

J & B Care Home Limited

Sweetcroft Residential Care Home

Inspection report

53 Sweetcroft Lane
Uxbridge
Middlesex
UB10 9LE

Tel: 01895230009

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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

About the service

Sweetcroft Residential Care Home is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 20 people. Since the last inspection, the home has changed provider in September 2019 to a family run business called J & B Care Home Limited.

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

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were followed and there were enough staff to meet people's needs. Medicines were managed safely. Staff followed appropriate infection control practices to prevent cross infection.

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 were supported to maintain healthy lives and access healthcare services appropriately.

Staff were supported to develop their skills and provide appropriate care through inductions, supervisions, appraisals, training and team meetings.

People and their relatives told us people were cared for by kind and supportive staff who knew the needs of the people they cared for. People were involved in decisions and independence was promoted.

Care plans were personalised and recorded people's preferences, so staff knew how to respond to people's needs appropriately. People told us there were a number of activities on offer that they enjoyed.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.

Rating at last inspection

The last rating for the service under the previous provider was requires improvement, published on 5 August 2019. The service was registered under the new provider J & B Care Home Limited, on 11 September 2019.

Why we inspected

This was a planned inspection based on the date of registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 ●

Sweetcroft Residential Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one 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.

Service and service type

Sweetcroft Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. However, a new manager started the week after the inspection, and it was their intention to apply to CQC to become the registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. This included the last inspection report and notifications received from the provider. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, who was also the owner, the deputy manager, senior care workers, care workers and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included six people's care records and three medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one professional who regularly visited 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People and their relatives told us they felt safe in the service. One person commented, "I feel safe here. I know that [staff] are around to take care of things" and a relative said, "[Person] is very safe because their procedures here are very good."
- The provider had up to date policies and procedures for safeguarding and whistleblowing.
- Records confirmed staff had relevant training and staff we spoke with knew how to respond if they had concerns about abuse. The provider had systems for reporting and investigating suspected abuse. The provider knew how to raise safeguarding concerns with CQC and the local authority to help protect people from further harm.
- There had only been one safeguarding incident. We saw the provider had a log of the issues and actions taken, written responses and email communication. A safeguarding action plan had also been completed to help prevent a reoccurrence in the future.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. These included risks relating to medicines, mobility, skin care and personal care. Risk mitigation plans provided clear guidance for staff and were regularly reviewed to help to keep people safe.
- People had personal emergency evacuation plans (PEEPs) for how each person should be evacuated and the assistance which was required to ensure people could evacuate safely in an emergency.
- Appropriate environmental and fire risk assessments were carried out. This included fire equipment, gas and water systems checks. The provider completed checks with action plans to help ensure the environment was well maintained.

Staffing and recruitment

- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service. After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people. The provider had enough staff and did not use agency staff.
- One person commenting on staff said, "Maybe they could do with a few more [staff]. It's hard work. They are rushed. They do work well together though. They're a happy bunch. They do chat and you can tell them your worries."
- A staff member said, "I think we have enough staff. We always help each other. There are no agency staff employed here."

Using medicines safely

Medicines were managed safely and the provider had a medicines policy and procedure in place.

- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely.
- Records we viewed were completed appropriately. This included medicines administration records and as required medicines (PRN) protocols.
- The provider undertook medicines audits to ensure medicines were administered safely and people received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.

We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems for learning lessons when things went wrong. Incidents and accidents were recorded and demonstrated appropriate action had been taken to address the identified concerns.

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 requires improvement. At this inspection this key question has now improved to good.

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 were assessed prior to moving to the home to confirm these could be met by the provider in line with legislation and guidance. Pre-assessed needs included the person's medical history, communication needs, physical, mental health and spiritual needs. The pre-assessment was scored to determine if the service could meet the person's needs.
- People and their relatives told us they were involved in planning their care. This helped to ensure that staff had the information to plan care around people's specific needs.
- Care plans were person centred, so staff had the relevant information to support people with their choices.

Staff support: induction, training, skills and experience

- People using the service were supported by staff with the skills and knowledge to effectively deliver care and support.
- Staff were supported to keep their professional practice and knowledge updated in line with best practice through inductions, supervisions, annual appraisals and team meetings. One staff member said, "We are getting supervision every two to three months. They are very helpful. The amount of support we are getting is phenomenal."
- Training records confirmed staff had training that reflected the needs of the people they were caring for. For example, dementia and falls safety awareness. Staff also completed a number of annual competency tests such as infection control, moving and handling and safeguarding to ensure they had the appropriate skills to care for people.

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

- People were supported to maintain healthy diets, and care plans recorded any specific needs, such as a low salt diet or pureed food, and people's food likes and dislikes.
- When required, people's nutritional needs and weight were assessed and monitored for changes.
- Food was prepared freshly every day and there was a choice of meals. People told us they enjoyed mealtimes. Comments included, "They make a lot of effort. I enjoy the food. We have choices. I'm a diabetic and I have to have my breakfast at a certain time, which is provided", "The food is alright. There are choices. They come in before (lunchtime) and ask what we would like" and "Every Friday we have a special meal together and try different food. The staff try to sit and eat with the residents."
- Most people were able to eat independently, but where support was required, we saw staff sitting with people and supporting them appropriately with their meals.

Staff working with other agencies to provide consistent, effective, timely care

- Care plans recorded personalised information about people's healthcare needs and we saw evidence of the provider working with other professionals including the community nurse, district nurse, dietician and the GP, to help ensure people received effective and timely care. One health care professional confirmed they rang the service daily and staff were knowledgeable about people's needs.

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

- The new provider had made significant improvements to the environment of the home.
- Some of the people the provider supported were living with the experience of dementia and the provider had made changes to better meet their needs. A healthcare professional commented, "Such a lovely dementia friendly environment and it feels like the residents' home."
- Corridors and communal areas had been completely redecorated so it was easier for people to orientate themselves. They had themed areas and included local landmarks in the decor of the home, such as local street names.
- The provider had put up signs with pictures on them to help people know what was behind a door even if they could not read the sign. People also all had different coloured doors and decorations to help them identify their room more easily. People's bedrooms were clean and personalised to individual tastes, so they had familiar things around them.
- The home was clean and well maintained and there was a garden for people to enjoy sitting in or to be involved in gardening.
- Communal areas had information screens that included the day's meals and other events. People's artwork was displayed on the walls and ceiling.

Supporting people to live healthier lives, access healthcare services and support

- Care records showed people were supported with their healthcare needs as required and staff made referrals to professionals according to people's needs.
- People told us, "Medications are all fine. Someone came here to take blood recently. They do all of that. I've seen a chiropodist. The dentist has visited but a long time ago" and "I've had very good attention regarding my health. It seems the doctor's service is good here."
- A healthcare professional said, "Staff have all the information beforehand ready for me. The documentation is very good."

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.

- The principles of the MCA were being followed. People's mental capacity had been assessed and best interests decisions had been made appropriately and as required.

- Where necessary, the manager had made applications for DoLS authorisations so people's freedom was not unlawfully restricted.
- The provider kept a copy of DoLS applied for, assessed, and granted and completed a monthly DoLS audit so they knew what needed to be followed up.
- People told us that they were able to make choices about their lives.

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; respecting equality and diversity

- People who used the service were treated with dignity and respect and were supported by staff who understood the needs of the people they were caring for.
- Staff had undertaken training in equality and diversity and were aware of the importance of respecting people's individual needs and protected characteristics.
- The home held different themed days that celebrated cultures from around the world.
- We observed positive and caring interactions between people and staff. This was confirmed by a person who said, "There is a lot of sensitivity around my care. I can have the support where needed."
- A relative said, "Interactions with [person] are very good. [Staff] like them to do things independently, but I find they are very responsive to what they see. They are very patient."

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

- People were supported to express their views and be involved in day to day decisions. They told us, "The staff do ask what I want to do. If I want to go into the garden, I can" and "We watch a church service on Sunday at the moment. Someone else with a different religion watches in the garden room."
- Care plans included information about people's choices and preferences so that the staff were aware of these and could support people safely and appropriately.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and staff encouraged people to maintain their independence.
- People told us, "Everything [regarding personal care] is done in a dignified way. There are some male carers too. They are great", "I'm treated with dignity" and "I do as much as I can for myself and if I need help, they are there for me. They are kind and caring."
- Staff comments included, "Have a conversation while providing personal. Give them choices of what they like to wear. Help them to be as independent as possible. Let them wash their face and brush own teeth as much as they can."

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 requires improvement. At this inspection this key question has now improved to 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

- We found care plans were person centred and recorded people's preferences about how they wished to receive care, and staff were knowledgeable about the needs of the people they supported. A relative commented, "[Staff are] very aware of the individual needs. For example, they use sensor mats so if [person] falls over they are aware of it."
- People told us they were involved in contributing to their care plan. They said, "It was my choice to come here and so I was fully involved with my care plan" and "The care home has been sensitive to my needs and I've been involved with decisions. At the moment, the home meets my objectives."
- Care plans contained information and guidelines for staff so they could meet people's needs and preferences. This included information about people's social history, family, likes / dislikes and hobbies which provided staff with context and areas of interest when communicating with the person.
- Care plans were specific to the person's needs. For example, we saw assessments for diabetes and hypertension with guidance for staff on how to support these needs.
- People's care plans were regularly reviewed and updated to reflect current needs.

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.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid. There was also guidance about how to communicate with people. For example, if the person needs time to process and respond or to be specific when asking questions.
- At the time of the inspection people using the service all communicated verbally in English. However, the provider confirmed they would be able to provide different formats such as translated documents or large type if required.
- The provider had picture menus and pictures of the next meal were displayed on a screen in communal areas, so people could see at any time what was on the menu.

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

- The provider employed an activity co-ordinator who arranged a variety of group and individual activities on a daily basis. When a person moved to the home, the activity co-ordinator completed a life history with them and tried to identify what their interests were.
- Activities included, arts and crafts, gardening, baking, exercising and pampering activities. The provider had a monthly 'around the world' party and there were also themed days. For example, a seaside party where people had fish and chips and made sand creations. When a day to celebrate was identified, for example St George's Day or Mother's Day, an activity board in the dining room was decorated in that theme by people using the service.
- The service had a large interactive touch screen tablet that people could use, and people could participate in streamed church services.
- One person wanted to make a card for the arrival of their great grandchild. The required materials were purchased, and support was provided for the person to make the card. A presentation box with the person's original design and card was also made. The activity co-ordinator thought it was a good piece of work because it was meaningful and personal to the person. The person told us, "I was really pleased with it and the family loved it. It really was a work of art. It was the person who does the activities who helped me with it."
- Records indicated for people who preferred one to one interaction, this was also provided regularly.
- People told us they had the opportunity participate in activities if they wanted to. Comments included, "They do all nice things here. We all sit at a table and make things with the staff. They celebrate special days too", "I'm a loner, but I do join in the exercise class", "I have to be escorted. We go outside to the garden" and "There are things to do if you want. No one forces you to do them."
- The provider promoted maintaining relationships. We saw people were supported to communicate with their family through tablets and phone calls and observed visits in line with COVID-19 guidance.

Improving care quality in response to complaints or concerns

- The provider had procedures in place to respond to complaints. People and their relatives knew how to make a complaint and felt comfortable raising concerns.
- There had only been one complaint since the last inspection related to the safeguarding alert. Complaint forms had an overview, investigation plan, the findings and a response.
- Comments from people included, "If you have any problems you can always talk to the staff. I don't have any complaints", "I've not had anything serious to complain about. I'd let them know if I wasn't happy about something. They let me do my own thing here" and "They were not coming to my room until their second shift. I asked for this to be changed to the first shift. They listened and now I get up two hours earlier."

End of life care and support

- The provider completed end of life care plans to help ensure people's wishes and preferences for care at the end of their lives was known in the event they required this support.
- Information included the person's priorities for care, where they would like to be cared, if they wanted to be resuscitated and people the person thought should be contacted during this time. It was recorded that the care plans were completed with the person, and where appropriate their relative.

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 requires improvement. At this inspection this key question has now improved to good.

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

- The service was person centred and open. People and their relatives indicated they were satisfied with the care provided. Comments included, "Because it is a smaller home it is more personal, and they get more attention and are not just a number" and "Communication from the home has been very good during the lockdown. I've been able to visit my relative daily as they are receiving palliative care. They have a garden room and I don't have to enter the home to get to the room."
- Care plans were person centred with clear guidance to help achieve good outcomes for people.
- The provider had followed government guidance to support people's family visiting the home.
- Staff felt supported and said, "Management treat everybody equally and they do support us. I would be able to raise any concerns."

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 registered manager understood their responsibility around the duty of candour. They were open about sharing information during the inspection.
- The provider was aware when they needed to share information with other agencies including the local authority and CQC. They had a good understanding of relevant legislation and kept up to date with relevant guidance.
- People and their relatives felt they could raise concerns. One relative said, "I find the management very helpful and they are always available. I've never not been able to speak to anybody."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection, the provider had just employed a new manager who intended to become the registered manager.
- There was a clear staff structure and the nominated individual, who was also the owner, was present and involved in the day to day running of the service.
- The provider had processes to monitor the quality of services provided and make improvements as required.
- Staff felt supported and there was good communication within the staff team through handovers and team

meetings. Comments from staff included, "[Owners] are really good and here to help and support. They have done amazingly. [The deputy manager] has done really well. It is much better place. Anything I need I can go to them. I feel more relaxed and confidence is back up",

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

- Stakeholders were engaged in how the service was run.
- There was evidence of residents' meetings taking place three monthly and people confirmed they attended.
- The provider sent out a monthly newsletter to keep people informed and updated about what was happening at the home.
- We viewed satisfaction surveys completed by people in January 2021 about their experience of the service and the feedback from the survey was positive.
- Team meetings were held to share information and give staff the opportunity to raise any issues.
- A healthcare professional told us, "[The home] is very well led. "

Continuous learning and improving care

- The provider had systems for assessing, monitoring and mitigating risk and improving the quality of the service.
- The provider undertook several checks and audits to help ensure continuous learning and improving care. These included medicines, a incidents audit which highlighted trends, night audits, care plans and a monthly infection control audit with an action plan.
- The provider had a business continuity plan that provided guidance for how to respond to COVID-19.
- Managers participated in local authority provider forums to share information and best practice with other providers in the area.
- The new provider took over the service in September 2019. They identified the need to improve the environment and staff training. At the time of the inspection significant improvements had been made to the environment and they had implemented training with tutorials and a quiz to help develop staff skills. They also implemented performance procedures and now have a stable staff team without the need for agency staff.

Working in partnership with others

- Records indicated the provider worked with other professionals to maintain people's well being. These included the GP, dietician and community nurse.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.