

Akari Care Limited

Crofton Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Crofton Court is a residential care home providing accommodation and personal care to up to 50 older people some of whom are living with a dementia related condition. At the time of our inspection there were 40 people living at the home; some of whom were living with dementia.

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

Action had been taken following our previous inspection. Lessons had been learnt and improvements had been made.

Most people and relatives spoke positively about the home and the care and support provided. One relative told us, "Staff make them feel wanted and they are always treated with dignity and respect. Their room is basic but clean and tidy - nothing posh here, but they are shown compassion and patience which is what they need - they feel it is their home."

An effective system was now in place to protect people from the risk of infection. One relative said, "Staff always wear appropriate PPE, we have to do a lateral flow test (LFT) before we visit at home now, I think they have handled COVID-19 very well under the circumstances."

There were sufficient staff deployed at the time of the inspection to meet people's needs. We observed lovely interactions between staff and people. Staff worked as a team to meet people's needs.

Medicines were managed safely. We identified several issues relating to the recording of medicines. We have made a recommendation that best practice is followed in relation to the recording of medicines.

People were supported to eat and drink enough to meet their needs. Work was ongoing to ensure records relating to people's fluid intake were accurate and personalised.

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. Action was being taken to ensure records demonstrated how the MCA was followed.

Audits and checks were carried out. A new computerised care planning system was in place. We identified several shortfalls regarding the maintenance of records. These related to medicines, MCA and the recording of people's fluid intake. We did not identify any impact upon people because of these shortfalls. We have made a recommendation about ensuring that records accurately reflect people's needs.

Systems were in place to involve people, relatives and staff in the running of the home. We passed feedback about certain issues relatives had raised to the management team so these could be investigated and addressed.

There was a new manager in post who was going through the application process to become a registered manager with CQC. One relative told us, "There have been a lot of staff changes, but the new manager is like a breath of fresh air, she is brilliant, amazing - can't praise her enough. 100% changed the place and better staffing."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 February 2021). There were three breaches of the regulations relating to safe care and treatment, staffing and good governance. We issued a warning notice and told the provider they needed to improve. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to confirm that they had followed their action plan and met legal requirements. The inspection was also prompted in part due to concerns received about people's care and support, staffing levels, accidents and incidents, eating and drinking, medicines and the management of the home. We found no evidence during this inspection that people were at risk of harm from these concerns.

This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crofton Court on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crofton Court

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 conducted by two inspectors, a pharmacy 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

Crofton Court 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 had a manager who was going through the application process to become a registered manager with the Care Quality Commission. This meant the provider was legally responsible for how the service was 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 held about the service, including the statutory notifications we had received from the provider. Statutory notifications are changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with six people who used the service. Our expert by experience spoke with nine relatives by telephone about their experience of the care provided. We observed staff interactions with people. We spoke with 10 members of staff including the manager, regional manager, member of the domestic team, senior care workers, care workers, including night staff, the maintenance man and chef for their feedback about working at the home.

We reviewed a range of records. This included records relating to people's care, medicines management, staff recruitment and training. We also looked at a variety of records relating to the management of the service, including policies and procedures which the provider sent us electronically.

After the inspection

We continued to seek clarification from the manager and provider to validate the evidence found. We spoke with a health professional and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Three staff submitted an online form with positive feedback about working at the home and the support they had received from management staff.

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.

Using medicines safely

At our last inspection medicines were not always managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines were managed safely. We identified several shortfalls with the recording of medicines. The management team addressed these at the time of our inspection.

We recommend that the provider ensures best practice guidance is followed in relation to the recording of medicines.

Preventing and controlling infection

At our last inspection a safe infection control system was not in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.

Staffing and recruitment

At our last inspection, not enough staff were deployed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Sufficient staff were on duty at the time of our inspection. Staff worked together as a team to ensure people's needs were met. They carried out their duties in a calm unhurried manner.
- Safe recruitment procedures were followed to help ensure suitable staff were employed.

Assessing risk, safety monitoring and management

At our last inspection an effective system to manage and monitor risks was not fully in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- An effective system was now in place to assess, manage and monitor risk. One relative told us, "Yes they are very safe, well looked after and it is a safe environment. The building is secure with fire testing. No signs of any kind of abuse."
- Accidents and incidents were monitored and analysed to look for any trends so preventative action could be taken. People at risk of falls had sensor alarms in place and referrals had been made to the falls team.
- Checks on the premises and equipment were carried out to ensure they were safe.

Learning lessons when things go wrong

- Lessons learnt following accidents and incidents and other identified shortfalls were discussed with staff. This helped ensure that improvements were fed back to staff, so action could be taken to prevent or reduce the likelihood of any reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- An effective safeguarding system was in place. Safeguarding issues were appropriately identified and reported to the relevant agencies.

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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection people's risk of dehydration had not been adequately risk assessed and monitored. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People were supported to eat and drink enough to meet their needs. Work was ongoing to ensure records relating to people's fluid intake were accurate and personalised.

Staff support: induction, training, skills and experience

At our last inspection, an effective system to ensure staff were adequately trained and supported was not fully in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- An effective system was now in place to ensure staff were supported and trained. Staff told us and records and our observations confirmed; that they had completed training to help ensure they could meet the needs of people who lived at the home.
- Staff received supervision and told us they felt supported in their job role.

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.

- DoLS applications had been made to the local authority for people who were unable to consent to their care and treatment.
- Work was ongoing to ensure computerised records demonstrated how the MCA was followed.

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

- People's needs were assessed in line with best practice guidance. A new computerised care planning system was in place which was based on current standards and recognised assessment tools.

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

- The design of the service met people's needs.

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

- People were supported to access health care services to ensure their health needs were met. We spoke with a health care professional who told us they had a good relationship with staff. They explained that referrals for medical advice were "relevant and necessary."

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 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.

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

At our last inspection an effective quality monitoring system was not in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Audits and checks were carried out to monitor the quality and safety of the home.
- A new computerised care planning system was in place. We identified several shortfalls regarding the maintenance of records. These related to medicines, MCA and the recording of people's fluid intake. We did not identify any impact upon people because of these shortfalls. These were being addressed by the management team.

We recommend the provider keeps the maintenance of records under review to ensure records accurately reflect people's needs.

- There was a new manager in post, They were going through the application process to become a registered manager with CQC. Staff, including the new manager were aware of their responsibilities to ensure people's needs were met safely and effectively.
- Action had been taken following our previous inspection. Lessons had been learnt and improvements made.

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

- There was a cheerful atmosphere at the home. We observed positive interactions, not only between care workers and people, but also other members of the staff team such as the maintenance man. One staff member stated, "Working at Crofton in such challenging times has made all the staff pull together and work as a great team...we definitely are one big family."
- Most people and relatives spoke positively about the home and the care and support provided. One person told us, "It's nice and happy here. They do anything for you – they are there for you, it's a lovely feeling being here."
- We passed feedback about certain issues relatives had raised to the management team so these could be

investigated and addressed.

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 management team were aware of their regulatory responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Systems were in place to involve people, relatives and staff in the running of the home. Some relatives told us that communication could be improved. We informed the management team of this feedback and they told us they would look into this issue.
- Staff liaised with health and social care professionals to make sure people received care which met their needs.