

Allandale Care Group Limited

The Croft

Inspection report

94 Irby Road
Heswall
Wirral
Merseyside
CH61 6XG

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Tel: 01513427004

Website: www.abbeyfieldheswall.co.uk

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

About the service

The Croft provides accommodation with personal care, for a maximum of 10 people aged 65 and over. At the time of inspection, eight people lived in the home.

People's experience of using this service and what we found

People's care plans were person centred. Their needs and risks were clearly identified and staff had guidance on how to provide safe and appropriate support. Staff also had information on what was important to people. This helped staff provide personalised support that met their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring and that they felt safe at the home. They were very complimentary about their support and spoke highly of the staff team. We saw that staff interacted with people with genuine warmth and supported them at their own pace. Staff were respectful and compassionate at all times.

People received enough to eat and drink and had a choice at mealtimes. People told us the food was excellent and that they could have whatever they wanted to eat, whenever they wanted it.

Medicines were managed safely and the environment in which people lived was clean, safe and well maintained.

People's needs were supported by a range of health and social care professionals as and when required. Records showed that people received the support they needed in accordance with professional advice.

Staff felt supported and received sufficient training to do their job role. They were recruited safely and there were sufficient staff on duty to meet people's needs.

There were a range of social activities that helped people combat possible feelings of isolation and loneliness. People told us they enjoyed the activities on offer and said that they were able to spend their time as they wished.

The home was light and airy and communal areas had recently been refurbished. There was a warm, relaxed atmosphere and it was clear that people felt at home.

The service was well led. The culture was open and transparent and there were adequate governance arrangements in place to ensure the standard of care was good. Everyone we spoke to was more than happy

with the service they received.

Rating at last inspection

The last rating for this service was good (17 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Croft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an 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 service.

Service and service type

The Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager was not in work at the time of our inspection, so the manager from the provider's other home assisted with the inspection in their absence. For the purposes of this report, this manager is referred to as a 'visiting manager'.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. A visiting manager, the deputy manager, a senior care assistant and the cook.

We reviewed a range of records. This included three people's care records, daily records and a sample of medication records. We also looked at records relating to the recruitment, training and support of staff and a range of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- People's needs and risks were assessed and managed. Staff had information on what support people required and how to provide it.
- People's health and well-being was monitored. Prompt action was taken in response to any changes in people's needs or signs of ill-health.
- Accident and incidents were documented with the action taken by staff to support the person's wellbeing at the time the accident or incident occurred.
- The manager monitored how accidents and incidents occurred so that staff could learn from and prevent similar accidents or incidents occurring in the future.
- The home was safe and well maintained. Regular checks on the safety of the home's environment and the equipment in use had been undertaken and were satisfactory.

Using medicines safely

- People told us they received the medicines they needed to maintain their health and well-being. Records confirmed this.
- Staff had suitable guidance on how to administer people's 'as and when' required medications such as Paracetamol.
- Staff completed training in how to administer medicines safely and had their competency assessed.
- Medications were stored securely, at the right temperature and were well managed.
- There were 'as and when' required plans in place to advise staff how and when these medicines should be administered in order to maintain people's comfort.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home. One person said, "I feel very safe here". Another said, "It's a very happy place and we are being very well looked after".
- Staff knew what action to take to protect people from the risk of abuse.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks on their safety and suitability to work with vulnerable people were completed. This included a criminal conviction check, the obtaining of previous employer references and proof of their identity
- Staffing levels were sufficient to meet people's needs. People told us that staff were always available if they needed support.

Preventing and controlling infection

- The home was clean and tidy. Standards of infection control were good.
- There were arrangements in place to monitor the risk of Legionella bacteria developing in the home's water system.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed and their care plans were person centred and clear.
- The support provided met CQC's fundamental standards for adult social care services.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had access to patient information leaflets on each person's medical needs which were stored in their care files.
- Changes in people's health and well-being were clearly documented for all staff to be aware of,
- Additional support sought from other health and social care professionals was sought and acted upon as and when needed.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported. They said they had regular supervision and an annual appraisal of their skills and abilities. Records confirmed this.
- Staff training was provided in a range of relevant subjects. For example, moving and handling, safeguarding, medication administration, fire safety, food hygiene and first aid.

Supporting people to eat and drink enough to maintain a balanced diet

- People's meals were served promptly and portion sizes were good. People told us they had a choice and could have whatever they wanted. The food was home-made and people told us it was excellent. Their comments included, "The food is very good. The chef is out of this world, their food is amazing"; "The food is marvellous, there is always a choice". "We can ask for anything whenever we want if we are hungry".
- The chef took the time to ask each person if they had enjoyed their meal. One person told us "They [the chef] joke with us and they know everyone by name".
- A drinks machine was available in the lounge for people to make their own drinks and people told us jugs of fresh water were provided in their bedrooms.
- People's special dietary requirements these were catered for and the risk of malnutrition assessed and monitored.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed in accordance with the MCA. It was obvious that people were at the centre of their own support and that their right to consent was respected
- DoLS had been applied for appropriately where person's ability to keep themselves safe outside of the home without supervision was a cause for concern.
- People's care records contained documentation relating to people they had appointed as Power of Attorney. This was good practice. It ensured the manager and staff were aware of any persons authorised to make decisions on their behalf if they were no longer able to make decisions for themselves.
- People's care plan contained information on their mental health needs and the support they required. Where people were no longer able to communicate verbally, staff had guidance on whether the person used body language to indicate their wishes.
- During our visit, we heard staff consistently seeking consent from people before providing support.

Adapting service, design, decoration to meet people's needs

- The dining area was quite cramped. The visiting manager told us there were plans to extend the dining room area over the coming months to make the area more spacious.
- There was appropriate signage in and around the home to help people find their way around.
- People had helped choose the colour scheme and furnishings in the communal lounge.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us staff were kind and caring. They were very complimentary about the staff team. Their comments included, "They're very kind, there's not much you'd not be happy about here"; "It's marvellous here"; "They're very, very kind" and "They're very good, very attentive and very friendly".
- Staff chatted to people throughout the day about the everyday things people talk about when they know each other well. These interactions were natural, spontaneous and warm.
- Staff were able to tell us about the things that were important to people and spoke about the people with genuine affection. One person told us "They'll do anything for me. They bring me things and if I want anything from outside, they'll get it for me".
- From what people told us, it was clear that staff went the extra mile to help people. One person said "I love the football. On my birthday they have arranged for me to have a trip to Liverpool Football Club. Two of the staff are taking me and another resident on their day off".
- Another person said "On our birthdays, the Chef asks us what kind of care we would like. He made me the most beautiful lemon drizzle cake".

Supporting people to express their views and be involved in making decisions about their care.

- Regular meetings took place to enable people to express their views on the service and any improvements required. The minutes of the last meeting were displayed on the noticeboard just outside the lounge.
- Each person's bedroom contained a copy of the home's service user guide. This guide provided people with information about the home and the support provided.
- People's opinions on the quality and safety of the service provided was regularly sought. A 'You said, we did' poster was pinned on the noticeboard. This gave people an update on the action taken in response to their feedback and suggestions. It was clear that the service listened to and acted upon this feedback.

Respecting and promoting people's privacy, dignity and independence

- People told us their right to privacy and dignity was respected at all times. One person said, "You can have a shower or bath anytime you want – every day if you like". Another person told us, "They're very good and prompt with the laundry and things always smell nice".
- People's care plans recognised what people could do for themselves and what they needed help with. Staff promoted people's independence as much as possible. One person told us "I have a walk out for fresh air most days if I want to". Another said, "I can go out when I like. I always go for a walk in the afternoon".
- People's personal records were stored securely in the office to protect people's confidentiality.

Respecting equality and diversity

- People's equality and diversity needs were identified within care plans for staff to be aware of.
- There was information available within the home on LGBTQ (Lesbian, Gay, Bisexual, Transgender, Questioning) and how to access groups for older people.
- The service had achieved accreditation as a 'Confident and Committed Disability Employer' in 2019. This is a government scheme designed to help employers think differently about disability and take action on how they can improve employment opportunities for disabled staff within their workforce.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records contained information about their life history, cultural and spiritual needs and activities they enjoyed. People felt staff knew them and their loved ones well.
- Care plans were reviewed regularly to ensure they accurately reflected people's needs. Some risk assessments and support plans was duplicated which meant there was a lot of information for staff to read.
- Daily records showed that people received personalised care.
- People told us they had a choice in all aspects of their care and were very happy with the support provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information on how best to communicate with them
- Where people were unable to communicate verbally, care files indicated they used body language to communicate their wishes. There were no pictorial aids (pictures or symbols) or other systems in place however to assist people to communicate their needs. We spoke with the visiting manager and deputy manager about this.
- Information on the service was mostly in written format. For example, the service user guide and complaints procedure. No alternative formats were readily available but we were told these would be obtained if needed.
- The service had participated in a research project regarding sight loss and loneliness in care. Staff understood the importance of good communication and positive relationships.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to spend their time as they wished. A range of social and recreational activities were offered and these were advertised on the home's noticeboard just outside the communal lounge area.
- People told us they enjoyed the activities on offer. Their feedback included "[Activities co-ordinator] has us all gardening"; "They [activities co-ordinator] do quizzes, bingo and sing to us"; "I really do enjoy the chair exercises we do"; "We sit out there (in the garden) at the tables (in summer) and have our tea and cakes"

and "I like to read and there is a little library here".

- Staff took their breaks with people living in the home. They chatted to people socially and it was obvious this was a normal thing for staff to do. People and staff were comfortable in their company and interactions were positive and natural. This created a sense of homeliness and helped people feel included.
- People told us that their relatives and visitors were always made to feel welcome. Their comments included "They know my family". They're very good when they come in and always make them a cup of tea" and "They make visitors very welcome here".

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint in their service user guide.
- The provider's complaints policy and procedure had been improved upon since our last inspection and was now much easier to read and understand.
- Contact details for the registered manager, the provider and the local authority complaints department needed to be added to the complaints procedure for people to be aware of. We were told this would be acted upon without delay.
- People we spoke with were more than pleased with the care they received and had no concerns.

End of life care and support

- People did not always have adequate end of life care plans in place to advise staff of their needs and wishes. We drew this to the attention of the deputy manager and visiting manager.
- Medication to ensure people's comfort at the end of their life were available and staff told us that they liaised with the district nurse team when the time came to administer this medication.
- People's wishes with regards to cardiopulmonary resuscitation (CPR) in the event of ill-health had been explored.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with during our visit said the service was very good and the home well run. One person said, "The manager is very good and the staff are happy and helpful"; "[Deputy manager] is wonderful, they will tackle anything and "The staff are happy, they seem to like being here".
- People's care was well planned and their support co-ordinated with a range of health and social care professionals to maximise the best outcomes for them. The culture of the service was open, person centred and people felt safe and well treated.
- The visiting manager, deputy manager and staff team were passionate and committed to providing good care. Staff we spoke with were proud to work in the home and felt the home was well managed.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were a range of robust systems in place to monitor the quality and safety of the service. Where areas for improvement had been identified, these were acted upon.
- The service complied with its regulatory requirements. It was clear the provider worked hard to ensure people were at the centre of their own support and that the support provided was of a good standard.
- There was a clear management structure and staff were clear about their roles and responsibilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had ensured that notifications were sent to us when specific incidents occurred.
- The home's most recent inspection rating was displayed within the home as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's individual and diverse needs were assessed and respected. This included information about their religious, spiritual or cultural beliefs.
- Resident meetings took place both on a group and one to one basis. During these meetings information on the running of the home was shared and people's their views and suggestions on a range of topics sought. For example, meal planning, activities, home improvements.
- Staff meetings were held regularly. Standards of care were discussed and agreed upon and staff were given an opportunity to discuss any issues with the running of the home or their job role.

Working in partnership with others

- The service worked in partnership with a range of other NHS providers to ensure good outcomes for people.
- The local authority said the service sometimes used the NHS Teletriage service to prevent unnecessary hospital admissions. This service enables care home staff to contact a NHS nurse practitioner remotely by using technology such as skype to access medical advice.
- The service was participating in a research project funded by a local university. This research was focused on people's experience of the transition from home to hospital when a hospital admission was required. The service had also participated in other research projects designed to improve adult social care.