Cumbria County Council

Croftside

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 30 May 2017. This was the first inspection of Croftside following the registration of the registered provider in October 2015.

Croftside is a residential home located in the village of Milnthorpe and is close to local amenities and services. The home provides accommodation on two floors for up to 34 people. The home has three units with the one on the ground floor providing care and support for people living with dementia. The first floor is accessible by a passenger lift and all the bedrooms are for single occupancy. At the time of our visit there were 24 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The people who lived at Croftside made positive comments about their home and the staff who supported them. People told us "Everything is good" and "It's a nice place". People told us that they felt safe living there and that they were well cared for and looked after by the staff. They told us that staff were available to help them when they needed assistance and that staff respected their privacy. Everyone we spoke with praised the staff that supported them. During the inspection, we saw staff giving people their attention and offering reassurance. People also told us that the food was "Good" and "It's jolly good food".

People were able to see their friends and families as they wanted without restrictions on when friends and relatives could visit them. People were supported to follow their own interests, practice their religious beliefs and see their friends and families as they wanted.

The care plans and records that we looked at showed that people had been seen by appropriate professionals to help meet their particular physical, nursing and mental health needs. We saw that the assessment and management of risk had been reviewed and updated by staff so that people received appropriate support and treatment. We saw that where appropriate referrals had been made to other professionals such as physiotherapists and occupation therapists.

Medicines were being safely, administered and stored and we saw that accurate records were kept of medicines received and disposed of so all of them could be accounted for. Controlled medicines [those liable to misuse] records were in good order.

The environment of the home was relaxed and welcoming and we found that all areas used by the people living there were clean and smelt fresh. The communal areas had been decorated and arranged to make them homely and relaxing

There were safe recruitment procedures and practices in place to help ensure staff who were employed were suitable for their roles. All the staff we spoke with knew the appropriate action to take if they believed someone was at risk of abuse. This had been part of the training staff received to be able to carry out their roles. We saw that care staff had received induction training and on going training and development and had supervision once employed.

We found that there were adequate staff on duty during the day and at night and that a dependency assessment was being carried out to help keep staffing needs under review.

People knew how they could complain about the service they received and information on this was displayed in the home. People we spoke with were confident that action would be taken in response to any concerns they raised.

The service followed the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. People were being supported to have choice and control of their lives and staff supported them in the least restrictive way possible. We saw that the registered manager had applied to relevant supervisory authorities for deprivation of liberty authorisations for people. We saw that people who had capacity to make decisions about their care and treatment had been supported to do so.

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.

There were sufficient staff on duty to support people and staffing was being kept under review.

Staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Risks to people had been identified and risk assessments were centred on the needs of the person.

Medicines were being handled safely and people received their medicines correctly. Medicines were appropriately stored and records were kept of medicines received and disposed of so they could be accounted for.

Is the service effective?

Good

The service was effective.

People were supported to have a nutritious diet. Where the home had concerns about a person's nutrition they involved appropriate professionals to help make sure people received the correct diet.

People were having their individual needs and preferences assessed to promote their best interests in line with current legislation.

Training, relevant to staff roles, had been provided and staff were being supported and supervised in the workplace to promote good practice.

Is the service caring?

Good

The service was caring.

People told us that they were well cared for and happy living in the home.

Staff demonstrated a good knowledge of the people they were

supporting, their backgrounds, likes, dislikes and daily routines.

We saw that people were treated with respect and kindness and their independence, privacy and dignity were being protected and promoted.

Is the service responsive?

Good

The service was responsive.

We saw that people made their own choices about their daily lives in the home. There were organised activities for people if they wanted to take part.

Support was provided to help people to follow their own interests and faiths and to maintain their relationships with friends and relatives.

There was a system in place to receive and handle any complaints raised. People who lived at Croftside told us they knew how to raise a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

People who lived in the home spoke highly of the registered manager and told us they were asked for their views on how they wanted their home to be run.

Quality audits were used to monitor care planning, medication management and service provision.

Staff told us they felt supported and listened to by the registered manager.

Croftside

Detailed findings

Background to this inspection

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

This inspection took place on 30 may 2017 and was unannounced. The inspection was carried out by an adult social care inspector and an expert-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.

We spent time speaking with people who lived in the home. During the inspection, we spoke with nine people who lived in the home, two visiting relatives, four of the care staff on duty and a supervisor, the registered manager, and the operations manager. We spoke with a member of the clergy who was visiting to provide the monthly Holy Communion for people living in the home and with a chiropodist who had attended people in the home for several years.

Some people, who were living with dementia, could not easily give us their views and opinions about the service and their care. 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 to us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

As part of the inspection we also looked in detail at six people's care records and care plans relating to the use and administration of medicines. We looked at their individual care records and risk assessments to help us see how people's care was being planned with them and delivered by the staff. We also looked at the staff rotas, staff training, supervision and recruitment records. We looked at records relating to the maintenance of the home, the management of the service and quality monitoring within the home.

Before our inspection, we reviewed the information we held about the service. We looked at the information we held about statutory notifications sent to us about incidents and accidents affecting the service and people living there. A statutory notification is information about important events that the provider is required to send to us by law.

We reviewed the information we held on safeguarding referrals and applications the registered manager had made under Deprivation of Liberty Safeguards (DoLS). We are in regular discussion with local commissioners and community professionals about all the services we regulate including the services provided at Croftside.

We had received a Provider Information Return (PIR) from the registered manager. This form asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Good

Is the service safe?

Our findings

Everyone we spoke with who lived at Croftside had positive things to say about life in their home. People who lived there told us that they felt safe living there and that they were well cared for and looked after by the staff. Comments made to us included, "I am completely safe" and "I feel very safe here". People we spoke with in the home said that the staff made sure that they had their correct medication and on time.

People we spoke with told us there was always a member of staff to help when they needed this. One person told us "I think I have got it right in coming here, I'm going to stay. My family had good reports from people who knew the home". Relatives we asked also told us that they believed their relatives were safe and well cared for in the home. A relative told us, "It is always very clean here and no nasty smells and neat and tidy as well". They also told us there were sufficient staff in the home to help people and to be able to spend time with them. Another relative commented, "They [staff] are a good all round team, there are plenty about and they seem a good mix".

We looked at the staff rotas and saw that there were sufficient care and ancillary staff available to support and spend time with people during the day of the inspection. There was a supervisor on duty and five support workers on duty on the morning and evening shifts to support the 24 people living in the home. There were three staff throughout the day on the unit where people who were living with dementia. On the night shift, there were three staff on duty so that there was a staff member available when two staff were needed to meet people's needs. A dependency tool was being used to help determine what minimum staff levels should be. The registered manager described how they also used their judgement and knowledge of the people living there as well to assess if someone needed closer observation or increased support.

We saw safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included making sure that new staff had all required employment background checks done and that appropriate references had been received.

We looked at care plans for six people who lived in the home in detail. We saw there were risk assessments in place that identified actual and potential risks and the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Where a risk was identified, we could see that action was taken to minimise this. For example, for the management of the use of blood thinning agents some people needed to take and providing the right pressure relieving mattresses and gel cushions for people at risk of skin damage. The assessment and management of risks had been reviewed and updated by staff so that people received appropriate support and treatment.

There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. A member of care staff told us, "I have had a lot of safety training, lifting, fire, and first aid. We have regular fire drills to make sure we all go to the right place".

Accidents and incidents were being recorded and where possible action taken to prevent reoccurrences.

There were contingency plans in place to manage foreseeable emergencies and how to support people if they needed to be moved within the home or evacuated. This helped to make sure that people were safe living in the home.

We saw the environment was homely and comfortable for the people who lived there. The moving and handling equipment we saw in use, such as hoists, were clean and being maintained. Records indicated that the equipment in use in the home had been serviced and maintained under contract agreements and that people had been assessed for its safe use. The space in the home was being well used with adequate space for wheelchair use and all areas we saw were clean and tidy.

During this inspection, we looked at the way medicines were managed and handled in the home. Records confirmed that all staff had received training in medicines administration. We found that medicines were being safely administered and records were being kept of the quantity of medicines kept in the home. We saw that there were appropriate arrangements in place in relation to the recording of medicines and records were signed correctly when medicines were given out. We counted six medicines and compared them against the records and found all the medicines tallied.

We looked at the handling of medicines liable to misuse, called controlled drugs. These were being administered and recorded correctly. Medicines and controlled drugs were stored in the supervisor's office and the storage facilities were not ideal for maintaining storage temperatures for stock drugs and for preparation. The registered manager had taken action to improve medication storage facilities in the home and had agreement to turn an unused office into a medication room with ventilation to help control internal temperatures. This would allow medicines to be stored at consistently optimum temperatures and take the medicines out of a busy work area to a separate and appropriately equipped medication room. Refrigerator temperatures were being monitored and the records showed that medicines were stored within the recommended temperature ranges to help prevent any deterioration of the medicines.

All the staff we spoke with knew what action to take if they felt someone needed to be safeguarded from abuse or possible abuse. They said they would be confident reporting any concerns they had to a senior person in the home. The registered manager had informed CQC about had acted quickly to refer incidents to the appropriate agencies.

Good

Is the service effective?

Our findings

People we spoke with who lived at Croftside told us that the staff supporting them respected their choices and the decisions they made. People who lived there told us the staff who supported them knew how they liked to be assisted by them and that staff checked with them how they wanted to be helped. One person who lived there told us, "I really cannot fault the kindness and care I have been shown".

There was useful personal information about people and their lives and interests in their individual care plans. This kind of information could help staff get to know about people as individuals and their lives and interests. The staff we spoke with were able to tell us in some detail about the personal care needs, interests and preferences of the people they were supporting.

People told us about the food and meals within the home. They made positive comments that included, "It is jolly good food" and "The food is good but sometimes I get my own" and "The food is of a decent level although sometimes we do have sandwiches too often, but there is a reasonable choice". A member of staff told us, "We did have a nutritionist come in to review the meals". This was to help improve menu provision.

To help us get a better understanding of people's experiences we used the Short Observational Framework for Inspection (SOFI). We observed the lunchtime meal and found it to be relaxed and unhurried. During lunch, we found there was a high level of interaction between staff and people living there and a lot of good humour and conversation. People who required support with eating received this in a respectful and discreet way with staff prompting people with their meals. We looked at care plans for people that indicated if they might need help or have their food cut for them to aid eating. We saw that staff acted in line with individual's planned care. During the inspection, there were several members of staff offering drinks and assistance to people.

We saw that people's care plans had a nutritional assessment in place and that people had their weight monitored for changes so action could be taken if needed. We saw that if someone found it difficult to eat or swallow advice was sought from the dietician or the Speech and Language Therapist (SALT) and the information and guidance received was in the person's care plan. There was also information on people's dietary needs such as diabetic diets and soft and pureed meals.
We saw that care staff at Croftside communicated well with the people who lived there and gave people the time they needed to express their wishes. We saw that people who had capacity to make decisions about their care and treatment were supported to do so.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some people were not able to make some important decisions about their care or lives due to living with dementia. We looked at care plans to see how decisions had been made around their treatment choices. We noted that mental capacity assessments had been completed with people to assess their ability to make specific important decisions. We noted that multi -disciplinary meetings had taken place to discuss individuals needs and best interests meetings had been held to help make sure that decisions were taken in a person's best interests.

The information around who held Power of Attorney for a person was being recorded so staff knew who had this in place. Powers of Attorney show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and may be for financial and/or care and welfare needs.

We saw that people could move freely around the home and there was signage in place to support people living with dementia. This was to provide visual information and prompts to help people to know where facilities like toilets were and to orientate themselves better within the home.

We could see that staff training was being monitored and planned for by the registered manager across the year. All the care staff we spoke with confirmed they had good access to training and supervision and that they received an annual appraisal of their work and development. Training records indicated that all staff were being given the opportunity to do a range of training in addition to that required by legislation. We noted that dementia awareness training had been provided for staff to help with understanding the condition and how they could support people in the home who were living with dementia.

Good

Is the service caring?

Our findings

All the people we spoke with who lived at Croftside spoke highly of the staff who care for and supported them. They told us that staff respected their privacy and their dignity "At all times" and that, "The staff are very good" and that they were "Excellent". We were told by one person that, "The people who work here are good people, I cannot find fault with anybody. There are no staff I do not like". We were also told by people who lived there that the staff were "Polite and always willing to listen and help with any problems".

People who lived at Croftside told us that they could have visitors when it suited them. We were told, "There is no time limit on visitors" and "My relatives can visit anytime" All bedrooms at the home were being used for single occupancy. This meant that people were able to spend time in private if they wished to.

Relatives of people who used the service were also positive about the care in the home and told us they felt they were involved in the life of the home. A relative told us, The staff are lovely, always happy to talk to us and answer any questions we ask". Another told us," [Relative] is always very well turned out, they [staff] make sure her hair is washed and done and her clothes are neat and clean". We were also told by a relative that "The home has a lovely feel to it".

One relative contacted us to tell us about their family's experiences of the service. They told us That since going to live in the home their relative was "A different person" and that "The care given and kindness of staff is superb both to my [relative] and to me and the rest of our family.

We spoke with a member of the clergy who had been coming into the home for several years. They praised the caring approach of the staff and told us" "They [staff] really, really do care about the people here; they are warm and kind to residents and families. They have good hearts".

Training records indicated that support staff had done training on supporting people at the end of life. We looked at cards and letters sent to the service by the families of people who had passed away whilst living at the home. These had many complimentary comments from relatives and praised the "Wonderful staff" and their "Caring and compassion". One comment made by a relative in the customer satisfaction survey said, "I have seen how kind and caring the staff are".

We observed that the staff knocked on people's doors before entering and making sure that bedroom and bathroom doors were kept closed when people were receiving personal care. We noted that staff gave clear explanations to people when they were using equipment or being assisted with mobility and in such a way that protected their dignity. We saw that people were being supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity.

We spoke with some people in their bedrooms and saw these had been made personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things. One person told us, "I can decorate my room how I want".

Throughout the inspection we heard the staff addressing people respectfully, using their preferred names. The atmosphere in the home was calm and relaxed and we saw many pleasant meaningful conversations between staff and people living there throughout the day. During lunch, we found there was a high level of interaction between staff and people living there and a lot of good humour and laughter. We used the Short Observational Framework for inspection, (SOFI) to observe how people in the home were being supported and engaged by staff and how they were spending their time. We saw that staff took the time to speak with people and took up opportunities to talk with them and offer reassurance if needed. We observed that people who could not easily speak with us were relaxed with the staff that were helping them.

We found that information was available for people in the home to help support their choices. This included information about the services offered, about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to help support a person to share their views and wishes. Two people who lived in the home had an independent mental capacity advocate (IMCA) to help support and represent them with making decisions

Good

Is the service responsive?

Our findings

People told us they chose where to spend their time, where to see their visitors and how they wanted their care to be provided. Everyone we spoke with said that his or her individual needs were being met. People told us and we saw from the records, that people were able to follow their own beliefs. One person who lived at Croftside told us, "I go out every day for a walk but the staff make sure that they know where I am going and that I return safely. I even go shopping to the local Booths store once a week".

All the people we spoke with who lived in the home said they knew how to make complaint and would feel comfortable doing so. One person told us "If I made a complaint they would have to listen to me!" and they added, "I am very outspoken, but the staff do listen to me". Another told us, "The staff always ask what I think and always listen to what I have to say". Everyone we spoke with confirmed they could, and would, report any concerns they had about the practice of staff without fear of reprisals and believed that their concerns would be acted upon.

There was a monthly religious service for anyone who wanted to participate and people could take Holy Communion if they wanted to. People were able to see their own priests and ministers who could visit if the person wanted this. We spoke with a member of the clergy who had been in the home to give people Holy Communion. They told us they had always been made welcome in the home and that there was a caring and open culture in the home.

Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. This helped to give staff a more complete picture of the individuals they were supporting. Staff we spoke with knew about the individuals they cared for, what they had done in their lives and what mattered to them, not just about their personal care needs.

We saw there were notice boards with all the activities for the week highlighted and with any upcoming events publicised. We saw posters up in the home advertising events such as the home's new 'dementia café' that everyone within the home and local community was welcome to attend. The idea of a dementia café is to provide a safe and supportive place for people to meet, talk, share experiences and pass on advice.

People told us that they did not have to join in organised activities if they did not want to and felt under no pressure to participate unless they wanted to. One person told us "I do not get involved with any social activities – I am not a bit social". Another said, "They have only recently started having activities. I can join in if I want to". It was evident that the registered manager and staff had been making improvements to the activities provision in the home to give people more choice and involvement. The home now had three activities champions to promote activities and help people to follow their interests and have more social opportunities.

There were several photographs around the home of people taking part in different activities such as baking, gardening, ball games and having afternoon tea. The registered manager had been working with a local college to get students involved in art projects in the home. this was to help decorate areas of the home with

different scenes and with tactile materials to provide interesting items for people living with dementia to look at and touch. There was clear signage in the home for people and visual prompts to help people living with dementia to find their way about the unit and to orientate themselves.

The service had a complaints procedure that was available in the 'service user's guide' for people living there and visitors to refer to. There was a system in place for logging complaints received and a record of what had been done. Discussion with people living in the home, the registered manager and staff confirmed that any concerns or complaints were taken seriously no matter how small they may seem. A relative told us, "I have never had any concerns, or problems. I would only have to say something to the manager to get it put right". There was a system in place for logging complaints received and a record of what had been done in response. Staff said they felt able to raise any concerns with the registered manager and that they felt able to suggest ideas for improvement.

We saw that assessments of individual's needs and risks had been undertaken with them and their families, where required, to identify people's care and support needs. Care plans were developed detailing how these should be met by staff. We saw that care plans were being reviewed and updated to show where people's needs had changed so that staff knew what kind of support people required. For example, changes in a person's weight or behaviour that needed to be followed up with other agencies. We also saw that specific conditions had been assessed for risk and were being managed such as diabetes. We saw that care plans contained information for staff on the use of medicines that thinned the blood and the increased risk of bruising. This meant they could then receive appropriate treatment or medical intervention.

People's health and support needs had been assessed before they came to live in the home. We saw that care plans for people were being focused upon their individual needs and preferences and were agreed with them. Records indicated that people had access to health care professionals to meet their individual health care needs. We saw records in the care plans of the involvement of the district nursing team, the mental health team, the GP, optician, chiropodist and social services.

We saw that everyone living at Croftside had a 'hospital passport'. This had information about the person, their health and care needs, medication and what they wanted in order to support them. This information was to help make sure that should a person need to transfer to another care setting quickly. All the relevant information would be available for the staff to provide appropriate support on arrival, for example, in hospital.

Good

Is the service well-led?

Our findings

Everyone we spoke with who lived in the home told us that they felt that they were being involved how in how they wanted things done in their home. People told us there was a regular 'residents meeting' that they could attend to discuss the menus, activities, what was happening within the home. We looked at the minutes of the 'resident's meetings' and saw that people had discussed a range of issues about what they wanted in their home.

Everyone we spoke with who lived there and relatives told us that they knew the registered manager and could speak with them at any reasonable time. One person who lived there told us "The manager is one lovely lady" and another that "She [registered manager] has very high standards]". A relative also told us, "They have very high standards here, which is how it should be, [registered manager] sets an example and you can talk to her".

We saw throughout the inspection that the registered manager and senior staff made themselves available to speak with people living and visiting the home. We observed that they spent time with the people who lived in the home engaging in a positive and informal way with them. Staff we spoke with told us they felt the registered manager listened to them and that they had regular staff meetings to promote communication and discussion. A member of staff told us, "We have regular staff meetings to raise problems" and added, "The manager will always sort out problems, if she can". Staff we spoke with told us they felt the registered manager was, "Enthusiastic", "Approachable" and "Listened" to what they had to say. They confirmed that they had regular staff meetings to promote communication and discussion and regular supervision to support them in their work.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We found there was a clear management and organisational structure within the home.

Records we reviewed showed the service had quality assurance and clinical governance systems in place to monitor and also update records. Satisfaction surveys were done at least annually and the results had been collated for action to be taken. An example of action taken was the provision of more activities, as requested by people living in the home. We looked at the last survey results and found they were very positive with high satisfaction ratings that indicated the service was well regarded by those using it and their families.

There was a programme to monitor or 'audit 'service provision. Care plans including evidence of powers of attorney and medication audits were done regularly and recruitment records and environmental checks. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. There were also regular visits from the registered provider's 'operation's manager' who carried out their own checks and monitored the internal audits.

There were cleaning and maintenance records being kept to help make sure the premises and equipment were being kept clean and safe to use. Faults had been highlighted and acted upon to get repairs done and

these were recorded. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. Appropriate notifications required under legislation had been submitted to CQC.