Supreme Care Services Limited

Croftdown House

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

We inspected Croftdown House on 24 November 2014. The inspection was unannounced.

Croftdown House is a care home which is registered to provide personal and nursing care for up to fifteen adults with long term mental health issues. At the time of our inspection there were three people living in the home.

The service had a registered manager. 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.

We previously inspected Croftdown House in June 2014. We found that it was not meeting all the legal requirements and regulations that we inspected. People were not adequately protected from abuse. Appropriate checks were not carried out on staff before they began to work alone with people using the service. We were also concerned that staff did not receive regular, relevant training.

After the inspection in June 2014, we asked the provider to take action to make improvements to the way they protected people from abuse, recruited and supported staff. The provider told us the improvements would be made by August 2014. This action has now been completed.

Summary of findings

During our inspection on 24 November 2014 we found the service was meeting all the required standards. People told us they felt safe. Relatives also told us people living in the home were safe. Staff were knowledgeable about how to recognise the signs of abuse and how to report any concerns.

Staff obtained people's consent to before they delivered care. The manager and staff understood the main principles of the Mental Capacity Act 2005 and the specific requirements of the Deprivation of Liberty Safeguards (DoLS).

People had comprehensive risk assessments which gave staff detailed information on how to manage the risks identified. There were plans in place to keep people safe in the event of an emergency. There were a sufficient number of suitable staff to keep people safe and meet their needs.

There were appropriate arrangements in place for the storage, administering, recording and disposal of medicines. Staff received training in administering medicines and knew how to do so safely. All areas of the home were clean and well maintained. Staff controlled the risk and spread of infection by following the service's infection control policy.

People were satisfied with the quality of care they received. Care plans provided detailed information to staff about how to meet people's individual needs. People were supported by staff who had the knowledge, skills and experience to deliver their care effectively.

People received a nutritious and balanced diet and had enough to eat and drink throughout the day. Staff worked with a variety of healthcare professionals to support people to maintain good physical and mental health.

People using the service and staff related well with each other. People told us the staff were kind and caring. People were treated with respect and were at the centre of decisions about their care. The provider listened to and learned from people's experiences, concerns and complaints to improve the service.

Staff had clearly defined roles and understood their responsibilities. People felt able to discuss their care with staff and management. There were systems in place to assess and monitor the quality of care people received.

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?

Good

The service was safe.

The service had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff. Risks to people were regularly assessed and managed according to their care plan.

There was sufficient staff to help keep people safe. Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good

The service was effective. People received care and support which assisted them to maintain their physical and mental health. The service worked well with external healthcare providers.

Staff had the skills, knowledge and experience to deliver the care and treatment people required. Staff were appropriately supported by the service to carry out their roles effectively through relevant training and regular supervision.

Is the service caring?

Good

The service was caring. Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity. People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their needs. The service obtained people's views on the care they received in a variety of ways and used people's experiences and concerns to improve the quality of care.

Is the service well-led?

Good

The service was well-led. The provider and registered manager demonstrated good management and leadership. People using the service, their relatives and staff felt able to approach the management with their comments and concerns. There were systems in place to regularly monitor and assess the quality of care people received.

Croftdown House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out by a single inspector who visited Croftdown House on 24 November 2014.

As part of the inspection we reviewed all the information we held about the service. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the report from the previous CQC inspection in June 2014 and the provider's action plan.

During the inspection we spoke with two people about what it was like to live at Croftdown House. We looked at people's care files. We spoke with four staff members including the area manager and also looked at their recruitment, training and supervision records. We spoke with two people's care managers and an external mental health professional.

We looked at the service's policies and procedures and records relating to the maintenance of the home. We spoke with the area manager about how the service was managed and the systems they had in place to monitor the quality of care people received.

Good

Is the service safe?

Our findings

People were protected from abuse. People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, "I feel safe and if I didn't I would speak to [registered manager] or my care manager" and "I know I'm safe".

People told us the type of behaviour that was unacceptable and knew how to report any concerns. When people first moved in to the home they were given a welcome pack which contained information on who to contact about their concerns. People could access this information at any time as they kept the welcome pack in their rooms.

There were systems in place to minimise the risk of people being abused. The service had policies and procedures in place to guide staff on how to protect people from abuse. Staff had been trained in safeguarding adults. The staff members we spoke with demonstrated good knowledge on how to recognise abuse and how to report any concerns. Staff told us and records confirmed that staff were reminded of their obligation to protect people from abuse during supervision and staff meetings. All the staff we spoke with told us they would follow the whistle-blowing procedure if appropriate. One staff member told us, "It's my duty to protect them from anybody that might want to take advantage of them."

Staff were only recruited after an interview, receipt of satisfactory references and criminal record and other checks had been carried out. Staff were only offered a permanent employment contract after the satisfactory completion of a probationary period. This minimised the risk of people being cared for by staff who were unsuitable for the role.

A sufficient number of staff worked at the home, to care for people safely. One person told us, "There is always someone here if I need them." We saw evidence that the number of staff required was re-assessed when a new person was considering moving in to the home. The number of staff working at the home took into account people's risk assessments and their care needs.

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. The risk assessments were detailed and personalised. Care plans gave staff detailed information on how to manage identified risks and keep people safe. This covered such issues as how to minimise people's risk to themselves and others when they were in the community, as well as risks associated with specific tasks such as cooking their own meals. Records confirmed staff delivered care in accordance with people's care plans.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff were required to complete medicines administration record charts. It was clear from the records we reviewed that staff fully completed these and that people received their medicines as prescribed.

Staff had access to detailed information on all the medicines people were taking and were able to talk knowledgably about people's medicines, the side effects and interactions with other medicines. People knew what medicines they were taking and what they were for. People told us they were supported to take their medicines when they were due and at the correct dosage.

People were protected against the risk and spread of infection because staff had been trained in infection control and followed the service's infection control policy. Staff spoke knowledgably about how to minimise the risk of infection. We saw that staff practised good hand hygiene and wore personal protective equipment, such as gloves when appropriate.

Good

Is the service effective?

Our findings

People were cared for by staff who were supported by the provider to deliver care effectively. People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. People commented, “They know how to look after me” and “They seem to have been trained and know what they are doing.”

Once appointed, staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role. Newly appointed staff were required to shadow an experienced staff member and observe care being delivered before they were allowed to work alone with people. They were also required to go through each person’s care plan and risk assessments and understand the factors which could trigger deterioration in each person’s mental health.

Staff received regular supervision where they discussed issues of concern, their training needs and their performance was reviewed. We saw evidence that staff attended team meetings where they were able to discuss concerns about and the progress of people living in the home, receive guidance on good practice and discuss the service’s policies and procedures.

Staff received training in areas relevant to their work such as safeguarding adults, food hygiene, mental health awareness and emergency first aid. We saw that staff were required to complete a competency questionnaire so that management could check whether they understood their training and knew how to apply it in practice.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the deprivation of liberty safeguards (DOLS) and knew how they applied to people in their care. The Mental Capacity Act sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people’s capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. Everybody living at the home had the mental capacity to make day to day decisions, as well as one off decisions relating to their specific care needs.

DoLS requires providers to submit applications to a “Supervisory Body” if they consider a person should be deprived of their liberty in order to get the care and treatment they need. Although no applications had needed to be made, staff understood the specific requirements of the DoLS and there were appropriate procedures in place.

People chose what they ate and were supported or encouraged to prepare their own meals if they wanted to. People told us they had enough to eat and drink. One person told us, “I can eat here or eat out. I can eat what I want, when I want. There’s always lots of food.” Staff knew what represented a balanced diet and care plans demonstrated that people were supported to maintain a healthy, balanced diet.

Staff supported people to maintain good health and have access to healthcare services. People’s physical and mental health was assessed and recorded on a daily basis. People knew the medicines they were taking and what they were for. People were encouraged to monitor the effects of their medicine. We saw evidence on people’s files that where they experienced unwanted side effects from their medicine staff assisted them to have the medicine reviewed and changed.

People and staff were in regular contact with community psychiatric nurses (CPN) who were updated on changes in people’s emotional, mental and psychological state as well as changes to their medicines. People were supported to attend appointments with their GPs, psychiatrists and occupational therapists. People told us that where there was a change or deterioration in their health staff promptly involved the relevant healthcare professional.

The home was of a suitable layout and design, to meet the needs of people living there and their visitors. The home and surrounding grounds were adequately maintained and gave people easy access to outdoor spaces.

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Good

Is the service caring?

Our findings

People told us the staff were kind and caring. Comments included, “They are a good bunch, very caring” and “They are kind and you get the sense they really care about the people living here.” Relatives told us “They really do care about [the person] and the other people living there” and “They are really good to [the person].

Staff had a positive attitude to their work and told us they enjoyed caring for people living at the home and we saw evidence of this during our visit. Staff took the time to have meaningful conversations with people about the things that mattered to them. We heard staff and a person living in the home discussing the best way for the person to get to an appointment on time so they could get back to do something they needed to do at home.

People living at the home were very independent and organised their own daily routine so they could do the things and spend time with the people that mattered to them most. One person told us, “Apart from the staff being here, I am living here independently. They make sure I take my medication and they are here should I need anything but that’s it. That’s the way I like it.” There was a calm, relaxed atmosphere within the home which people told us contributed to their general well-being. One person told us, “There’s a cool vibe here. I like it, it’s good for me.”

People told us they were given a lot of information both verbally and in writing on what to expect from the home before they moved in, which enabled them to decide whether they wanted to live there. People told us the home delivered the care and support as set out in its literature. One person told us, “Unlike some places I’ve lived, they actually do what they say they will.”

People said they knew who to speak to inside and outside the home if they wanted to discuss their care plan or make a change to it. It was evident from the care plans we looked at that people were involved in their care planning and the care they received.

People’s values, privacy and diversity were understood and respected by staff. People told us staff respected their privacy at all times. One person told us, “They would never just walk in to my room. They always knock my door and ask if they can come in.” There was sufficient space within the home to allow people to have privacy with their visitors. People who followed a special diet for religious or other reasons were enabled to do so. People with mobility difficulties were given rooms which enabled access to all the areas of the home, as well as the outside space. This enabled people to remain as independent as possible

Good

Is the service responsive?

Our findings

People were satisfied with the care and support they received. Comments included, “I’m very satisfied with the support I receive” and “I’m happy here.” Relatives told us, “The staff look after [the person] well. I’m very happy with the care he receives” and “The person is doing very well there.”

People and their relatives told us they were involved in the care planning process. People’s needs were assessed before they began to use the service and re-assessed regularly thereafter. People’s needs were re-assessed with their input at least every six months or more frequently if the service became aware of a change in their needs.

People’s assessments considered their dietary, personal care and health needs. People’s specific needs and preferences were taken into account in how their care was planned and delivered. Care plans had details of people’s personal history, their social interests and details of important relationships. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people’s individual needs.

Staff we spoke with knew people’s needs well. We also observed that staff knew the people they supported well. They knew their routines and behavioural indicators for deterioration in a person’s physical or mental health. This enabled staff to quickly recognise deterioration in a person’s health and get the specialist help required. Records showed and people confirmed, that care was delivered in accordance with their care plans.

People were enabled to be as independent as they wanted to be and to access the community as often as they wanted to. People decided how they wanted to spend their day and participated in activities that interested them inside and outside the home. Staff supported people to pursue their interests and allocated rooms in the home with the necessary equipment, to enable people to follow their individual interests in an appropriate setting.

People felt able to express their views. People told us they knew how to make a complaint and would do so if the need arose. They told us they were confident that suggestions or complaints would be dealt with promptly. One person told us they had expressed dissatisfaction to the manager with the way their meals were prepared and that this had been rectified immediately.

Good

Is the service well-led?

Our findings

People living in the home and staff told us the manager and area manager were accessible. One person using the service told us, "[The manager or area manager] are always here if I need to get something sorted out." Comments made about the staff included, "They are an easy going lot, you can have a good chat with them." "[The manager] is very approachable and so is [the area manager]."

People living in the home said that it was well organised and well run. Staff felt supported by the management. We saw that staff and management worked well as a team. There were comprehensive systems in place in such areas as, accepting new people into the home, staff unexpectedly not arriving for work and changes in people's medicines. Records demonstrated that staff adhered to these systems which contributed to people receiving a consistent quality of care.

When staff first began to work for the service they were given a staff handbook and a policy handbook. These detailed their role and responsibilities, the values of the service and the policies relevant to their role. Staff knew their individual day to day roles and responsibilities and the service's main policies and procedures.

Staff knew who to report any incidents, concerns or complaints to within the management team. They were confident they could pass on any concerns and that they would be dealt with. There were clear lines of accountability in the management structure. The management had regular discussions regarding incidents and issues affecting people living in the home and staff, and how the organisation of the home could be improved.

There were systems in place to regularly assess and monitor the quality of care people received. These included obtaining people's feedback, regular audits of people's daily care records and medicine administration records and the management observing staff interact with people and giving feedback

The service used the information gathered from its internal audits and recommendations made by external organisations such as (CQC) to make improvements to its policies and procedures and to improve the quality of care people received. We saw that an internal audit of people's risk assessments had led to improved risk assessments and risk management.

The provider and registered manager had plans for developing and improving the service and the quality of care people received. These included extending the training available to staff and increasing the competency checks carried out to test staff understanding of their training. The management team had started to implement these plans.