

Tawnylodge Limited

Croft Care Home

Inspection report

43-44 Main Street
Stapenhill
Burton On Trent
Staffordshire
DE15 9AR

Tel: 01283561227

Date of inspection visit:
22 June 2017

Date of publication:
11 July 2017

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 inspection took place on the 22 June 2017. This was an unannounced inspection. Our last comprehensive unannounced inspection took place on the 20 and 25 January 2016 and we found that improvements were needed in the caring, responsive and well led key questions. We issued a requirement notice as the provider was in breach of the regulation regarding good governance. After the last comprehensive inspection visit, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection the 19 July 2016 and found improvements had been made but further improvements were needed. This was because the leadership of the home remained inconsistent. The systems in place to monitor the quality of the service had improved but further improvements were needed to ensure all monitoring records were accurate. At this inspection we found that improvements had been made in this area.

The Croft Care Home provides accommodation and personal care for up to 30 older people who may be living with dementia. There were 24 people using the service on the day of the inspection visit.

The service had a registered manager in post. 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. The providers' regional manager had registered as the manager of the home following the last inspection and was supported by the head of care, who managed the service in their absence.

At our last inspection staff were not always recording food and fluid intake charts in a timely way which did not guarantee the information was always accurate. At this inspection we saw that improvements had been made as records were completed after people had been supported to ensure accurate monitoring was in place.

Staff were available to support people and had knowledge about people's care needs to enable support to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems were in place to protect people from the risk of harm. Checks were made on staff before they started work to ensure they were suitable to support people.

People were supported by staff that received training and supervision and understood their needs and preferences. Staff gained people's verbal consent before supporting them. Where people were unable to make decisions independently they were supported in their best interests. People received food and drink that met their nutritional needs and were referred to healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach and supported people to maintain their dignity and privacy. People were

supported to maintain their social interests and relationships that were important to them. People knew how to complain and we saw when complaints were made they were addressed. Quality monitoring checks were completed; this included seeking the views of people and their representatives. When needed action was taken to make improvements.

The previous rating was displayed in the reception area of the home as required and on the provider's website. The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check that appropriate action had been taken.

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.

People were supported by staff that understood their responsibilities to keep them safe from harm. People were supported to maintain their health and welfare as risks were identified and managed. The recruitment practices in place checked staff's suitability to work with people. People received their medication as prescribed and medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that received training and support. Staff sought people's consent before they delivered care. Assessments were clear regarding people's capacity to make decisions and the support they needed to make decisions. People's nutritional needs were met and monitored appropriately. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People told us they liked the staff and were supported in their preferred way by staff who knew them well. People's visitors were involved in discussions about how their relatives were cared for and supported. People's privacy and dignity was respected and they were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met and they were supported to participate in social activities. People and their relatives were involved in discussions about how they were cared for and supported. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the manager was approachable and staff understood their roles and responsibilities. There were quality assurance checks in place to monitor and improve the service.

Croft Care Home

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 was planned to check 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 visit took place on 22 June 2017 and was unannounced. The inspection visit was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The local authority provided us with current monitoring information. The provider had completed a Provider Information Return (PIR). 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. We used all of this to formulate our inspection plan.

To gain people's views about their care, and to check that standards of care were being met, we spent time observing support in the communal areas. We observed how staff interacted with people who used the service. We spoke with seven people who used the service, two people's visitors, three members of care staff and a senior carer, the activities coordinator and two members of the catering team. We also spoke with the head of care who managed the service on a day to day basis. The registered manager, who was also one of the provider's regional managers, was not available on the day of our visit.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person told us, "The staff are first rate and I feel very safe with them." Another person told us, "The staff are always very nice to me, we get along very well." A relative told us, "The staff are wonderful I know that [Name] is safe with the staff here. I don't have to worry about that." Another visitor said, "The staff are very patient with everyone and I have never heard a harsh word from any of them."

Staff understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would report any concerns to the manager." Another member of staff said, "If I ever witnessed anything I would intervene and report it immediately." Staff were aware they could report concerns directly to the local authority safeguarding team and we saw information was displayed in the entrance to the home. This ensured the staff team, people using the service and visitors had this information readily available to them. Staff told us they were aware of whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. Whistle blowing is the procedure for raising concerns about poor practice. Information sent to us from the provider demonstrated that they knew how to refer people to the local authority safeguarding team if they were concerned they might be at risk of harm.

The care plans we looked at demonstrated that risks to people's health and wellbeing had been assessed. Where risks were identified, care plans described how staff should minimise the identified risk. The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. We saw that all of the equipment used was serviced and maintained as required, to ensure it was in good working order and safe for people. We observed staff supporting people with moving and handling equipment, such as hoists, and this was done in a way that showed us that people were supported safely.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs. This meant that staff were provided with the right information to ensure people could be evacuated safely if required.

People did not raise any concerns regarding the staffing levels in place to support them. One person said, "The staff are always around if I need any help." Another person said, "There is staff around if we need anything, they always seem happy to help." A relative told us, "The staff work very hard but they are always available. I think sometimes people might have to wait a couple of minutes for some support but I think that's quite reasonable as they can't be everywhere at the same time." Throughout the inspection we saw that staff were available to support people. However, staff spoken with told us there were certain times in the day when an additional staff member would benefit the staffing complement. We discussed this with the

head of care who confirmed the staffing levels would be increasing to an additional staff member in the morning.

We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The two staff files seen had all the required documentation in place which demonstrated the provider had checked staff's suitability to deliver personal care before they started work.

People confirmed they were supported to take their medicines and we saw they received these as prescribed. We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately and records were in place to demonstrate that people received their medicines as prescribed.

Is the service effective?

Our findings

We received positive comments about the staff team. One person said "The staff are very good. We are all looked after well." Another person told us, "I have no complaints about the staff; they all seem to know what they're doing." A relative told us, "The staff are very competent I have no worries they seem very well trained to me."

People were supported by staff that received training to be effective in their role. Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. Staff told us they received training and support that enabled them to meet people's needs. One member of staff told us, "The training is good it covers everything we need. I have done all the mandatory training and training in diet and nutrition and dementia awareness." Another member of staff told us, "The manager puts us on any training that we need and we get updates as well." Staff confirmed they received supervision from the management team and we saw a plan was in place to ensure this was provided on a regular basis over the year.

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. Where people lacked capacity, we saw this had been assessed and incorporated within people's care plans which clearly identified people's capacity to make specific decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them and supported them to make decisions, such as making choices about how they spent their time and participating in activities. This demonstrated staff respected people's rights to make their own decisions when 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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection the head of care confirmed that five people had DoLS authorisations in place and further applications had been made to the Supervisory Body that were awaiting an outcome. This demonstrated that where people were being restricted in their best interests, this was done in accordance with the MCA.

The majority of people told us they enjoyed the food provided. One person said, "The meals are very nice and there is always a choice." Another person said, "The food is very good." One person said they would like to see more variety on the menu such as pasta dishes. We fed this back to the head of care who confirmed this was being addressed and said that meals of the person's choice were being purchased in the meantime to ensure they received the food they enjoyed.

Care plans included an assessment of people's nutritional risks. People's weight was monitored to ensure they could be referred to specialist service as needed. Where assessments identified people were at nutritional risk the care plans provided clear instructions to staff on how to support the person. For example, one person due to poor appetite had been prescribed food supplements and received an enriched diet and snacks between meals. We saw that staff were following this guidance provided by the dietician to support the person's dietary needs.

Relatives confirmed they were kept informed of any changes in their family member's health. One relative told us, "They are very good at keeping me informed of any changes. If [Name] isn't well they contact me straight away and get the doctor out." We saw that people were supported to access healthcare professionals to manage their healthcare needs. For example, we saw that a referral had been made to the occupational therapist to help one person improve their mobility. People were supported to maintain healthy skin to reduce the risk of pressure sores through diet, fluids and pressure relieving equipment where this was needed. We saw that specialist support such as district nurses and tissue viability nurses was sought as required and staff followed the guidance provided by specialists to ensure people were supported effectively. For example, one person had been receiving district nurse visits every day and this had reduced to twice a week. Records confirmed that people had access to opticians, dentists, chiropodists and audiologists both within the home and the community.

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us, "The staff are all lovely, it's an excellent service." Another person said, "The staff are lovely. If I want anything they sort it for me." We saw that people were comfortable with the staff who demonstrated a good understanding of people's needs.

People told us staff supported them to maintain as much independence as possible. One person told us, "The staff are there to help me when I need it but I do as much as I can for myself, they don't take over." This demonstrated that staff encouraged people to maintain their independence.

People were supported to maintain their dignity. One relative told us, "I have never seen [Name] looking untidy. They always look clean and well cared for which is important to them." People who were cared for in bed were appropriately covered and they confirmed to us that they were comfortable. When staff supported people to use the bathroom this was done in a discreet way. We saw that some people wore accessories to demonstrate their style and preference. This demonstrated that staff encouraged people to maintain their sense of self and individuality.

We saw that people's privacy was respected. One person chose to stay in their room and staff respected this. We observed staff knocking on bedroom doors and asking permission to enter before going in. This demonstrated that staff were considerate and respected the people's privacy.

People were supported to maintain relationships that were important to them. One relative told us, "I come every day and support [Name] with their lunch. That's really important to me to have that closeness." Relatives confirmed that they were involved in care reviews. This showed us there was an open and inclusive approach to the support people received.

Is the service responsive?

Our findings

We saw that people who were physically able walked around the home independently. As the majority of people were living with dementia, sensory objects were provided along the corridors for people to access. This supported people's sensory needs and enabled them to participate in activities that were meaningful to them.

Opportunities were provided for people to participate in recreational activities. One person told us, "There are different things going on every day, most of us join in and we have a bit of laugh." On the day of the inspection we saw that a variety of activities took place such as floor skittles, baking and decorating trinket boxes for the home's summer fete. The activities coordinator told us about events that had been organised over the summer months. This included a canal boat trip that had been booked for 11 people that used the service. The activities coordinator told us, "We have done a boat trip before and everyone enjoyed it so I have booked another one. We are also taking a couple of people to Skegness on the train for the day. It's a pilot to see how we get on and then we may take a few more next time." This demonstrated that people were supported to access outside activities to support them in living a meaningful life.

People that were cared for in their rooms received one to one time from the activities coordinator. This time was spent providing hand massages and spending time talking to people. One person cared for in bed liked music and enjoyed singing. The activities coordinator told us, "We have a good sing song together, they enjoy that."

We saw that people were also supported to access local community facilities such as going out for pub lunches and visiting the library in the town centre and going for walks in Stapenhill gardens. External entertainers also visited the home on a regular basis to provide musical entertainment, magic shows and animal therapy.

People were supported to maintain their faith beliefs and received visits from their preferred ministers. People were also supported to visit friends. One person was supported to visit their friend who lived in another care home. This demonstrated that people's preferences, wishes and beliefs were supported and respected.

People told us that they were supported by the staff in the way that they preferred. One person told us, "I think everyone knows me well and how I like things done. I am happy with the care I get." A relative told us, "The staff know [Name] really well and they seem very happy with the support they get." Another relative said, "When [Name] needed to go into a care home I wanted them to come here as it has a good reputation and I haven't been disappointed. The staff know exactly how to support [Name] and they seem quite content here."

People we spoke with and their relatives told us that if they had any complaints they would report them to the manager. One relative told us, "I would tell the head of care, I know it would be sorted quickly." We saw

there was a copy of the complaints policy on display in the home. A system was in place to record any complaints. We saw that complaints were recorded including the action taken and outcome.

Is the service well-led?

Our findings

At our last inspection there had been a lot of changes in the management of the home. We discussed our concerns regarding further management changes. The regional manager told us that to ensure consistency in management; they would register as the manager and oversee the management of the home. They confirmed they would be on call for the head of care who would be in charge of the home when they were not there. We saw that these arrangements had been maintained and a stable management structure was in place.

At the last inspection food and fluid daily monitoring forms for people who had been assessed as nutritionally at risk were completed but this was being done retrospectively. Staff told us they completed the forms at the end of each shift rather than when the person had finished eating or drinking. We discussed this with the head of care and regional manager, as retrospective recording does not ensure people's dietary intake is accurately monitored. The regional manager told us this would be addressed. We saw at this inspection that staff were completing records after support had been provided. This ensured people's intake was monitored accurately to support their well-being.

People and relatives that we spoke with told us they felt the home was managed well. One person told us, "It's managed very well, very organised." A relative told us, "I think it's wonderful, the care is exceptional and it's very well managed. Staff go above and beyond in my opinion, they genuinely care about people. There is a lovely atmosphere." Staff told us they felt the management of the home had improved and they understood their roles and responsibilities. They confirmed that staff meetings were provided to discuss any issues or changes.

People and their representatives were given the opportunity to express their views regarding the running of the home. The head of care confirmed that meetings were held every three months for people and their relatives to attend. We saw that people's views were listened to and actions taken as needed. For example an additional member of staff was due to commence on the morning shift to provide support to people and in the lounge area during the busy morning period. The head of care confirmed that questionnaires had been sent out to staff and were in the process of being sent out to people and their relatives.

The manager kept a record of the checks they made of the quality of the care. We saw that audits had been completed incorporating our five key questions to monitor if the service was safe, effective, caring, responsive and well led. We saw that improvements were made where actions had been identified. For example we saw at the April audit it was identified that bathrooms were being used to store people's personal toiletries. Items were removed on the day of the audit and this was added to the staff agenda for the next team meeting and on to the staff handover for the week, to remind staff to take people's personal items out of the bathroom once used. This showed us that continuous monitoring and improvements were made to enhance the quality and standards of care people received.

A system was in place to ensure people's care was monitored and reviewed on a regular basis. A programme

was in place known as 'resident of the day'. On this day, all aspects of care for the person were reviewed this included care records, any toiletries the person required and a deep clean of their bedroom. This showed us that a system was in place to ensure people's care was monitored.

The provider understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.