

Croftwood Care (Cheshire) Limited

The Hawthorns

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 inspection took place on 25 July 2017 and was unannounced. The Hawthorns provides accommodation and personal care for up to 39 older people. There were 34 people who were living at the home on the day of our visit.

The registered manager of the service had resigned from their post on 21 July 2017 and had begun the process to de-register from the Care Quality Commission. A team leader had received handover information from the registered manager and was now an interim deputy manager. They were supported by the home service manager and the provider. The provider was actively recruiting for a new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a safe environment as staff knew how to protect people from risk of harm. We found that staff recognised any signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions. There were sufficient staff on duty to meet people's needs. People told us that staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels reflected the needs of people who lived in the home. People's medicines were administered and managed in a safe way.

Staff had the knowledge and skills to support people in the right way which was in line with best practice. People received care and support in response to their needs and preferences. Staff provided people's care with their consent and agreement. Staff understood and recognised the importance of this.

People were supported to eat a healthy balanced diet with enough fluids to keep them healthy. People had access to healthcare professionals, such as their doctor when they required them.

We saw that people were involved in planning their care. People's views and decisions about their care were listened to and acted upon. People told us that staff treated them kindly, with dignity and that their privacy was respected.

Staff promoted a culture to encourage people to carry out hobbies and interests that were personalised to them.

We found that people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found that one complaint had been received which had been responded to with satisfactory outcomes for the person who had raised the complaint.

People and staff felt the interim deputy manager demonstrated clear leadership and support.

We found that the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve the care and support provided.

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.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support in an effective way.

People were provided with food they enjoyed and had enough to keep them healthy.

People received care they had consented to and staff understood the importance of this.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were committed to providing high quality care.

The staff were friendly, polite and respectful when providing support to people.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. The provider supported people to fore fill their hobbies and interests.

People's concerns and complaints were listened and responded to.

Is the service well-led?

Good 

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received good quality care to a good standard.

The Hawthorns

Detailed findings

Background to this inspection

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

This inspection took place on 25 July 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience; who had experience of elderly and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority prior to our inspection to gain their views about the service.

We spoke with 11 people who used the service and three relatives. We also spoke with four staff who provide care, the interim deputy manager and the home service manager. We reviewed four people's care records. We also looked at provider audits for environment and maintenance checks, compliments and complaints, incident and accident audits and staff and resident meeting minutes. A resident satisfaction survey, recruitment files for two staff members and a sample of people's medication records.

Is the service safe?

Our findings

All the people we spoke with told us they felt staff protected them from harm. One person told us, "I feel safe. There are plenty of people around". Two people told us they felt safe as staff checked them at night time, with one person saying, "Staff are all very good and helpful. They look in during the night to see I'm alright". People told us that staff recognised when they may need further support and helped them in a way which made them feel safe. All relatives we spoke with felt their family member was safe living in the home. Relatives we spoke with expressed how they did not worry about their family member's safety, as they had confidence in the staff to keep them safe from harm.

All the staff we spoke with showed a good awareness of how they would protect people from the risk of harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about recognising different types of abuse. We found the interim deputy manager had a good awareness of the safeguarding procedures and had support from staff in a management role should any concerns arise to ensure people were kept safe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, one person had been assessed to be at risk of falling. Staff had spoken with the person to discuss how this could be reduced. Staff told us that with the agreement of the person, they moved the person to a different room which had a different layout of the furniture. Staff confirmed that now this had happened the person was not falling. Staff also told us how they worked with relatives to ensure they promoted safe and appropriate footwear, and kept people's rooms free from trips and other hazards.

All people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us, "Staff are very nice and come when I press my buzzer". We saw staff answered call bells promptly and responded to people's requests immediately. Relatives we spoke with told us that there were enough staff to meet their family member's care needs. We saw staff did not hurry people and allowed people to do things at their own pace.

All staff we spoke with told us they felt there were enough staff on duty to support people. One staff member said, "We have busier times, but we always have time to spend with people". Staff told us the interim deputy manager had added a further staff member on duty during the day. All staff we spoke with told us this was working well, as it meant there were two staff on each floor to support people. Staff told us they felt the staff team were stable and that everyone worked together as a team. All staff we spoke with said the interim deputy manager was visible within the home and felt that they had good knowledge and understanding of people's care needs in order to put appropriate staffing levels in place.

We looked at two staff member's recruitment records and saw checks were completed by the provider to ensure they were suitable to deliver care and support before they started work. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. Reference checks with the staff's previous employers and with the Disclosure and Barring Service (DBS) had been made. The

DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people. The provider used this information to ensure that suitable staff were employed, so people using the service were not placed at risk through recruitment practices.

All people and their relatives we spoke with did not have any concerns about how their medication was managed. One person said, "Medication is always brought to me before breakfast". Another person told us how staff always checked if they needed any pain relief, and would give this when required. A relative we spoke with told us the staff ensured their family members medication was managed appropriately. We spoke with two staff members who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. For example, medicines were counted after each drug round to ensure all tablets were accounted for. We found people's medication was stored and managed in a way that kept people safe.

Is the service effective?

Our findings

People we spoke with felt staff knew how to look after them well and in the right way. One person said they had, "Come on in leaps and bounds and couldn't wish for a better home'. They continued to tell us they were having another identification photograph taken because they were, "Looking so much younger". A further person told us how staff, "Knew what they had to do", when supporting them with their care needs.

All relatives we spoke with told us staff were knowledgeable about their family member's care needs. One relative we spoke with felt people received good care as staff knew their family member as an individual. A further relative told us their family member was "Happy, comfortable, warm and clean", and continued to say their family member was "Very happy here".

Staff told us the training they had was useful and appropriate to the people they cared for. All staff we spoke with told us that they did training tailored to people's individual needs. One staff member said, "I've had good support here. I'm now having further training to support staff with their medicines training". They told us how the provider had supported them to gain their qualifications and progress their career.

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 we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. One person said, "They always ask me first and do as I say". A further person told us how staff respected their choice to eat in their room. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the provider ensured people received care and treatment that was in-line with their consent.

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.

The interim deputy manager had an understanding of the MCA process, the registered manager prior to leaving and shown the interim deputy manager the reviews that would require completion for people where it had been identified that they lacked capacity. They were aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully and applications had been made to the local authority where it was assessed that there were restrictions on people's liberty. Steps had been taken to determine who had legal responsibility to make decisions for

people where they lacked capacity to make them.

All people we spoke with told us they enjoyed the food at the home and they had a good range of choices. One person commented, "Lovely meals, homely food". While a further person said, "The food is good. There are three choices". People told us that there was fresh fruit and snacks available within the communal areas of the home, which they could take when they wanted. Some people told us they chose to have their lunch in their bedrooms, which was respected by staff. We saw where people did chose to eat in the dining room. People told us staff ensured they had enough to eat and if they were happy with their meal. A relative told us, "[The person's name] eats well and has put on a lot of weight since they have been here. Ice lollies are provided on a hot day".

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand or supported those to drink where they needed assistance. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us people had been assessed for their risk of dehydration. Where this had been the case, individual fluid charts were tailored to each person. The fluid monitoring charts were used to demonstrate if the person was having enough fluids to keep them healthy.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested these. Relatives we spoke with told us that in line with the person's consent, they were informed of any incidents and felt confident that these were handled appropriately and in a timely way. Relatives told us that staff recognised when a person became unwell and contacted the relevant health care professional where necessary. People were supported to see the dentist or optician when they required or during their annual health check.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "It's marvellous; the staff are wonderful". Another person said, "It is alright here. Staff are alright". While a further person told us, "It is very nice here, like being at home". People spoke positively about the staff and their commitment to providing them a supportive caring environment. All relatives spoke highly of the staff who provided care for their family members. One relative told us how staff were "Welcoming and friendly" when they visited the home. While a further relative said, "Staff are great. Nothing is too much trouble. The home is so friendly". Another relative told us that their family member was happy with the care and support they received living in the home. While a further relative said, "Staff pull out all the stops at Christmas and Easter".

People were supported and encouraged to maintain relationships with their friends and family. One person told us that a few days ago the staff had arranged for them and their friends to have a game of cards and provided a suitable table and china for afternoon tea. They told us this made them feel happy that their friends were welcomed. All relatives we spoke said they felt welcomed into the home and felt they were part of the family and not a visitor. Relatives told us they were able to visit when they wished and staff knew their family member well and could talk with them about the care provided.

Staff we spoke with were able to tell us about individual people, their life history, their life style choices and preferences. The interim deputy manager told us how people were able to bring their own furniture into the home which helped people feel more at home, one person said, "It's a very cosy home". Throughout the inspection we saw staff were kind and caring towards people they supported. We saw people smile at staff when they spoke with them. Staff were naturally at ease with people which encouraged further conversations. We saw when a person who lived in the home hosted the bingo staff engaged, encouraged and involved people in the game.

People told us they were always treated with dignity and respect. One person told us, "They [staff] always knock before entering a room". Another person told us, "All the staff are lovely to me". Where people needed support with their personal care they felt this was done so in a dignified and respectful way. People said they chose their clothes and dressed in their preferred style. We overheard staff speaking with people in a calm and quite manner and reassurance given to people. One relative we spoke with told us, "It is a relaxed home where [the person's name] is treated well and they [staff] respect the decisions they make".

Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. One person told us how staff knew they enjoyed going out in the garden and told us how staff supported them to do this when they wanted. Through our conversations with staff it was evident staff knew people well. One staff member was able to explain the person's preferences, knew what they liked and what they did not. They told us, "We know people well and what routines people have". They continued to say, "It's all about talking and listening. Really listening to what the person tells you".

People told us staff asked them questions to understand their preferences better. Staff told us that due to the provider's encouragement to spend time with people they felt they knew people well. One staff member spoke of one person they supported, and said, "I understand that when [person's name] becomes more emotional that their mood has become low. They get anxious and feel ashamed when we need to provide care, so I make conversation during this and help them to relax". A further staff member said, "[People] consider us as friends. They've told me they always have someone to talk to". One person confirmed with us, "I'm never lonely; there is bingo, music and exercise, arts and crafts and gardening and there had been a boat trip on the canal".

Staff told us they worked together and had good communication on all levels. All staff we spoke with told us they had detailed handover of people's current care needs. Staff felt that due to the good levels of communication that were in place, such as team meetings and on-going communication, people received responsive care in a timely way. One staff member said, "We all work well together". The staff member felt that this improved the delivery of care for people as all staff were up-to date with people's most current care needs.

People told us staff supported them to make their own decisions about their care and support. People said they felt involved and their wishes were listened to and respected. For example, people told us they could have a bath or shower when they requested one at a time that suited them. They told us they were able to have their own personal items in their room and had access to the kitchenette area to make their own hot drinks for themselves and visitors. People told us they appreciated this as it felt like home. With one person saying, "It's a lot nicer here than I expected it to be".

We asked people if they were supported to maintain their hobbies and interests. Some people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. People we spoke with felt the activities offered suited their needs and they could choose which ones they wanted to attend. One person told us they enjoyed playing bingo, and held this every week for other people living in the home to play. While a further person told us, "It's fun here. I enjoyed going on a boat trip on the canal this year". A relative we spoke with felt that the staff offered a good varied selection of entertainment and events, which people enjoyed and they felt they could attend to share the experience with their family member.

People and relatives felt they were listened to. One person said, "Living here is good quality and I have no

complaints". While a further person said they did not think there was anything that needed improving. The provider shared information with people about how to raise a complaint about the service provision. This information gave people details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. We looked at the provider's complaints over the last twelve months and saw one complaint had been received. We saw the complaint had been responded to with the complainant being satisfied with the outcome. The provider had demonstrated how they had learnt from the complaint and put actions into place to reduce the likelihood of the concern from happening again.

Is the service well-led?

Our findings

The registered manager of the service had resigned from their post on 21 July 2017 and had begun the process to de-register from the Care Quality Commission. A team leader had received handover information from the registered manager and was now an interim deputy manager. They were supported by the home service manager and the provider. The home service manager's role was supporting the domestic staff, cooks and the maintenance of the home. While they did not have in-depth knowledge of people's care needs they knew people who lived in the home and were able to support the interim deputy manager with the computer systems. The interim deputy manager told us they felt supported by the provider for any questions they may have, and this was working well. The provider was actively recruiting for a new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All people and relatives we spoke with felt included and empowered in the running of the service provision. People told us staff often asked if everything was going well or if there were any changes that they needed. People told us that resident meetings were held and they found these useful. One person told us, "Everybody seems quite happy. It is like a friendly gathering. Everything goes along well". People told us they had received a satisfaction survey, those who we spoke with could not think of any improvements they would like to make. We saw from the results that these were all positive.

We read compliments that relatives and people had sent in to the provider. These reflected what people had told us. For example, 'Each and every one of you should be proud of your efforts', and 'Keep the good work going'.

We spoke with people and relatives about the change in management following the recent resignation of the registered manager. People and staff felt that the interim deputy manager was doing well. One person said, "So far it is alright after the manager change", while a staff member said the interim deputy manager was, "Doing their best" and they continued to feel supported. Relatives we spoke with knew the interim deputy manager and felt confident in their abilities.

Staff told us they felt supported by the management team and their peers. All staff members we spoke with told us they enjoyed their work, and working with people in the home. They said if they had any concerns or questions they felt confident to approach the interim deputy manager. One staff member said, "I love it here. I wouldn't be doing this job if I didn't". Another staff member told us, "I'm proud of the job I do". All staff felt the interim deputy manager was approachable and valued that they had worked and supported people as well. Staff told us this had meant they had increased the staffing level during the day which they saw as a positive reflection on their knowledge of people and the service.

The provider completed checks around areas such as staff training, incidents and accidents, medicines and care records. The experience of people was looked at within these areas. For example, the provider had

spoken with people to understand how they were feeling about the support being offered to them. These checks found that people were happy with the service provision. The provider had identified that more robust measures were needed for 'as required' medicine, we saw that this had already been implemented, and the deputy manager had arranged a meeting to discuss this with staff who administered medicine.