

Croftwood Care UK Limited

Croftwood

Inspection report

Whitchurch Way
Halton Lodge
Runcorn
Cheshire
WA7 5YP

Tel: 01928576049

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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

We carried out a comprehensive inspection of Croftwood on 5 and 6 February 2019. The first day was unannounced.

Croftwood is registered to provide accommodation and personal care for up to 47 older people, younger adults and people living with dementia. Accommodation is provided over two floors, with lounges and dining rooms on each floor. At the time of our inspection there were 40 people living at the home.

The service is a 'care home'. 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 we looked at both during this inspection.

At the time of the inspection, there was a registered manager in place who was responsible for the day to day running of the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was our first inspection of the home, as the service provider changed in March 2018. We found that the provider was meeting all regulations reviewed.

Most people living at the home and their relatives were happy with staffing levels. However, some people felt that there were not always enough staff available around mealtimes. Shortly after our inspection, staffing arrangements were changed to address this issue.

People received their medicines as prescribed and we found that there were appropriate medicines policies and practices in place.

Staff had been recruited safely and understood how to protect people from abuse or the risk of abuse.

Staff received an effective induction and appropriate training that was updated regularly. People felt that staff had the knowledge and skills to meet their needs.

People told us they liked the staff who supported them. They told us staff were caring and respected their right to privacy and dignity. We observed staff encouraging people to be independent when it was safe to do so.

People received appropriate support with their nutrition, hydration and healthcare needs. Referrals were made to community healthcare professionals to ensure that people received appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their needs and preferences. Staff told us they knew people well and gave examples of people's routines and how they liked to be supported. People's communication needs were identified and appropriate support was provided.

People were happy with the activities and entertainment provided at the home.

The registered manager regularly sought feedback from people living at the home and their relatives about the support they received. The feedback received was used to develop the service.

People living at the service and relatives were happy with how the service was being managed. They found the registered manager and staff approachable and helpful.

A variety of audits and checks were completed regularly by the registered manager and other senior managers within the provider's organisation. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the home.

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.

Most people were happy with staffing levels at the home. Some people expressed concerns about staff availability around mealtimes and this was addressed shortly after the inspection.

There were appropriate policies and practices in place for the safe management of medicines.

People's risks were managed appropriately and their care documentation was updated when their needs or risks changed.

Is the service effective?

Good ●

The service was effective.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. Applications had been submitted to the local authority when people needed to be deprived of their liberty to keep them safe.

Staff received an appropriate induction and relevant training that was updated regularly. People felt that staff had the knowledge and skills to meet their needs.

Staff received regular supervision and were clear about their roles and responsibilities.

People were supported well with their nutrition, hydration and healthcare needs. They were referred to community healthcare professionals when appropriate.

Is the service caring?

Good ●

The service was caring.

People liked the staff who supported them. They told us staff were caring and kind. We observed staff supporting people with respect and patience.

People told us staff respected their right to privacy and dignity.

We saw staff involving people in everyday decisions about their care.

People told us they were encouraged to be independent and we saw evidence of this during our inspection.

Is the service responsive?

Good ●

The service was responsive.

People told us they were happy with the activities and entertainment available at the home.

People told us they received care that reflected their needs and preferences. Staff knew the people they supported well.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People felt the home was managed well.

People felt the registered manager and staff were approachable and helpful.

Staff felt well supported by the registered manager.

The registered manager and provider's representatives regularly audited many aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were being maintained at the home.

Croftwood

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 was 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.

The inspection took place on 5 and 6 February 2019 and the first day was unannounced. The inspection was carried out by an adult social care inspector, a medicines inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including safeguarding concerns and notifications we had received from the service. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with 12 people who lived at the service, seven visiting friends and relatives and two visiting healthcare professionals. We also spoke with three care assistants, two senior care assistants, the administrator, the registered manager, the area manager and the regional manager. We looked in detail at the care records of two people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

As part of the inspection we contacted Halton Borough Council quality assurance department and Healthwatch Halton for feedback about the service. Healthwatch Halton is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in the area. We also contacted two health and social care professionals who had been involved with the service, for their comments.

Is the service safe?

Our findings

We looked at staffing arrangements at the home. Most people living at the home and their relatives felt there were enough staff on duty to meet people's needs. However, four people living at the home and two visitors felt that the service was sometimes short staffed and people sometimes experienced delays in receiving support, particularly around mealtimes. The staff we spoke with felt the same.

The staffing rotas for three weeks, including the week of our inspection, showed that the staffing levels set by the service had not been met on seven occasions. The registered manager acknowledged this and told us it was sometimes difficult to maintain staffing levels, usually due to short notice staff sickness. She told us the service had recently recruited two staff but they had left at short notice, leaving the service short staffed. She told us the service was in the process of recruiting permanent staff for days and nights and she planned to also recruit some bank staff, to cover for periods of annual leave and sickness. Agency staff were used when leave or sickness could not be covered by permanent staff but the registered manager told us they were not always available at short notice.

We observed the lunchtime period during our inspection and found that there were not always sufficient staff available to support people with their meals in a timely way. The feedback received from Halton Borough Council quality assurance department, stated they had identified a similar issue during their recent visit to the home. We discussed our concerns with the registered manager, the area manager and the regional manager. After the inspection, the registered manager contacted us to advise that changes had been made to staffing arrangements. These included the senior care staff and kitchen assistants providing additional support at mealtimes and the restructuring of staff breaks to ensure that more staff were available to support people around mealtimes. She told us the changes had been discussed with staff, who felt the new arrangements were working well. Two new staff had recently been recruited and further recruitment was taking place. This would help to ensure that appropriate staffing levels were maintained at the home and that people's needs were met in a timely way.

People told us they received safe care and they felt safe at the home. Comments included, "I feel safe here, everything's fine" and "I do feel safe because if I'm doing something wrong which is not safe for me, they tell me straight away. They are very good". Relatives told us, "My relative is safe here. She was falling all the time at home" and "[Relative] is very safe here. She is well looked after".

Risk assessments were in place, including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly. Any changes in people's risks or needs were documented and communicated between staff during shift changes. Records had been kept in relation to accidents and incidents that had taken place at the service, including falls. Appropriate action had been taken to manage people's risks, including referrals to their GP and the local falls service. Sensor mats were in place to alert staff if people who were at a high risk of falls tried to move independently. Falls records were reviewed by the registered manager regularly, to identify any patterns or trends and to ensure that appropriate action had been taken. This helped to ensure that people's risk of falling was managed

appropriately.

We found that people's medicines were being managed safely at the home. Records showed that people were receiving their medicines as prescribed and appropriate arrangements were in place for people who wanted to administer their own medicines. Medicines, including controlled drugs, were stored securely. We checked a sample of medicines and found the balances were correct. Regular medicine audits were completed and action plans were put in place in response to any issues identified. We found some improvements were needed in relation to temperature monitoring where medicines were stored and 'when required' medicines. The registered manager assured us that these issues would be addressed as a priority.

We looked at the arrangements in place for protecting people from the risks associated with poor infection prevention and control. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. We found the home to be clean and free from odours. Records showed that staff completed infection control training and were observed regularly to ensure they followed safe infection control practices. People living at the home and their visitors told us the home was clean. We noted that the service had been given a Food Hygiene Rating Score of 5 (Very good) in December 2018.

A safeguarding policy was in place and staff had completed safeguarding training. Staff understood how to safeguard adults at risk and how to report any concerns. Two safeguarding incidents had taken place at the service in the previous 12 months and had been managed appropriately. The registered manager told us that any safeguarding recommendations would be shared with staff to ensure that lessons were learned. There was a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

We found that records were managed appropriately at the home. People's care records were stored in a locked cupboard on each floor and were only accessible to authorised staff. Staff members' personal information was stored securely in a locked cabinet in the registered manager's office.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with adults at risk. These checks helped to ensure that the staff employed were suitable to provide care and support to people living at the home.

Equipment at the home was inspected regularly to ensure it was safe for people to use, including portable appliances, hoists and the lift. Checks on the safety of the home environment had been completed, including gas, electrical and fire safety checks. Legionella checks had also been completed. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment.

People's care files included information about the support they would need if they had to be evacuated from the home in an emergency. There was a business contingency plan in place, which provided guidance for staff in the event that the service experienced a fire, flood or a loss of amenities such as gas or electricity. This helped to ensure that people continued to receive support if the service experienced difficulties.

Is the service effective?

Our findings

People were happy with the care they received and felt staff had the knowledge and skills to meet their needs. Comments included, "They know what to do with me. I need a lot of personal care and they look after me very well. They are second to none" and "I feel they know what they are doing and they are very helpful". One relative told us, "My [relative] is quite unpredictable but they can read the signs and know how to calm her. They are never patronising".

An assessment of people's needs was completed before people came to live at the home. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs.

Each person's care file contained information about their medical history and any allergies. People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians and speech and language therapists. We saw evidence that staff sought medical attention when it was needed.

We received positive feedback about the home from two visiting healthcare professionals. One commented, "They follow our advice and seem really good with the residents. I've never had an issue getting hold of staff and the staff are knowledgeable about people. I don't have any concerns about anything, it's a really nice home". Another told us, "The care is very good. The staff try very hard. It's a very homely home".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications for authorisation had been submitted to the local authority. Records showed that most staff had completed MCA training.

We observed staff asking for people's consent before providing care, for example when supporting people with their meal or helping them to move around the home. One person told us, "The staff always ask me before they touch me or come into my room". Where they were able to, people had signed to document their consent to staff providing them with support, for example in relation to managing their medicines.

Where people were unable to consent to their care, we saw evidence that their relatives had been consulted.

Staff received an induction when they joined the service and completed mandatory training which was updated regularly. This included fire safety, moving and handling, health and safety, first aid, food hygiene, safeguarding and infection control. In addition, most staff had completed training in dementia care, end of life care and equality. This helped to ensure that people were supported by staff who had the knowledge and skills to meet their needs.

Staff told us they received regular supervision and yearly appraisals. The staff we spoke with were clear about their roles and responsibilities, which were addressed during their induction, supervision, staff meetings and regular training updates.

We looked at how people were supported with eating and drinking. Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, increased monitoring was in place and appropriate referrals had been made to community healthcare professionals. The staff we spoke with were aware of people's dietary requirements and who needed support at mealtimes. People told us they were happy with the meals available at the home and that there was plenty of choice. One person commented, "We get a good choice of meals and I can eat in my room if I want to".

We saw people having lunch on the both days of the inspection. The food looked appetising and portions were adequate. Tables were set with table cloths, condiments and serviettes. People were provided with a cover to protect their clothes if they wanted one and adapted crockery was available to help people maintain their independence. We found the atmosphere was relaxed and people were offered choices. We saw that people could have their meals in their room if they wished to.

The service used a hospital passport when people were admitted to hospital. The passport included information about people's needs, risks and their medicines. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff, and hoists and a lift were available for people with restricted mobility. We found that furniture and furnishings were comfortable and people had personalised their rooms to reflect their tastes and make them more homely. We saw that some areas of the home were in need of redecoration. The registered manager told us that a programme of redecoration and refurbishment was in place and provided us with a copy. We noted that a number of improvements to the home environment had recently been completed.

Is the service caring?

Our findings

People liked the staff who supported them and told us staff were kind and caring. Comments included, "The staff are absolutely lovely. They are very kind and patient", "Nothing is too much trouble for them and I have never felt uncomfortable with any of them when they are helping me with personal care" and "They are lovely with me". One relative commented, "My relative likes the staff and they are always kind and caring to them".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They knew people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time.

Communication between staff and people who lived at the home was good. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs. We saw that people were relaxed around staff and the registered manager and felt able to ask questions and request support when they needed it.

People told us that their care needs were discussed with them. Comments included, "Because I need a lot of personal care, I prefer women to help me and that's all written into my care plan" and "Social Services set up my care plan when I first came into the home. I tell staff how I like things to be done". During our inspection we observed staff involving people in everyday decisions about their care, such as what they would like to eat or drink and where they wanted to spend their time.

People told us they were encouraged to be independent and we observed staff encouraging people to be as independent as possible, for example when they were moving around the home. One person told us, "I try to do everything I can for myself and the staff accept this". Another commented, "They let me wash what I can reach myself and help me with the rest".

People told us staff respected their right to privacy and dignity. Comments included, "They always knock before they enter my room and they always treat me with dignity when showering me" and "My privacy is respected at all times. They always knock on my door and wait for me to say they can come in. They always keep a towel over me when washing me".

People's right to confidentiality was protected. People's private information was only accessible to authorised staff. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors. One relative told us, "The staff never talk about other service users in front of us".

The service user guide given to people when they came to live at the home included information about the provider's approach to care, activities, catering, a residents' charter, care planning, satisfaction surveys and how to make a complaint. The registered manager told us the guide could be provided in other formats,

such as large print.

People's relationships were respected and people told us there were no restrictions on visiting. This was confirmed in the service user guide. A number of relatives and friends visited during our inspection and we saw that they were made welcome by staff.

Information about local advocacy services was available. People can use advocacy services when they do not have friends or relatives to support them or if they want support and advice from someone other than staff, friends or family members. One person was being supported by an advocate at the time of our inspection.

Is the service responsive?

Our findings

People told us that staff at the home knew them and they received care that reflected their individual needs and preferences. Comments included, "The staff know what I want and what I need. I have no complaints", "Yes, they do know me well because I have been here so long. They can tell by my moods if I'm not feeling too good" and "They know me well and they know I like being here".

During the inspection, we saw that people were able to make everyday choices, such as where they spent their time and what they had at mealtimes. One person told us, "They let me do my own thing". Another said, "I can get up and go to bed when I want to. The staff let me decide what to wear, then help me dress".

The care files we reviewed included information about people's risks, needs and how they should be met, as well as their likes and dislikes. Care files were personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed regularly and updated when people's risks or needs changed.

We noted that care documentation included information about people's religion and marital status but not their ethnic origin, gender or sexual orientation. We discussed this with the registered manager who amended the home's documentation during the inspection. This would help to ensure that staff were aware of people's diversity and what was important to them.

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found that people's communication needs had been assessed and documented and people were receiving appropriate support.

People told us they were happy with the activities and entertainment available at the home. Comments included, "The activities are good and they do a tuck shop with sweets and toiletries", "I take part in bingo and dominoes. I try to join in when I can. There are not activities on every day. Once a month we are taken to a community centre by taxi for sandwiches and bingo. I enjoy that" and "I like the knitting and the music, like at dinner time. I like singing along". One relative told us, "I know [relative] likes the music. A man with a banjo comes in and he is very good and she likes the sing songs and they do all sorts of other things".

No-one was receiving end of life care at the time of our inspection. We noted that seven staff had completed end of life care training and there was an end of life care policy in place. One staff member told us they had completed the training, they were aware of the policy and they felt comfortable providing care to people at the end of their life.

A complaints policy was in place, which included details of how to make a complaint and the timescales for

a response. Information about how to make a complaint was also available in the service user guide. Records showed that one formal complaint had been received in the previous 12 months. It had been investigated appropriately, responded to in line with the policy and lessons learned from the complaint had been shared with staff. No-one we spoke with had made a complaint but they told us they knew how to and would feel able to.

Is the service well-led?

Our findings

People living at the home and their visitors were happy with the way the service was being managed. Comments included, "It's very well organised and everyone gets well looked after" and "The home is usually quiet and peaceful, which I like". They felt that the staff and the registered manager were approachable. Everyone we asked said they would recommend the home to others.

During our inspection we found that the home was organised and had a relaxed atmosphere. The registered manager was able to provide us with the information we requested quickly and easily and was familiar with the needs of people living at the home. We observed her communicating with people who lived at the home, visitors and staff in a friendly and professional manner.

Staff told us the registered manager was approachable and they felt well supported. They told us staff meetings took place regularly and they could raise concerns and make suggestions. We reviewed the notes of the two most recent staff meetings and noted the issues discussed included health and safety, infection control, care documentation, medicines, the home environment, staffing, updates about people living at the home and reminders about staff responsibilities.

Staff told us they were happy working at the home. One staff member commented, "It's quite homely here and it's got a nice feel, it's relaxed. People definitely get good care and support and everyone gets on well". The provider told us that staff surveys were completed yearly to gain feedback from staff about the home. We reviewed the results of the surveys issued in 2018, when 54 questionnaires were issued and 12 responses received. We noted that staff had expressed a high level of satisfaction with most areas of the service.

The registered manager told us that satisfaction questionnaires were given to people living at the home and their relatives each year, to gain their feedback about the service. We reviewed the results of the questionnaires issued in 2018 and found that that people living at the home and their relatives had expressed a high level of satisfaction with most areas of the service. We saw evidence that action was taken to address the lowest scoring areas, such as menus and the redecoration of the home.

People's feedback was also sought at regular residents' meetings. We reviewed the notes of some recent meetings and noted that the issues discussed included events and activities, meals, the home environment and updates about staffing. We saw evidence that people were encouraged to make suggestions and raise concerns and their views were listened to, for example in relation to food and activities at the home.

We found that regular checks and audits of the service were completed by the registered manager. These included checks of medicines, infection control, health and safety and care documentation. We found evidence that where shortfalls were identified, action was taken to address them. For example, it was noted that not all staff wore the appropriate personal protective equipment when completing some tasks and this was addressed during a staff meeting. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the service.

Regular audits were also completed by the area and regional managers. As part of these audits, they spoke with people living at the home and staff to gain their feedback about the service. We noted that where improvements were needed, action was taken. The area and regional managers also met with the registered manager regularly to discuss the service. This meant that the provider had oversight of the service and could be assured that people were receiving safe, effective care.

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, opticians, hospital staff, dietitians, speech and language therapists and social workers. This helped to ensure that people received support from appropriate services and their needs were being met.

The registered manager told us that a number of improvements had been made since the provider had taken over the home. These included new flooring and furniture throughout the home and the redecoration of some areas. She told us that a programme of redecoration and refurbishment was in place and improvements were ongoing. Further planned improvements included more frequent staff and residents' meetings, specific activities areas within the home and additional staff training.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.