

Auckland Care Limited

Crofton Lodge

Inspection report

21 Crofton Lane
Hill Head
Fareham
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Tel: 01329668366

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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

We carried out this unannounced inspection on 20 December 2017

There was a registered manager in place. 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.

We previously inspected Crofton Lodge on 11 April 2017 and rated the home as requires improvement. We found a breach Regulation 12 Health and Social Care Act Regulated Activities Regulations 2014 Safe care and treatment. The management of medicines was not always safe as records and auditing had not been effective and temperature checks of medicines storage did not consistently take place.

At this inspection we found improvements had been made and the provider was no longer in breach of the HSCA.

People were safeguarded from potential harm and abuse. Staff undertook safeguarding training and any issues raised were fully investigated. The service was homely and maintained to make sure it remained a safe and pleasant place for people to live.

Care and treatment was planned and delivered to maintain people's health and safety. During the inspection people's needs were met by sufficient numbers of staff.

Safe arrangements were in place to reduce the possibility of infection in the service.

The provider had learned lessons from previous inspections, accidents and incidents and use this to drive improvement.

Documentation was created in a format suitable to support people to make decisions.

The registered manager and staff had created a culture of promoting independence.

Recruitment processes remained robust. Medicines were administered by staff who had received training to undertake this safely.

Staff were provided with training to help them care for people effectively. They received supervision and appraisal, which helped to develop the staff's skills.

People's dietary needs were known and if staff had concerns people were referred to relevant health care professionals to help to maintain their well-being.

People's rights were protected in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities regarding this.

Staff supported people with kindness, dignity and respect. People were supported to undertake a range of activities at the service and in the community.

People received the care and support they required and their needs were kept under review.

People were asked for their views about the service and feedback received was acted upon. The registered manager, staff and senior management team undertook checks and audits of the service.

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 had improved to good.

Medicines were stored and administered safely. Staff had received safeguarding training and were aware of actions they needed to take to keep people safe.

Staffing levels met the needs of the people using the service. Staff had been recruited safely. Processes were in place to manage any unsafe practice.

Appropriate arrangements were in place to reduce the possibility of infection in the home. Staff had received training in infection control.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service had improved to good.

There was a registered manager in place. The provider carried out robust quality assurance checks to assess and monitor the quality of care people received.

People felt there was an open, welcoming and approachable culture within the home.

The staff engaged positively with external healthcare professionals.

Crofton Lodge

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 carried out by one inspector, took place on the 20 December 2017 and was unannounced.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the service manager, the deputy manager, a team leader and two support workers. We spoke with three people and reviewed feedback about the quality of care provided by looking at questionnaires. After the inspection visit we received feedback from two healthcare professionals.

We pathway tracked three people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives, staff rota's, quality assurance records and checked a sample of the providers policies and procedures.

We last inspected the home on the 11 April 2016 where we identified on breach of the HSCA.

Is the service safe?

Our findings

People told us they felt safe. One person said, "They help me stay safe when I go out" another person said, "They help me with my medication".

During our previous inspection we identified concerns relating to how medicines were being managed. At this inspection we found improvements had been made and the provider had met the requirements of the regulation. A member of staff told us lessons had been learnt from the previous inspection and said additional audits had been put in place in respect of medicine management. There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by various staff members to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines. A member of staff said, "The area manager will normally come in once a month and do a huge audit and we do a medication audit every day. We were doing meds audits weekly but now we are doing it daily, I had to do my training again and we have new documentation in place, there are no meds errors in now" and "Before the end of my shift and at the start I always check it. This morning I came in and seen they administered prn at night. When I came in this morning and checked and seen they hadn't signed the other paperwork, I then told them to do it and I got an explanation as to why it wasn't done".

The provider had safe arrangements in place to reduce the possibility of infection in the home. The infection control lead said, "I ensure we have enough COSHH (Control of Substances Hazardous to Health) supplies, PPE (Personal Protective Equipment), latex free gloves, colour coded clothes, mops and buckets, and everyone has their own washing baskets to avoid cross contamination. Food and drink is labelled and dated. We have colour coded chopping boards, the kitchen has just had a new floor, it's been painted and it is cleaned daily". Quality assurance audits demonstrated the provider had frequently carried out health and safety checks to ensure the home was clean and safe to live in. The provider had carried out a number of maintenance improvements since our last inspection which included the development on the office and painting a decorating throughout the home. One person said, "I visited the home before I moved in and it's much better now, they have done loads of work to it".

Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire. The provider ensured the premises and equipment were maintained. Health and safety records we looked at confirmed regular environmental checks were undertaken and any issues swiftly remedied.

Staff responded positively when behaviours were challenging and had assessed possible risk of harm. For example, A member of said, "When I was wrapping the presents with (Person), I kept the scissors. (Person) normally throws things out the window; they can smash things and bang walls and doors. We buy plastic

cups and flasks so its less harmful; he has tv on his wall with a box built around it so it can't be broken and keeps him safe. His bed is built to the wall. We have ordered more solid heavy weight furniture". Staff told us the person's triggers had changed with one staff member saying, "He gets upset if his favourite staff member speaks with another person. We remind him other staff are available. We give him choice, you have to be very basic; (Person) always has a choice of what he wants to do. Baking, arts and crafts, shopping, don't give him too much choice though as it will cause him to become anxious".

Peoples' care records contained assessments which identified potential risks which may impact on their health or safety. Assessments included strategies for staff and people to follow in relation to the risk of falls, choking, absconding, possible seizures and potential hazards to people's wellbeing when going out in the community. Risks to people's wellbeing were monitored and reviewed to help keep people safe. This was recorded in peoples' daily records which were also used to support peoples' care reviews. We observed staff understood the risks present for each person in their care and they were able to tell us about the action they would take to reduce the possibility of harm.

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. A member of staff said, "I would phone the safeguarding team or CQC"

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing care and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and their individual needs. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs.

The provider had safe recruitment processes in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

Healthcare professionals told us staff were well trained to meet peoples' needs. One professional said, "Staff keep us updated with any incidents and they are well equipped to manage and risks".

Staff acknowledged the need to adapt the environment to meet peoples' needs. A member of staff said, "(Person's) environment was picked up on the last inspection. We are working to improve his environment. We have ordered heavy weight furniture; we have ordered Perspex so we can make his room more personal and put pictures on his wall. We have bought pens and chalk boards. He writes on his walls and on his door, this is what he uses to express himself, if you've not understood he will write on the wall and come and get you". The person concerned showed us their bedroom and when we asked what the large black boards on their wall were they said, "I use chalk and I write my feelings down".

The provider had effective arrangements in place to support people with nutritional needs and preferences. For example, one person needed to have particular food cooked in a very specific way to avoid potential harm to their health. Staff consistently and accurately described how certain vegetables needed to be prepared and cooked. We found this guidance was listed in their care plan. A member of staff said, "On a Wednesday each person is asked what they want, (Person) is on a soft diet and (Person) is on a vegetarian so we make sure there are alternatives. We try to have at least three vegetables with meals if we can". People who were at risk of choking had been assessed by the appropriate healthcare professionals such as the speech and language team.

The provider worked effectively with external organisations and had followed best practice guidance when supporting people with particular health conditions. For example, records showed care plans contained detail about torticollis, echolalia, communication methods and behavioural challenges. Daily notes and care records showed how one persons' GP, their occupational therapist and a psychologist had worked with staff in respect one person's communication and behaviour. A member of staff said, "In the front of their file they have 'this is me' which includes personal details, useful professional contacts and details about their care manager.

Staff were provided with and completed mandatory and specialist training. For example; first aid, moving and handling, fire safety, nutrition, food hygiene, safeguarding, the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS], learning disabilities and autism. Training provided helped staff to develop and maintain their skills. New staff had to complete a period of induction and undertake the fifteen elements of the care certificate [a nationally recognised training programme]. Staff received supervision and had a yearly appraisal, which allowed the registered manager and staff to discuss any performance issues or training needs.

Staff were knowledgeable about how to protect peoples' human rights. Staff told us they asked people to consent to their care. This was done by verbal communication or through the use of body language, communication symbols and pictures. We saw staff understood each person's unique way of communicating. We found staff gave people choices and supported them to make decisions for themselves,

such as decisions their food choice, what to listen to on the radio and what to watch on the TV.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the DoLS. The registered manager was aware of their responsibilities in relation to DoLS. Where people had been assessed as lacking capacity to give consent to their care and make their own decisions, care was provided in their best interests. Records showed staff had followed the key principles and the Act and appropriately recorded decisions made in peoples' best interest. At the time of our inspection the registered manager had referred two people to the local authority to be assessed for DoLS.

Is the service caring?

Our findings

People spoke positively about the care they received. One person said, "They are really good here, I have problems falling and the staff look after me, they remind me to put my helmet on and they speak to me nicely, I really like being here and they help when I want a cigarette".

Staff ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans and risk assessments were documented using pictures, symbols and writing. We saw local advocacy information and dates of resident and relatives meetings were displayed to help keep people informed. A member of staff said, "One person has had some unexplained falls. We have the mental health team involved and we are doing ongoing investigations into why the falls happening. They are currently being reviewed by the cardiology team. We have also put a referral in for an advocate". When we asked one person what the pictures on the wall in the hall were for they said, "It's staff, it's so we know who is coming in".

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equality Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristic were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Staff understood peoples' preferences for their care and support, their personalities, interests and preferred routines. We observed this during various conversations between people and staff in the lounge area. Staff were seen to be attentive and they offered help and assistance to people. Staff attended to people straight away if they were anxious or upset and comforted them in a gentle and kind way.

People received care and support in private in either their bedroom or in bathrooms with the doors closed. We saw staff knocked on people's bedroom doors before entering and addressed people by their preferred names.

There was a confidentiality policy in place for staff to follow. People's personal information was stored securely and computers were password protected in line with the Data Protection Act.

Is the service responsive?

Our findings

People told us their complaints were taken seriously and resolved to their satisfaction. One person said, "If I am not happy I tell (Staff member) and they get it sorted or me". When asked if staff met their care needs each person we spoke with said yes.

People were supported to lead happy and fulfilled lives in the least restrictive way. They were empowered to make choices about all aspects of their lives, including what they did each day, where they went and how they spent their time. Staff told us about a wide variety of community-based activities they were supported to take part in. During our visit there were people going out shopping with staff whilst other stayed indoors making Christmas decorations.

When people's needs changed, their care plans were reviewed to make sure they remained up to date and fit for purpose. For example, during a time of anxiety and behaviours that challenged one person's care plan was reviewed and updated to reflect changes required. Records showed a number of healthcare professionals had been involved in reviewing the persons care.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included information which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. This detail was useful in supporting staff to build positive relationships with people.

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time. The registered manager had a positive and open relationship with people, so did not need to use formal complaints procedures to resolve concerns. Any issues raised were dealt with immediately as and when they arose. The views of people were sought on a daily basis and people were listened to, for example in their choice of meals and the way their rooms were decorated.

Is the service well-led?

Our findings

During our previous inspection the home did not have a registered manager. At this inspection a registered manager was in place. Maintenance issues identified during our previous inspection had been dealt with and on-going work was taking place. A member of staff said, "We have done a lot of work, I actually painted the kitchen with another member of staff"

Staff consistently told us the registered manager was supportive and provided good leadership. One member of staff said, "(Registered manager) has really brought the team together. We have got on so well recently and we work so well together as a team. His personality and his approach are brilliant. He is visible, he sits in the lounge, he will take the guys (People) out, he cooks, He gets involved, and he's part of the team. He follows through with things. He's not protective about his role; he shares it so everyone knows the direction". Another member of staff said, "I can talk to him and he's not scary, he's been supportive of personal issues out of work. I have regular supervisions and I've done my NVQ level 3. I've always worked in care. I've been given the option to do more".

The registered manager was aware of their responsibilities and ensured that they fulfilled these. We had received notifications from the registered manager notifying us of certain events that occurred in the service. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us to help with the auditing of the service.

As part of the providers drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans which described how the required improvements would be achieved. For example we saw actions had been put in place to keep people safe whilst maintenance work was carried out and whilst staffing levels were being reviewed.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary.

Staff worked proactively with external health and social care organisations which included the community mental team, the local authority safeguarding team and the GP. Records showed staff were acted promptly to obtain advice from a GP after one person became anxious and displayed behaviours that were challenging.