

Wright Care Homes UK Limited

Croftfield Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 15th & 21st July 2015. During our previous inspection visit on 2nd August 2013 we found that the service was in breach of three regulations of the health and Social Care Act. This was because there were not sufficient staff to assist people, staff training and support was not up to date and people were not protected from the risk of infection.

Croftfield Residential Home (Croftfield) provides care to older people, some of whom may be living with dementia. The home is a converted Victorian building situated in a rural area in north Cumbria. There are 21

bedrooms in the home and there are three separate lounge areas and a conservatory. Due to the nature of the building there is no lift. People with mobility problems can access the first floor of the home via a stair lift.

There is 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 and associated Regulations about how the service is run.

Summary of findings

We found that the service was safe and every member of staff was aware of their role and responsibility to keep people safe at all times. The provider had policies and procedures in place to protect people from harm or the threat of abuse. Staff interactions observed during the visit evidenced people were comfortable and relaxed in their surroundings. Staff had completed training in safeguarding vulnerable adults.

We found that medicines were administered correctly and in line with people's prescriptions. Records of medicines administration were correct and up to date.

There were policies and procedures in place that ensured only suitable people were employed to care and support older people. The registered manager worked hard to ensure there was sufficient staff employed to meet the assessed needs of the people who lived in Croftfield.

Staff received training appropriate to their role within the service. Staff were supported by one to one supervisions and annual appraisals.

People were thoroughly assessed prior to their admittance to the home. Each person had an up to date care and support plan that gave staff the information required to provide a high level of care.

Nutritional assessments were in place and people were encouraged to eat a healthy diet. Special dietary needs were catered for.

Health care needs were met by visiting doctors and district nurses. Mental health professionals were accessed when required.

We observed warm caring interactions between people and the staff who cared for and supported them.

There was a complaints procedure in place and people knew how to make their concerns known. People were confident that any concerns or complaints raised would be dealt with in the most appropriate way.

Management arrangements ensured the home was well-run. There was an open culture in the home with the staff team supporting each other as well as people living in Croftfield.

There was an appropriate and detailed internal audit system in place to monitor the provision of care provided.

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?

The service is safe.

Staff had completed training in the protection of vulnerable adults and had a good knowledge about what constituted abuse.

Medicines were stored safely and administered in line with people's prescriptions.

Staff were recruited safely and there was sufficient staff to provide people with the support they needed.

Good



Is the service effective?

The service is effective.

Staff had received training relevant to their roles to help make sure they were competent to provide the support people needed.

People had a choice of meals and snacks. Nutritional assessments were in place.

People's rights were being protected because staff understood the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service is caring.

People told us they received good care and support.

Staff knew people they supported very well and treated them with compassion.

People's dignity and privacy were protected at all times.

Good



Is the service responsive?

The service is responsive.

People's needs were thoroughly assessed before they moved in to Croftfield.

The home had a good programme of activities and people were encouraged to join in if they wanted to.

Complaints were dealt with appropriately

Good



Is the service well-led?

The service is well led.

The registered manager was suitably qualified and experienced to manage the home.

There was an appropriate internal quality audit system in place.

Records concerning every aspect of the operation of the home were in place and up to date.

Good



Croftfield Residential Care Home

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 15 & 21 June 2015. The inspection was carried out by the lead adult social care inspector.

The provider had electronic problems with the submission of Provider Information Return (PIR) so this was sent by email directly to the lead inspector at The Care Quality Commission (CQC). A PIR 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. We reviewed the information we held about the service, such as notifications we had received from the registered

provider. A notification is information about important events which the service is required to send us by law. We looked at the information we held on safeguarding referrals, concerns raised with us and checked if there had been any applications made under Deprivation of Liberty Safeguards (DoLS). We planned the inspection using this information.

During our inspection we spoke to seven people who lived in the home, a visiting health care professional, the assistant manager, the registered manager four support workers and the cook. We spoke to four people who were visiting relatives during our time in the home.

We observed interactions and support in communal areas and looked at the care records for six people. We also looked at records that related to how the home was managed.

We looked at records pertaining to the safety and upkeep of the building and facilities. We looked at copies of internal quality audits that had been completed by the registered manager and other members of the senior team.

Is the service safe?

Our findings

We found that this service was safe. People we spoke to during our inspection visit told us they felt safe living in Croftfield. One person told us, “I have felt safe from the time I moved in here. It has never been an issue”. Another person said, “I love living here as there is always somebody about if I need help or am concerned about anything”.

We found that there were processes in place to keep people safe from abuse and harm. We spoke to staff about how they ensured people were kept safe and found they were knowledgeable in recognising the various signs of abuse and the related reporting procedures. One member of staff told us, “I know about abuse and the signs to look for. It can be as simple as a change in body language”. Another member of staff told us, “I most certainly would report anything I saw or heard and I am confident my comments and report would be investigated”.

We looked at the care and support plans and saw assessments had been undertaken to identify risks to people who used this service. Where risks had been identified there were management plans in place to reduce the risk. Prompts were in place to guide staff in the best way of reducing risks associated with mobility, falls, poor nutrition, reluctance to take medicines and allergic reactions to prescribed medicines. All risk assessments were reviewed monthly when the care plans were reviewed unless there was a change to the assessed needs when a new risk assessment would be completed in respect of the change.

We looked at the number of staff on duty on the day of our inspection visit and found it was sufficient to meet the needs of the people who lived in the home. We looked at four weeks staff rosters and saw that, wherever possible there was four members of support staff on duty throughout the day. The registered manager confirmed that recently new staff had been appointed and were just waiting for all the security checks to be completed before they started work. The registered manager explained the importance of having one extra staff between the hours of four and ten in the evening to bring the total number of support workers to four.

There was an appropriate recruitment process in place that ensured only suitable people were employed to work at

Croftfield. We checked four staff personnel files and saw that the checks and information required by law had been obtained before the staff were offered employment in the home.

We looked at the procedures in place with regards to the receipt, administration and disposal of medicines. We saw all medicines were stored correctly and safely in a locked trolley which was kept secure in the senior staff office. We saw detailed records were kept of medicine audits evidencing that the records were checked for anything amiss after every medicines round. There were regular checks on any medicines in boxes or bottles and homely remedies. The assistant manager explained these checks ensured there was a regular stock check and no build-up of medicines in the home. We saw the medication administration records were all completed correctly.

There was an audit of the medicines recently completed by the pharmacy that supplied medicines to the home. We saw a copy of the report that recorded ‘everything was fine’. Medicine record sheets were checked at the end of each medicines round to ensure all the documentation was completed correctly.

We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored, administered and recorded correctly. We checked the number held and found it corresponded with the number recorded in the controlled drugs register.

During our visit we walked around the home, went into bedrooms and bathrooms and

spent time in communal areas looking at the cleanliness of the building. During our previous inspection in August 2013 we found that people were not cared for in a suitably clean and hygienic environment. However during this inspection visit we found that the issues raised after the previous visit had been rectified. Staff had completed training in infection control and the registered manager or deputy completed regular infection control audits. The building was clean and tidy with no unpleasant odours. We saw there was a good supply of protective clothing for staff to use when giving personal care or assisting at meal times. We noted that staff wore blue protective clothing when they were serving the meals and white for other duties such as personal care.

Is the service effective?

Our findings

We spoke to four relatives during our inspection visit and all of them said their relative was well cared for. One person said, “The staff are fantastic and my relative is so happy. What is more the staff really know their job”. Another person told us, “The manager and staff discuss my relatives care with both of us and they are always asking what she would like to do”.

We asked people if they were given choices and they said the staff were always asking them what they wanted to do. One person said, “We can do what we like. I know some people like to stay in their room but me, I like the company of other people so I sit in one of the lounges or the conservatory”

During our previous inspection we found that staff training and support was not up to date so we looked at the training and staff supervision records during the inspection. The registered manager gave us a copy of the staff training plan and from that we saw that there was a comprehensive training programme in place. External training providers were used and staff were completing fire safety training on the first day of our inspection visit. Other training included moving and handling, infection control, dementia awareness, first aid, adult protection, supporting people with complex needs that may challenge the service, end of life, tissue viability and safe handling of medication. When we spoke to members of the staff team they told us there was always plenty of training they could do and said, “We do plenty of training and it is good it is usually done on site. We find the trainers very good”. Details of the completed training were held in the staff personnel files. The staff training was now up to date which meant that the service was no longer in breach of the regulations.

We saw, from the training plan, dates for refresher courses were in place for infection control, food safety, safeguarding and dignity and choice. Staff were also able to undertake further training to improve their skills and knowledge with some completing recognised qualifications in health and social care.

We asked staff if they felt well supported through meetings with their line manager. They said they had one to one

supervision at least six times a year but if they had something important to discuss they could arrange a meeting at other times. Records of the supervision meetings were held on file and available for us to see.

We saw that people had access to food and drink throughout the day and staff made sure there was always a plentiful supply of drinks on offer. They told us how important it was to make sure people had plenty to drink so they didn't become dehydrated. The registered manager told us that food and fluid charts were put in place when people were at risk of becoming malnourished or dehydrated.

We saw from the care records that people's weight was monitored and referrals to a dietician or speech and language therapist were made if necessary.

We asked people what they thought about the food prepared for them. They said, “The food is lovely and there is always plenty. It is so nice when you don't have to cook it yourself”.

We spent some time speaking to the cook on duty on the first day of our inspection visit. She was very knowledgeable about the people who lived in Croftfield and understood when there was the need for special diets and high calorific meals.

We saw that staff gave encouragement to people who only had small appetites whilst giving them time to eat their meals at their own pace.

There was a nutritional assessment on each of the care plans and weights were regularly monitored and recorded. If people were at risk of malnutrition a nutritional plan was put in place for staff to follow.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had completed basic training in the MCA and were aware of the DoLS. The registered manager told us that she was preparing to complete a 'Train the Trainers' in the MCA and DoLS in order to ensure regular training and updates could be provided to all the staff. There was nobody who lived in Croftfield subject to a DoLS order at the time of our inspection visit and the registered manager said she did not consider anyone in the home to be deprived of their liberty. However she was aware of the steps she needed to take if this were to happen.

Is the service effective?

People in the home told us that they saw the G.P or the community nurses when necessary. We met a visiting nurse who told us that staff called them appropriately and followed their advice. She said, “We work closely with the manager and staff who know we are here to help when necessary. We find them responsive to our advice and they are not afraid to ask for pressure relieving aids when they think it is necessary”. We saw in notes and care plans that all aspects of people’s health care needs were dealt with in a timely manner. The district nursing notes were held in a

cupboard in the staff office. Other professional health care services such as chiropody, optical and dental were accessed when required. The registered manager told us she could call on the mental health team for advice when this was needed.

We walked around all areas of the home and found that it was well maintained. It was in good decorative order and the manager confirmed that carpets were regularly replaced and rooms decorated when they became vacant.

Is the service caring?

Our findings

We found this service to be caring and observed staff supporting people in a caring and sensitive manner. People and their relatives said, "Everyone who works in this home is very caring and professional. They look after the family members as well as the people who live in the here". One visitor told us, "The staff are first class and very caring. Nothing is too much trouble. I visit often and I have never heard a word out of place from any of the staff". Visitors told us they had no worries or concerns about individual well-being or the care provided. They also told us they had no regrets at all about their relation moving in to the home.

We observed staff interactions with people throughout our time in the home saw that people were comfortable and relaxed with the staff who were supporting them. We saw staff putting people at their ease when they were assisting them to move around the building. We heard plenty of light hearted chat between the staff and people who lived in Croftfield and people told us, "It is nice when you can have a joke with the staff".

We saw staff interacting with people and we saw that they treated people with dignity and respect using humour and affection in an appropriate manner. We observed staff speaking to one person who had no verbal communication and saw very good interaction with the staff interpreting body language to the best advantage. It was obvious that the staff knew the person well and understood the complexity of their needs.

The staff we spoke to understood how important it was to give people as much privacy as possible. A number of people in the home liked to spend time in their own rooms and their wishes were respected. People told us, "The girls know I like to spend most of the day in my room as I like to be quiet. They have always respected this". Staff also understood the need for confidentiality and relatives we spoke to were confident that any information about them would be held in confidence.

It was noticeable during our visit that staff respected people's privacy and saw staff knocking on bedroom doors and waiting to be invited in. People who had problems with verbal communication were understood by staff who looked at body language and facial expressions to communicate. We saw that people were suitably dressed and ladies had their hair and nails done if they wished. We spoke to the hairdresser who was in the home during our inspection visit. She said, "It has always been a lovely home to visit and I have been coming here for three years. The staff are friendly and all of them including the manager are very helpful and caring".

We saw, from the care plans we looked at, peoples' preferences and choices were documented. Also included were details of people's life before they moved into Croftfield. The staff explained that this information was very useful when planning the best possible care and support for those who lived in the home. They said, "If we know what people did before they moved in it always gives us something to talk about so we can get to know people better".

Is the service responsive?

Our findings

We found this service to be responsive to the needs of the people who lived in Croftfield. We looked at six care and support plans and saw that each person had their needs comprehensively assessed prior to them moving in. This ensured the service was suitable and could meet all the assessed needs.

Following the assessments the registered manager or her deputy developed a personal plan of care. Steps were taken to involve the person who was coming to live in Croftfield and family members if this was appropriate. We saw that preferences were documented along with likes and dislikes, details about religion, hobbies and health care needs. People were encouraged to play their part in the care planning process as far as they were able.

We spoke to family members who were visiting the home on the day of our inspection visit and asked if they were involved with the care of their relatives. One person said, "Yes I am involved with my relative's care. We both discuss her care with the manager or deputy and we both attend review meetings. They keep me well informed and I know they are only on the end of the phone if I need anything". Another person said, "I can speak to the manager at any time about my relative's care and there is never a problem with this. I know she is in good hands here".

The care plans were suitably detailed and up-to-date and included health care and personal care needs. The staff we spoke to said they read the care plans and wrote in them each day during their shift.

Emotional needs were recorded as well as physical needs and advice from the mental health team was accessed when required. The registered manager told us she received good support from external health care professionals when she asked for advice.

There was a programme of activities for people to join in or watch whatever their preference was. One person we spoke to told us she joined in all the activities and had really enjoyed the 'balloon man' who had visited the home the previous day. Family members told us they also enjoyed the organised activities and special events. The registered manager told us one of the catering staff was taking on the role of activities co-ordinator a job she enjoyed and excelled at. People we spoke to knew about this and were delighted about it.

We spoke to people about the complaints procedure and asked if they knew what to do if they had reason to complain. People who lived in the home told us, "I have never had any reason to complain about anything and if I did I would just speak to the manager. I know she would look into it for me". Relatives told us that lines of communication with the manager and senior staff were very good and they were, "kept in the picture about everything".

Details about how to make a complaint were on display around the home. There was a complaints log in place but there had been none to record. The registered manager told us she spoke to people and visitors on a regular basis so any concerns were dealt with immediately. The CQC had not received any complaints prior to our visit.

Is the service well-led?

Our findings

There was a registered manager in place on the day of our inspection and she told us she had just appointed a deputy manager as part of the senior team. When we first arrived she showed us round the home and introduced us to the people who lived there that were up and about. It was obvious she knew the people who lived in Croftfield well and we observed very friendly interaction throughout our visit.

Relatives commented to us how friendly the home was and one said, “There is a lovely atmosphere in this home. I noticed it when I first came to look around at the available rooms. That is something money can’t buy”.

Staff told us they felt well supported in their roles and they did not have any concerns with the management of the home. Regular staff meetings were organised and minutes were made available for us to see. Staff said these meetings gave opportunities for staff to voice their opinions and make suggestions they thought would benefit the people who lived in Croftfield. Meetings were also organised for people who lived in the home and their relatives.

Staff told us that Croftfield was a very nice place to work. We spoke to staff who had worked at the home for a number of years and others who had recently been employed. They all agreed the staff worked well together as a team and supported one another.

There was an appropriate internal audit procedure in place to monitor and evaluate the quality of the care and support provided. Regular checks or audits were completed on care plans, medication, accidents analyses, the environment, health and safety and infection control.

There was an audit of the medicines recently completed by the home’s pharmacy that recorded ‘everything was fine’ Medicine record sheets were checked at the end of each medicines round to ensure all the documentation was completed correctly.

We saw records that evidenced all the equipment was serviced under annual service level agreements. These included, gas, electricity, fire safety equipment and aid to assist people with their mobility.

Quality monitoring questionnaires were sent to people who lived in the home, their relatives and external health and social care professionals. Those recently sent out were still being received back at the time of our inspection but we did look at those that had been returned. We saw that the comments received so far were all positive. The only request so far was for a canopy at the front door for when it rained.

Support for the registered manager was provided by one of the registered providers who visited the home on a regular basis. During their time in the home they completed their own internal quality audit and were able to read the outcome of the latest one completed. Both registered providers were contactable by telephone if the registered manager needed to speak to them or needed anything as a matter of urgency.