of our inspection, the care home did not have a registered manager in post. The provider had appointed a home manager to oversee the management of the care home under the supervision of an area manager and was due to apply for registration with CQC.

The home manager reported that they had been asked to take on the role of home manager following the departure of the registered manager at the beginning of June 2018. We noted that the home manager had a recognised qualification in management and was familiar with the provider, care home, staff and residents -

as they had previously worked at Cromwell Court for approximately two and half years as a unit manager.

We observed that the management team operated an 'open door' policy and that they were caring and helpful when interacting with people using the service and staff. The management team also demonstrated a commitment to the continuous development of the service and were open and transparent with the inspection team throughout our inspection process.

We noted that the provider had developed policies and procedures in place for staff to reference. These included: quality assurance; Mental Capacity Act; deprivation of liberty safeguards; staff recruitment; safeguarding of vulnerable people; whistleblowing; infection prevention and medication. These were readily available for staff to refer to.

Ratings from the last inspection were displayed within the entrance of the care home and on the provider's website as required. It is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.