Croftwood Care Ltd

Croftwood

Inspection report

Whitchurch Way
Halton Lodge
Runcorn
Cheshire
WA7 5YP

Date of inspection visit:
13 February 2018

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09 April 2018

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 unannounced inspection of Croftwood took place on 13 February 2018.

At the last inspection in March 2015, the service was rated 'Good'. We found during this inspection that the service remained 'Good.'

Croftwood is a care home situated in Halton, Runcorn. Croftwood is registered to provider person care and accommodation under one contractual agreement and both were looked at during this inspection.

Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse this included 'whistleblowing' to external organisations. The registered manager had systems and processes in place to ensure that staff who worked at the service were recruited safely. Rotas showed there was enough staff at the home to support people safely. Risks were well assessed and information was updated as and when required. We were able to view these procedures and how they worked. We particularly looked at falls management as one person's records showed they had had a lot of falls in the last few months and we wanted assurances the provider was taking all reasonable to prevent falls from occurring. Practices relating to medication storage and administration were safe.

All newly appointed staff were enrolled on the Care Certificate. Records showed that all staff training was in date. There was a supervision schedule in place, and all staff had received up to date supervisions and most had undergone an annual appraisal, any due were booked in to take place.

We saw that where people could consent to decisions regarding their care and support this had been documented. We saw some example of where people lacked capacity, the appropriate best interest processes had been followed. The service was working in accordance with the Mental Capacity and DoLS (Deprivation of Liberty) and associated principles.

People we spoke with were complimentary about the staff, the registered manager and the service in general. People told us they liked the staff who supported them. Staff were able to give us examples of how they preserved dignity and privacy when providing care.

Complaints were well managed and documented in accordance with the provider's complaints policy. The complaints policy contained contact details for the local authorities and commissioning groups.

Staff we spoke with demonstrated that they knew the people they supported well, and enjoyed the relationships they had built with people. Care plans contained information about people's likes, dislikes, preferences, backgrounds and personalities.

Regular audits were taking place for different aspects of service delivery. Quality assurance systems were effective and measured service provision. Action plans were drawn up when areas of improvement were

identified. Staff meetings and resident meetings took place.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? the service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Croftwood

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 took place on 13 February and was unannounced.

The inspection was conducted by an adult social care 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 care service. In this case, care of older people living with dementia.

Before our inspection visit we reviewed the information we held about Croftwood. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. We also accessed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service.

We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication impairments.

We spoke to 13 people using the service, the chef, the senior carer, the registered manager, the area manager, regional manager, the maintenance person and three staff. We looked at the care plans for four people and other related records. We checked the recruitment files for three staff. We also looked at other documentation associated to the running of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe at the home. Comments included, "Yes I am very safe here." "It's very safe here, I'm well looked after and there are always plenty of staff around if I need anything", "They can't do enough for you here, I was somewhere else before and this is so much better, nothing is too much trouble", "The staff here are very busy, but they're very good" "They always make sure I take my medication and explain it to me"

A family member told us, "I couldn't be happier that if [relative] can't be at home that they can be here, I trust them here"

Staff we spoke with said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Staff had received training in safeguarding, and there was information displayed around the communal areas of the home such as the phone number for the local authorities safeguarding team. Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisation's safeguarding policy.

We spoke to the registered manager about lessons learned. This was because we wanted to be sure the provider was using the opportunity to learn from mistakes and implement improvement. The registered manager discussed with us how they had improved the handover procedure at the home. This was due to errors occurring regarding issues not being communicated to staff. The registered manager had introduced new paperwork and this had improved.

All staff had received training by a competent person in the administration of medication and additionally received annual updates and competency refreshers. We viewed a sample of MAR (Medication Administration Records) which were completed accurately by staff, and had been audited by the service. We counted a sample of loose medications and found that all stock balances corresponded to what was recorded on the MAR. Medication was well managed.

Repairs and maintenance were carried out in a timely way, and there were regular checks on equipment such as the lifts, portable appliance testing (PAT) electric and gas. Fire procedures in the event of an evacuation were clearly marked out, and equipment for safely evacuating people was stored securely and safely in the home. Personal Evacuation Plans (PEEPs) were in place for each person which were personalised and contained a breakdown of what equipment that person needed to evacuate the home safely. The home was clean and tidy. Procedures were in place to ensure the safe removal of hazardous waste, and bins and toilets were regularly cleaned and checked. Personal protective equipment PPE was available for all staff, such as gloves and aprons. There were hand sanitizers fitted to the walls in various areas of the home, and these were full.

Risks to people's health and wellbeing were appropriately assessed and measures were put in place for staff to follow to support people to remain safe. We saw risk assessments in relation to nutrition, medication, falls and the environment. There was a process in place to record, monitor and analyse incidents and accidents,

which included an explanation of why the incident occurred and any remedial measures put in place as a result of this. We spent time looking at the process for recording and responding to falls in the home. This was because one person had sustained a lot of falls since they had been at the home. We wanted to be sure the provider had robust practices in place to learn from past falls so they could try to prevent any further falls occurring. We saw that people were subject to continuous observation and review once they had sustained a fall. This was often accompanied by a referral to the falls team, and a re-assessment on the person's mobility equipment. We saw people who were at high risk of falls had assistive technology in their rooms, such as sensor mats. We saw that other people liked to remain mobile around the home, and had capacity to weigh up this decision.

Staff were recruited safely and satisfactory checks were made on staff before they started working at the home. These checks included two references and a disclosure and barring service (DBS check). This is a check that new employers request for potential new staff members as part of their assessment for suitability for working with vulnerable people.

Good

Is the service effective?

Our findings

People we spoke with told us that staff were skilled. Comments included, "The staff all seem very well trained, they always know what to do with me". A family member we spoke with said, "I can't fault them on their skills, not just trained skills but they seem to genuinely care and show real understanding".

Staff confirmed they were required to attend regular training. We viewed the training matrix and checked that the dates recorded matched the dates we saw on staff certificates. Staff were required to complete an induction process which was aligned to principles of the Care Certificate. The Care Certificate is an induction process employees who are new to care complete over the course of 12 weeks. This is then signed off by a senior member of staff.

Records showed, and staff confirmed that they were receiving regular supervisions from their line manager. Staff who had worked at the service longer than 12 months also had an appraisal.

We checked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). 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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This legislation protects and empowers people who may not be able to make their own decisions.

The care files viewed included mental capacity assessments and demonstrated that people were encouraged to make decisions around their daily life and that consent was sought from people and their relatives appropriately. The registered manager had applied to the relevant Local Authority for four authorisations to deprive people of their liberty. The rationale for this decision was clearly documented following a mental capacity assessment and best interest process. DNAR's (Do not attempt resuscitation) were clearly visible within files.

People told us that staff responded promptly to health needs and ensured quick access to appointments. The care files we examined showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, physiotherapist, and optician and that referrals were made in a timely manner. One person said, "I was ill last week and they got the doctor to me really quickly, I'm much better now, they take good care of us", "I see the physiotherapist and my doctor if I need to".

Everyone was complementary regarding the food and said they had enough to eat. One person said, "The food is good and I get lots of choice", "If I change my mind about what I want they will let me change it".

Good

Is the service caring?

Our findings

We received the following comments from people who lived at the home. "It's more like being in a big family", "I get to go out on trips and to the shop", "These are some of the kindest people you could want to meet".
We observed kind, caring and compassionate relationships between staff and people who lived at the home. Staff clearly knew people well, and had conversations were relaxed and familiar.

We spoke to staff members who provided examples of how they would ensure they respected people's privacy and how they promoted dignity, which included making sure that they knocked before entering people's rooms and asking consent before providing care. Staff we spoke with demonstrated a good understanding of how to protect and promote people's dignity. We observed staff asking for consent before providing care to people.

Some people we spoke with could not remember whether they had been involved in reviewing their care plans, however, others could. One person said, "I get involved with my care plan, it helps me understand things better as well". Someone else said, "My family did my care plan, I wasn't really interested but I know they were involved. Care plans had been signed and dated when they had been subject to review. Care plans were either signed by the person themselves, if they had the capacity to do so, or via a best interest process which involved their family members. One care plan we viewed was not signed, so we raised this with the registered manager at the time of our inspection.

People's records and personal information was securely stored in a lockable room which was occupied throughout the duration of our inspection.

The advertisement of local advocacy services in the communal area of the home ensured people could access support if required. There was no one accessing this type of support at the time of our inspection.

Good

Is the service responsive?

Our findings

People told us they received care and support which was person centred. Person centred means care which is based around the needs of the individuals and not the organisation.

Care plans contained information with regards to people's likes, dislikes, backgrounds and routines. For example, for one person, we saw information recorded which stated that they preferred to have their bathroom light left on at night. We saw another person had specific information recorded with regards to their behaviours, and how they showed that they required support. People who required additional documentation to monitor their food and fluid intake had this in place. We saw that people were being weighed regularly. The service had made appropriate referrals to other healthcare professionals, such as Speech and Language (SALT) and dieticians. This meant that people were getting care and support which was right for them and met their needs.

There was a programme of activities on the communal board, and people told us they liked the activities. One person said, "We get lots to do here, I get involved in as many activities as possible and really enjoy them".

There was a complaints process in place for people to express their concerns. Records demonstrated that the management had responded to concerns in a timely manner. One person told us, "I haven't had a need to complain, but I think it's because generally everyone is so approachable that concerns are dealt with quite easily". Also "If I need to complain I just speak to someone nearby, it's never anything serious and things are sorted quickly".

Staff were trained in end of life care and there was information recorded in people's care plans which described any specific arrangements in place when they were at the end of their life.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. 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.

Everyone we spoke with was complimentary about the registered manager. All of the staff we spoke with said that the registered manager was approachable. One person told us, "They are busy, however they always make time to chat to us."

We saw that team meetings were taking place regularly, the last one had taken place in January and we viewed the minutes of these, as well as the previous months. We saw topics such as safeguarding, training and health and safety were discussed.

The service also regularly gathered and analysed feedback from people living there, the staff, and relatives. We saw that no issues had been raised in the last feedback report.

The service worked well with the local authority contracts team and we saw there had been a recent contracts audit. The registered manager had developed an action plan from the visit they were working towards.

There were audits for the safety of the building, bedrails, accidents, cleaning care plans, medication other checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. For example, we saw that one audit had identified a need for the handover procedure to be changed so it was more effective, and we saw this had been put into place by the registered manager.

There were polices and procedure in place for staff to follow, the staff were aware of these and their roles with regards to these polices.

The registered manager was aware of their roles and responsibilities and had reported all notifiable incidents to the Care Quality Commission as required. The ratings from the last inspection were clearly displayed in the main part of the building.