P G Oliver

Crosby Lodge Residential Care Homes

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced comprehensive inspection carried out by one Care Quality Commission Inspector on 2 and 4 September 2015. Our previous inspection of the home completed in July 2013 found the provider was compliant with the regulations.

Crosby Lodge provides accommodation, care and support for up to 20 people. At the time of the inspection 17 people were living at the home. The home comprises two adjacent properties and provides a service to people with dementia and also to people with enduring mental health conditions. People with higher needs were accommodated in one property and the other catering to people with lower care needs.

The home did not have a registered manager in post. 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

Summary of findings

and associated Regulations about how the service is run.' A new manager had taken up post a month before the inspection and a date was agreed for them to submit an application to become registered manager.

Generally, Crosby Lodge provided a safe service to people. Staff had been trained in adult safeguarding, although some staff required refresher training. The staff were knowledgeable about safeguarding and how to refer any concerns of abuse.

People's care had been risk assessed to make care delivery as safe as possible, however, as these were not kept up to date there was a risk that people's circumstances had changed and not therefore assessed. For people who had been accommodated for reasons of enduring mental health conditions, their care plans and assessments could be improved by focusing more on these needs rather than older person's needs.

Accidents and incidents were monitored and audited to see if there were any trends that could make systems and care delivery safer.

The home employed sufficient staff to meet people's needs.

There were robust recruitment procedures followed to make sure competent and suitable staff were employed to work at the home.

Medicines were managed safely in the home.

Some staff required update training in various topics and the new manager was putting a training plan in place. Staff supervision sessions had also fallen behind and the new manager was setting dates for staff to have supervision.

The home was meeting the requirements of the Mental Capacity Act 2005, although care planning could better reflect where 'best interest' decisions were made on behalf of people who lacked capacity. Appropriate referrals had been made to the local authority for people deprived of their liberty.

People's consent was gained for how they were cared for and supported.

The new manager had plans in place to make provision of food more suited for people living with dementia. Overall, people's dietary needs were being met with action being taken when there were concerns about people's weight.

People felt the staff team were caring and supportive and this was corroborated from our observations. People also reported that their privacy and dignity were respected.

Care planning was out of date, however; the new manager was updating plans to make sure they reflected people's current needs.

The new manager had plans to improve the level of activities on offer to people to keep people more meaningfully occupied.

The home had a well-publicised complaints policy and we saw that complaints were logged and responded to.

The home has been through changes of manager, which can be unsettling for staff and the home would benefit from sustained and stable management.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Generally, people received safe care in a safe environment. However, improvements were needed with respect to updating risk assessments.

There were sufficient staff employed to meet people's needs.

There were robust recruitment procedures followed to make sure suitable staff were recruited to work at the home.

Medicines were managed safely.

Requires improvement

Is the service effective?
The new manager was putting a training plan in place to update some staff members training requirements.

Generally, the home met the requirements of the Mental Capacity Act 2005, although records could better reflect assessments and when 'best interest' decisions were made on behalf of people.

People's dietary and nutritional needs were being met and the new manager had plans for improving catering for people living with dementia.

Requires improvement

Is the service caring?
Staff were caring and appropriate in how they approached and supported people.

People's privacy and dignity was respected.

Good

Is the service responsive?
Care plans had not been reviewed for some time and the new manager was in the process of developing new and improved care plans.

The service was responsive to people's care requirements, ensuring there was both equipment and systems to manage people's care.

The new manager had plans to improve the level and scope of activities provided in the home.

Requires improvement

Is the service well-led?
A new manager has started employment and was working with the provider to develop the service.

Changes in management had resulted in some areas falling behind. The manager had identified areas for improvement and started to put actions in place to address these. We will assess the action taken at our next inspection.

Requires improvement

Crosby Lodge Residential Care Homes

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 was a comprehensive inspection that took place on 2 and 4 September 2015 and was unannounced. One CQC inspector carried out the inspection over both days.

Before the inspection, we asked 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. The form was not returned as the request for information had been sent to the previous manager of the home and the new manager, who had only started work at the home a few weeks before the inspection, was only aware of the information request a week prior to the inspection.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services safeguarding team and commissioning team, and the district nurses about the service provided to people at Crosby Lodge.

We met and spoke with the majority of people living at the home. Five people were able to tell us about their experience of the home, however, the majority of people were living with dementia and not able tell us about their experience. We therefore 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 also spoke with the manager of the home, the provider and five members of staff.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records. We also looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at Crosby Lodge.

Requires improvement

Is the service safe?

Our findings

People we spoke with had no concerns about their safety. People felt well cared for and supported. They also had confidence in the staff with whom they felt safe.

The provider had systems in place to make sure people were protected from avoidable harm and abuse.

Staff had completed training in adult safeguarding. This had included knowledge about the types of abuse and how to refer allegations or concerns. The staff were also aware of the provider's policy for safeguarding people. Training records confirmed staff had completed their adult safeguarding training, however, some staff required refresher training. The new manager was aware of this and was arranging refresher training for those staff in need of this.

Generally, the service was managed so that people were protected from avoidable risk and their freedom supported and respected but there were some improvements to be made as reported below.

We found some people had bed rails in use to protect them from the risk of falling from their bed. However, for two people we checked who had bed rails in place, there was no risk assessment to manage the risk of harm to them. The new manager had a template risk assessment and, before completion of the inspection process, had carried out the assessment and completed the assessment form.

We found that some risk assessments had not been reviewed since December 2014 and therefore could have been out of date.

The provider had other systems in place to ensure risks were minimised in delivering people's care.

Risks in delivering people's care had been assessed to make staff were aware of how to keep people as safe as possible. There were appropriate risk assessments for people accommodated with needs relating to older people's care. Assessments had been completed for topics concerning malnutrition, falls, people's mobility and skin care. However, for people accommodated for mental health needs, other risk assessments appropriate to their needs, for example, risk of relapse of the illness had not been put in place. We discussed this with the new manager who agreed to carrying out and recording these assessments.

The premises had been risk assessed to minimise the potential of hazards to cause harm to people. This included ensuring that any radiators in use were covered. Window restrictors were fitted to windows above the ground floor to prevent accidents and thermostatic mixer valves were installed on hot water outlets to protect people from scalding water. Portable electrical equipment had been tested in March 2015 to make sure equipment was safe for people to use. There were systems in place to make sure that essential equipment was serviced and safely maintained. We saw certificates for testing of boilers, the water system, electrical wiring and servicing of hoists and other equipment.

Records were maintained individually of any accidents or incidents. These were then reviewed these to look for any trends where action could be taken to reduce the incidence of recurrence. The new manager showed us an example of where a referral had been made to a person's GP to review their medication because of the risk of that person falling.

Personal evacuation plans for each person had been developed for the event of fire.

The manager had systems in place to make sure that there were sufficient staff to keep people safe and to meet their needs.

People we spoke with and members of staff all told us that staffing levels were suitable to meet the needs of people living at the home.

Earlier in the year, in response to a safeguarding concern, the use of dependency profiles was introduced and staffing levels agreed with commissioners of the service. At the time of inspection in the building 2a there were three care staff on duty between 8am to 8pm and in building 2b, two care staff. In addition, domestic staff were employed for four hours each and day and a cook between 8am and 3pm.

The home had robust recruitment systems in place. We looked at the recruitment records for the last two members of staff to be recruited to the staff team. All the required records and checks required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place as required. Prospective members of staff completed an application form, were subject to interview and references taken up. Checks had also been made against the register of people barred from working in positions of care.

Requires improvement

Is the service safe?

The manager had put systems in place to make sure that medicines were managed safely. The home had two medication trolleys for storing medicines, one in each building, with a senior member of the care staff responsible for medicines for each side of the home. The home also had suitable storage facilities for controlled drugs, should these be prescribed to people and for medicines requiring refrigeration. Records were maintained of the fridge temperature to make sure these were stored at the correct temperature.

There was a system for both ordering and checking medicines once they were delivered to the home by the pharmacist.

We looked at the medication records for people accommodated in building 2a. There was good practice of a list of sample signatures of staff who had been trained to administer medicines. A photograph of the person concerned was placed at the front of their records, so that new members of staff could identify the correct person to whom they were administering medicines. People's allergies were also recorded and if a hand entry was needed to be added to the record, a second member of staff checked and signed that the entry had been made correctly. We found the medication records were well-completed with no gaps within the record.

Records were maintained of medicines returned to the pharmacist, so that overall, all medicines entering the home could be accounted for.

Requires improvement

Is the service effective?

Our findings

We discussed training of staff with the new manager who was developing the system for making sure staff received training required to meet people's needs effectively. They had identified that staff were not all up to date with their core training. A training matrix had been put in place to identify gaps in staff training and the manager was putting in place a training action plan to address this. The new manager had also bought a training package that provided modules for staff to work through. Although staff had completed dementia awareness training, the new manager was also seeking to provide staff with more in depth dementia training to better their skills in caring for people living with dementia.

We discussed the home's policy for staff training and funding with the manager and provider, who agreed to change how staff training was funded for new staff in order to ensure staff received the training they required.

The new manager had enrolled on a management training course to develop their knowledge and skills in managing the service.

Staff we spoke with said they generally felt supported, telling us that they received three monthly supervision and an annual appraisal. From records we viewed, it was evident that in the period when no registered manager was in post, staff supervisions had fallen behind schedule and the new manager was aware that improvement was required in this area.

The manager was aware of their responsibilities concerning the Deprivation of Liberty Safeguards (DoLS), which aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. Applications to the local authority had been made appropriately in respect everyone living at the home. On one of the days of inspection the DoLS team were visiting the home to carry out their assessment.

Staff had reasonable knowledge and understanding of the Mental Capacity Act 2005 (MCA) as they had received training in this area. Some mental capacity assessments had been completed demonstrating good practice. For example, one person had been assessed as having capacity to make the decision that they did not wish to be disturbed by night checks but had been assessed as not having capacity to make the decision as to leave the home unescorted. Another care plan informed staff that a person had capacity to make choices about daily living in the home but again they did not have capacity to leave the home because of the risk of getting lost. We noted however, that improvements could be made as in some care plans there was no guidance for staff about 'as required' medicines for people had been assessed as not having capacity to understand the need for taking medicines. The new manager agreed to ensure that new care plans fully informed staff of those areas where people had been assessed as not having capacity to consent and where 'best interests' needed to be made on behalf of people.

Some people living at the home had capacity to make their own decisions and they told us their consent was always obtained as to how they were cared for and supported. They told us that they could get up and go to bed at times that suited them and choices were always explained about their care.

From records we saw that people were registered with a GP and people had access to chiropodists, eye care and dentistry needs met. We spoke with the district nursing team who visit the home, who told us that they had good relationships with the home and that appropriate referrals were made to the team with instructions generally followed by the staff at the home to meet people's needs. The home also worked closely with the Community Mental Health Team in meeting the needs of people with mental health conditions.

One person commented when asked about the standards of food provided said, "It can be very good or useless." Overall, however, people were generally satisfied with the standard of food provided.

We spoke with the new manager about the food and nutrition and they told us they planned to develop the arrangements for people living with dementia, with more snacks and finger foods being made available. This was because some people living with dementia found it difficult to sit through a whole meal and therefore would benefit from more flexible arrangements in meeting their nutritional requirements.

We found that people were weighed regularly and that action had been taken when people had lost weight, such as fortifying their meals or making referrals for the person to see their GP.

Requires improvement

Is the service effective?

At the time of inspection, no one had a 'safe swallow' plan in place, although some people required a soft diet. We saw that these people were provided pureed food as detailed within care plans.

We observed the lunchtime period and saw that people's individual needs were catered for. There was a choice of two meals provided and the staff told us that if a person did not like either of the choices an alternative meal would always be provided by the cook. One person liked to eat on their own and this was respected. The staff were aware of the people who required assistance with eating and there were enough staff to facilitate this. We saw the staff were patient with these people and assisted them appropriately.

Good

Is the service caring?

Our findings

One person told us, “I love it here, although I want to move on and live in the community.” Another person said of the staff, “Nothing is too much trouble.” When we asked another person if their privacy and dignity was respected, they said, “Yes, the staff are always nice.” Other people told us that staff were mindful of privacy and would knock on their bedroom door before entering.

One staff member, who had worked at the home for many years told us, “People here are now like my family.”

Throughout the inspection we observed that people were comfortable in the presence of staff. The staff knew the individual needs of people accommodated and were observed to be supportive and appropriate in the way they approached people. When staff assisted people they spoke with them and explained what they were doing as well as ensuring that the person consented.

Although we did not meet any relatives, we were told that relatives and friends were welcome to visit with no restrictions.

Requires improvement

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs; however, care plans and assessments needed improvement to make sure that care was consistently delivered by the staff team.

We focused on three people's care planning and assessment. Care plans and assessments were in place but had not been reviewed or updated since December 2014. The new manager was aware of this deficit and was in the process of reviewing all the care plans to make sure that they reflected people's needs. With care plans so out of date there was a risk that the information on how to care and support people was out of date and could lead to people receiving inappropriate care. This will be followed up at future inspections.

The home caters for people with differing needs. Some people were accommodated because of their dementia care needs, whilst others were accommodated because of mental health needs. The care plans and assessments for people with mental health conditions were focused on older person's needs, for example assessing their risk of skin ulceration. We discussed this with the manager.

We recommended that the assessments and care plans are updated to reflect the needs of those people with mental health conditions, such as indicators of relapse and how their condition affected their lives.

Where people required equipment to support their care this was provided. One person had an air mattress to support their skin care needs. We found that there was a system to make sure that the mattress was set at to the correct setting to correspond with their weight. Where people had bed rails in place, protective bumpers were fitted to protect people. Everyone who required the use of a hoist had their own individual sling to minimise risks of cross infection.

People who had been assessed as requiring monitoring of their fluid intake had fluid charts in place. A sample of these we saw showed that staff were monitoring these to make sure people had enough to drink. One person who had epilepsy had a care plan in place that informed staff of how to respond if the person had a seizure and there was supporting information about their condition.

People we spoke with expressed no concerns about the levels of activities provided at the home. One person told us that they enjoyed walks and the fresh air. There was evidence in the record of activities that this person was taken out regularly. On the previous day five people had been taken out of the home for a walk in the park opposite the home. One person told us that they liked knitting and that the staff supported them with this. Another person, who wished to attend church services had been taken to the local church by a member of staff. On one of the days of our inspection a musician was entertaining a group of people in the main lounge.

The home did not employ an activities coordinator. We discussed how activities could be developed for keeping people meaningfully occupied. The new manager had ideas that they wished to develop and told us that they had already organised a baking session with some people that they had enjoyed.

We recommend that activities, particularly for people living with dementia are developed to keep people meaningfully occupied.

The complaints procedure for the home was prominently displayed in the front reception of the home. The new manager showed us the log where complaints were recorded. We found that the complaints received, the last being in June 2014 had been investigated with follow-up letters to resolve the complaint.

Requires improvement

Is the service well-led?

Our findings

The home has been without a registered manager since January 2014. Since that time the provider had recruited managers, however, they ceased their employment before applying to register as manager of the service. A new manager had been appointed a month before the inspection and they assisted throughout the inspection together with the provider. It was agreed that the new manager would submit their application to us before the end of September 2015 to become registered manager of the service.

The new manager had plans and ideas to improve the service and was working with the provider and the staff team to implement these. The provider has always maintained a high presence in the home being in attendance every day. During the period where there was no registered manager, the provider maintained responsibility for the running of the home. The provider and new manager were positive about the new management team and felt that they could be an effective team in driving improvements forward.

Staff meetings were held with minutes of meetings maintained. There has been no staff meeting since the appointment of the new manager and the new manager told us that one would be held soon to give staff opportunity to be kept informed and to hear their views.

There had not been a residents' meeting since October 2014. The new manager agreed that these would be recommenced so as to gain views from people living at the home.

A survey was carried out in 2014 to gain views of people living at the home, their relatives and professionals who supported the home. The new manager told us that a new survey would be carried out later in the year and results would be analysed to see if there were indicators for service improvement.

The new manager showed us a range of audits that were periodically carried out to monitor the quality of service provided. An audit of people's mattresses in 2014 led to all mattresses being replaced throughout the home. An audit of the premises had resulted in a new stair lift being installed in one of the building so that people could access the first floor more safely and the outside of the premises being re-painted.

The changes in management had resulted in some areas such as care planning, and staff training falling behind and needed to be updated. This was an area for improvement. The new manager had identified areas where there were shortfalls, and had started to put plans in place to address these. However as they had only been in post for one month at the time of this inspection we were not able to assess whether the changes had been implemented and sustained. We will review the actions taken at our next inspection.