

DRB Healthcare Limited

Cromwell Court Care Home

Inspection report

76 Church Street
Warrington
Cheshire
WA1 2TH

Date of inspection visit:
01 August 2019
02 August 2019

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04 September 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Cromwell Court is a two-storey purpose-built building that is situated in the centre of Warrington. Cromwell Court is registered to provide personal care for up to 67 older people, some of who are living with dementia.

Accommodation can be found across four separate units, each of which have separate adapted facilities. At the time of our inspection, 31 people were living across two of the ground floor units.

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

People's level of risk was established from the outset, however some people did not have the relevant risk assessments in place and not all risks were effectively recorded or monitored.

Quality assurance measures were in place however these were not always effective. We identified a number of concerns during the course of the inspection in relation to the quality and safety of care people received.

Medication processes were in place; although it was identified that some areas of practice could be improved to ensure people received a safe level of care.

At the time of the inspection there was no activities co-ordinator in post; however, this area of responsive care had improved since the last inspection.

Complaints processes had improved since the last inspection. Complaints were recorded, regularly reviewed and monitored.

Staffing levels were analysed and assessed in relation to the dependency support needs of people who were living at Cromwell Court. Pre-employment checks were carried out and people received care by staff who had been appropriately recruited.

Staff were supported with training, learning and development opportunities. Staff received regular supervision and told us they felt supported on a day to day basis.

Safeguarding and whistleblowing procedures were in place. Staff received appropriate training and understood the importance of keeping people safe.

People and relatives told us that staff provided care in a dignified, respectful and compassionate manner.

A person-centred approach to care was provided. Care records contained person-centred information and we observed staff providing care and support that was tailored around the needs of people living at Cromwell Court.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 14 August 2018) as we identified a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made, however the provider was still in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches of regulation in relation to safe care and treatment people received and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our 'Safe' findings below

Requires Improvement ●

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 not always well-led.

Details are in our 'Well-led' findings below

Requires Improvement ●

Cromwell Court 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 as part of our regulatory functions. This inspection checked whether the registered 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.

Inspection team:

The inspection was carried out by one inspector, an 'Expert by Experience' and a 'Specialist Advisor'. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service and a specialist advisor is a person who has professional experience and knowledge of the care which is being provided.

Service and service type:

Cromwell Court is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. 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. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, five members of staff, one kitchen chef, six people who were living at Cromwell Court and five relatives who were visiting at the time of the inspection.

We also looked at care records belonging to five people, three staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

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 now deteriorated to 'requires improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Assessing risk, safety monitoring and management

- 'Pre-admission' assessment paperwork and 'admission assessment' paperwork indicated the level of support people required. However, we found that not all relevant risk assessments were in place. For instance, one person did not have the relevant behavioural support plan which was required.
- Not all risk assessments contained the most appropriate or up to date information. For instance, one person's 'complex' care plan did not contain all the necessary information staff required or the correct level of support the person needed in the event of a medical emergency.
- A variety of risk assessments were in place; we saw risk assessments for falls, nutrition, continence, mobility and skin integrity. However, not all risks were appropriately monitored or managed as regularly as they should have been.
- Assessment of environmental risks were being carried out, but we identified several areas of concern during day one of the inspection. For instance, we found three fire doors were not securely locked and a medical waste bin was accessible in the lounge area of one unit.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager ensured that all health and safety compliance checks and certificates were in place. For instance, we saw certificates in place for gas, electricity, fire safety and legionella.
- People had personal emergency evacuation plans (PEEPs) in the event of an emergency situation.

Using medicines safely

- Medication processes were in place; although not all processes were compliant with the administration of medication policy. For instance, controlled drugs stock balance checks were not being completed as regularly as they should have been.
- Topical cream application processes needed to be documented more thoroughly, ensuring people were receiving their medicated creams as frequently as they should have been.
- People received support by trained members of staff; staff also had their competency levels regularly checked.
- All medicines were stored in locked cupboards or medicine trolleys inside a locked clinic room and arrangements for storing and managing controlled drugs met legal requirements.

Staffing and recruitment

- The registered manager regularly monitored staffing levels in conjunction with people's dependency

support needs. At the time of the inspection, the dependency assessment tool indicated that both units were overstaffed.

- Safe recruitment practices were in place; all staff were subject to the appropriate pre-employment and Disclosure and Barring System (DBS) checks.

Systems and processes to safeguard people from risk of abuse

- Staff received safeguarding training and knew how to report concerns.
- People told us they felt safe. Comments we received included, "Staff look after you well enough; I always feel safe with them" and "I do feel safe; it's a bit of everything really [that makes me feel safe]."
- The registered manager notified CQC and the Local Authority of any safeguarding incidents that occurred.

Preventing and controlling infection

- Infection control processes were safely in place.
- There was a dedicated infection control lead at Cromwell Court who ensured infection control measures were followed.
- Staff received personal protective equipment (PPE) such as gloves, aprons and foot protectors.
- Infection control audits regularly took place; there was also daily and weekly domestic duties that staff completed. One person said, "Cleanliness is good; my bed is changed regularly."

Learning lessons when things go wrong

- The registered manager maintained a good level of oversight in relation to all accidents and incidents that occurred.
- Accidents and incidents were analysed, and trends were established as a way of managing further risk.

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 'good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Principles of the Mental Capacity Act, 2005 were complied with and staff received the necessary training in relation to the MCA. However, not all care records contained the most up to date information. For instance, one care plan indicated that the person had capacity to make decisions but there was a mental capacity assessment in place and DoLS which indicated otherwise. This was raised with the registered manager, who immediately updated the necessary records.
- People's level of capacity was assessed from the outset; people were involved in the decisions that needed to be made around the care and support they needed.
- One person told us, "I get help with a shower and they [staff] are always good with me; they ask what I want doing and what I can do for myself."
- People who were unable to provide consent to receive care were not unlawfully restricted; 'best interest' decisions were made, and the appropriate applications were submitted to the Local Authority.

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

- The service was purpose built and had been designed to meet the needs of the people who were living there. However, it was recognised that some areas of development were required in this area.
- Although the home offered spacious communal, garden and bedroom areas; we discussed how aspects of the home needed to reflect the support needs of people, particularly those living with dementia.
- The registered manager confirmed that there were plans to create a greater 'dementia friendly' environment.
- There was clear signage throughout the home, adequate lighting and contrasting colours found in

communal areas and corridors. Such provisions help people who are living with dementia safely navigate themselves around the home as independently as possible.

Staff skills, knowledge and experience

- Staff were supported with a variety of training and learning and development opportunities.
- Staff were supported with role specific training as well as bespoke training. This helped to ensure people received a tailored level of care.
- Staff received regular supervision and told us they received support as and when they needed it.
- Staff were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.
- We received positive comments about the skill set and experience of staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems and processes were in place to assess and establish people's needs and choices in line with legislation and best practice. For instance, we saw reference to The Care Act 2014, The Equality Act 2010 and The Human Rights Act 1998 in policies and procedures we checked.
- Staff referred people to external healthcare professionals accordingly. For instance, one person was referred to a dermatologist due to concerns with their skin.

Supporting people to eat and drink enough with choice in a balanced diet

- People were appropriately assessed in relation to their nutrition and hydration support needs from the outset. Kitchen staff were then informed of any specialist dietary needs that needed to be accommodated.
- Care records indicated the level of nutritional support people needed and specific support measures staff needed to follow.
- People were supported with 'choice' and encouraged to make decisions around food and fluid intake. People told us, "The food's very good. There's a selection every day and they [staff] come around and ask you to choose what you want" and "The food's pretty much to my liking."

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

- We observed staff providing kind, compassionate and supportive care.
- Staff were familiar with people's support needs. Staff told us they developed positive relationships with the people they supported.
- We received positive feedback about the kind and caring approach of staff. People told us, "I'd say they're [staff] compassionate, that's the word. I let them know what I like and don't like; they know me". One relative told us, "The care is lovely. They have done so much for [relative] and I can't believe how much better they are since coming here."
- Staff were observed treating people as individuals and involving them in as many decisions around their care as possible.
- People's equality and diversity support needs were assessed from the outset; measures were put in place to provide the support people needed.

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

- Care records indicated that people were involved in the support they needed and were encouraged to make decisions about their care. One care record stated, 'Involve [person] in decision making as much as possible.'
- Staff provided care and support that was specifically tailored around people's needs, wishes and preferences.
- People and their relatives told us that staff discussed all aspects of care that was needed, and care plans were regularly reviewed.
- 'Resident and Relative' meetings were encouraged. This provided people with the opportunity to share their views, opinions and suggestions about the provision of care being delivered.
- Quality questionnaires had just been circulated at the time of the inspection and there was an accessible suggestion box for people to share their comments.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was safely protected in line with General Data Protection Regulations (GDPR).
- People received respectful care and their privacy and dignity was maintained and promoted. One person told us, "As far as I'm concerned, privacy is protected."
- People's level of independence was supported. People told us, "I have done some gardening", "I can smoke outside; I am fully independent really" and "[My loved one] washes the dishes sometimes. They [staff]

encourage people to do things for themselves."

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.

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 area of 'activities' had improved since the last inspection. Internal and external activities were arranged for people to participate in.
- A visible activities timetable was available on both units we visited during the inspection.
- An 'entertainer' visited the home on the first day of the inspection; people were encouraged to dance and sing-along to the entertainment. People appeared happy, engaged and stimulated.
- The registered manager confirmed that a new activities co-ordinator had been recruited and would be supported with developing this area of responsive care.

Improving care quality in response to complaints or concerns

- The process of recording and monitoring complaints had improved since the last inspection.
- The registered provider had an up to date complaints policy in place.
- People and relatives were provided with 'complaint process' information and how complaints would be responded to.
- Complaints were appropriately managed and reviewed.
- At the time of the inspection, no complaints were being responded to.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A person-centred approach to care was observed during the inspection; staff were familiar with the support needs of the people they supported, and people told us that they felt staff knew them well.
- People were supported with choice and encouraged to have control over the care they received. Care records informed staff of people's likes, dislikes, preferences and wishes.
- Care records contained 'This is me' information; this contained information about people's history and background, interests and hobbies and specific preferences that staff needed to respect.
- Care records also contained a 'religious and cultural' assessment. This ensured that staff were supporting and accommodating specific religious and cultural 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.

- People's level of communication and sensory support needs were assessed from the outset.
- People were supported with 'easy read' material and alternative methods of communication could be provided on request.
- Staff used 'picture cards' as a way of communicating with people who had difficulty expressing their needs and requests.
- Pictorial menus were available for people to refer to; visual images helped people to choose what meal options they wanted to have.

End of life care and support

- At the time of the inspection nobody was receiving 'End of Life' care; however, staff had access to 'end of life' training and understood the importance of providing such specialised care in a dignified and respectful way.
- We saw that some care records contained 'end of life' information. Some people had discussed their wishes and preferences in relation to the end of life care they wished to receive.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements

At our last inspection the provider had failed to notify CQC of safeguarding incidents which occurred.

This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 related to notification of incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, a breach of 'good governance' was identified.

- Systems and processes to monitor the quality and safety of the service were not always effective. For instance, audits and checks were not identifying areas of concern we identified in people's care records.
- Areas of risk prevention were not always appropriately monitored, and records were not always completed.
- Care records did not always contain the relevant information required to provide a safe level of high-quality care.
- Environmental governance systems had not been appropriately established; health and safety checks were not identifying areas of risk.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- The registered provider had a variety of up to date policies and procedures in place.
- We received positive feedback about the registered manager. Comments we received included, "[Manager] has made some good changes since being here", "Manager is forever providing support" and "[Manager] is definitely approachable, she's there for you and she knows the residents well."

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

outcomes for people

- Care plans and risk assessments did not always contain the relevant information required; however, it was evident that staff knew people well.
- A consistent staff team supported people who lived at Cromwell Court; staff were familiar with the support needs of the people they supported.
- People were encouraged and supported to make decisions around the care they needed.
- The registered manager told us they were committed to providing person-centred, high quality care and was responsive to the feedback we provided.

Continuous learning and improving care

- Quality assurance measures were not always identifying areas of improvement. However, the registered manager was responsive to our feedback and immediately began to make the necessary changes.
- Several areas of improvement we identified on the first day of the inspection had been addressed by the second day of the inspection.
- The registered manager maintained a good level of oversight in relation to all accidents, incidents and events that occurred.
- All internal action plans we checked were being followed up on and we could see that specified deadline dates had all been completed.

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

- Equality characteristics were assessed and supported from the outset.
- The registered manager involved people, relatives, the public and staff in the quality and safety of care being provided.
- A variety of different quality assurance questionnaires were circulated. Questionnaires enabled the registered manager to review feedback about the quality and safety of care provided.
- Regular staff meetings were taking place. Staff told us they felt 'involved' and communication amongst the staff team was 'really good'.

Working in partnership with others

- People received a holistic level of care; a good level of partnership work was taking place between Cromwell Court and local GP's, district nurses, speech and language therapists and community social workers.
- Positive working relationships have developed between the Local Authority and Commissioners.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not always receiving safe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance measures were not always effectively in place.