

Crystal Croftdene Limited

# Croftdene Care Home

## Inspection report

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Wallsend  
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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

Croftdene Care Home provides care and accommodation for up to 42 people with nursing care needs and people who are living with dementia. At the time of the inspection the service supported 36 people.

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

People felt safe and secure living in the service. People and their relatives were happy with the support provided and had good relationships with staff.

Staff safeguarded people from abuse and risks to people's health, safety and wellbeing were assessed and managed. There were enough staff to meet people's needs and safe recruitment procedures were followed. Medicines were administered and managed safely. The provider learned from previous accidents and incidents to reduce future risks. The premises were well maintained, clean and tidy.

Assessments of people's needs were completed before they moved into Croftdene Care Home to ensure staff could effectively support them. Staff felt supported in their roles and received regular training, supervisions and annual appraisals. People were supported to enjoy a balanced diet and to access health care services to maintain their health. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were well looked after, respected and supported in a dignified manner. Staff promoted people's independence by encouraging them to care for themselves, where possible. People's personal information was kept secure and they were supported to access advocacy services, when needed.

People received person-centred care and their preferences were reflected in their care plans. Staff knew how to communicate with people effectively and information was provided to people in ways they would understand. People and relatives had no complaints about the service but knew how to raise concerns. The provider had a complaints procedure in place and all complaints received were investigated and actioned. People's social needs were met and a wide range of activities were organised for people to enjoy both inside the service and in the local community.

The service was well-managed. People and relatives spoke highly of the staff and care provided. Management operated an open-door policy and were approachable to all. An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the care via meetings and surveys. Staff were involved in the ongoing development and improvement of the service through regular meetings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This was our first rating of this service since a new provider (Crystal Croftdene Limited) took over in April 2018. There was an inspection on 19 February 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Croftdene 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.

#### Inspection team

The inspection team was made up of one inspector, a specialist professional advisor (nurse) 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

Croftdene Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave during the inspection and the operations manager was overseeing the day to day running of the home.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

#### During the inspection

We spoke with six people and ten relatives about their experience of the care provided. We spoke with nine staff members including the regional manager, operations manager, deputy manager, a nurse, the catering supervisor, the compliance officer, two care workers and the admin assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records. This included four people's care records and medication 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe. One person said, "I feel safe. I know they [staff] check up on me on a night time. I can't walk or stand so rely heavily on the staff keeping me safe." When speaking about a family member who was at risk of falls, a relative said, "She has a crash mat and they check on her every 15 minutes."
- People were protected from abuse. The provider had a safeguarding policy in place and staff were aware of procedures to follow and how to recognise potential signs of abuse. One staff member said, "We would know if there was something potentially wrong with someone because we know them so well."
- All safeguarding concerns were reported in a timely way, investigated and appropriately actioned.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were well managed. Care records contained risk assessments that were regularly reviewed for areas such as mobility and behaviours that may challenge. Staff understood potential risks to people and how to mitigate them.
- The premises and equipment were safe. Regular checks and testing of equipment and facilities were carried out.
- Systems were in place to accurately record and analyse accidents and incidents. Records contained detail of immediate action taken. Any trends identified, and lessons learnt were recorded and shared with staff.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "There seems to be enough staff, yes. When I press my buzzer they come more or less straight away."
- Staffing levels were determined in line with people's dependency needs. Absence cover was provided by existing staff in the first instance. Staff were visible supporting people around the home and call bells were answered quickly throughout the inspection.
- Staff were recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.

Using medicines safely

- People received their medicines in a safe and timely way. One person said, "I get my medication on time."
- Staff received regular medicines training and were assessed as competent to give people their medicines.
- The provider carried out regular medicine checks and audits to identify any errors and take appropriate action to mitigate the risk of a reoccurrence.

Preventing and controlling infection

- The home was very clean, tidy, warm and welcoming. The cleanliness of the home was maintained by dedicated domestic staff.
- The provider had an infection control policy in place. Staff had received appropriate training and were aware of infection control measures to follow. Staff used appropriate personal protective equipment when supporting people such as gloves and aprons.



# 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.

This is the first inspection for this service following the change in registered provider. This key question has been rated 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 support needs were assessed before they moved into the home. This allowed the registered manager to ensure staff could safely and effectively meet their individual needs in line with latest guidance and best practice.
- Care plans were created from assessments and included people's choices. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff were trained and had the appropriate skills to care for people. They regularly completed training to keep their knowledge up to date. Comments from people included, "They all know what they are doing" and "They are well trained with dementia."
- Staff felt supported in their roles. They received regular supervision and annual appraisals. They felt able to go to management if they had any issues or concerns.

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

- People were supported to meet their nutritional needs and maintain a balanced diet. There were daily menus available and people chose what to eat and drink. Comments included, "We get plenty to drink and the food is lovely" and "[Catering supervisor] does me a lasagne or a curry specially for me, he is brilliant."
- People's preferences and any special dietary requirements were recorded.
- Staff knew people's needs and supported them to eat their meals in a gentle, patient manner.

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 maintain their health. Staff arranged appointments with health professionals to visit people in the home, when needed.
- Care records documented engagement with health professionals. Recommendations from other healthcare professionals were incorporated into people's care plans to ensure they received appropriate care and support to meet their needs.

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

- The design and décor of the home was appropriate for people living there. The environment was homely and people's rooms were personalised to reflect their own preferences.
- There were murals and themes on communal walls designed to stimulate people's memories, such as

shop windows and the seaside. There were also different textured areas to stimulate people's sensory needs.

- Communal areas in the home had recently been significantly refurbished. People used them to relax and socialise with others as well as enjoy some quiet time.

#### 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 provider was working within the principles of the MCA. People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity for things such as bed rails.
- Care records included details of people's capacity and needs. Management made applications for DoLS authorisations in a timely way. Those granted were incorporated into people's care plans.
- Staff understood the principles of MCA and had received up to date training. They understood the importance of people making choices and decisions for themselves, where possible.

# 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.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. 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 were well looked after and felt staff were kind and caring. Comments included, "They are really kind and caring. They understand my condition and do what needs to be done. They dress and shower me. The staff and care can't be faulted, they are all lovely," and "They are kind and compassionate and are always popping in with juice for a chat."
- People were supported to celebrate their birthday if they wished to. A staff member said, "When it's people's birthday the chef bakes them a cake. They also host birthday parties if people want to celebrate their day."

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

- People and their relatives were involved in the care planning process and care plan reviews. One person said, "My care plan was recently read out to me."
- People received support from advocacy services as and when required. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was on display around the home.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people and supported them in a dignified manner. Staff knocked on people's doors prior to entering their rooms and explained what they were going to do and gained people's permission prior to supporting them. Comments from people included, "They keep my dignity when showering me by putting a cloth on me, so everything is definitely private."
- Staff supported and encouraged people to be independent, where possible. Care plans detailed people's capabilities and what they required support with.
- People's confidential information was kept secure. Records could be located and were only accessible to authorised staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service following the change in registered provider. This key question has been rated 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

- People received person centred care. Details of their needs and how best to support them were included in care plans as well as people's preferences to guide staff.
- Care plans were regularly reviewed and updated when people's needs changed.

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.

- Staff followed the AIS. People were given information in a way they could understand and information was available in different formats if required.
- Care plans were in place for people's communication needs. They described appropriate methods of communication staff should use with people.

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

- People's social needs were met. The service offered a wide range of activities in the home.
- The home had an activities co-ordinator who planned a weekly programme of activities for people to enjoy with involvement of other staff in the home. One person said, "If you want to you can do activities, I like the entertainment and stroking the dog that comes in."
- People were supported to regularly access the local community for appointments, socialising, hobbies and interests.
- People were supported to maintain relationships that were meaningful to them. Relatives were invited to join in with events and activities within the home. Relatives told us they were always made to feel welcome by staff when visiting the home.

Improving care quality in response to complaints or concerns

- People and relatives had no complaints about the home but knew how to raise concerns.
- The provider had a complaints procedure in place. All complaints received had been recorded, investigated and appropriately actioned.

End of life care and support

- People were supported at the end of their life in line with their wishes. Care records contained people's

wishes in relation to end of life care and included details of their spiritual faith and funeral plans.

- Staff were appropriately trained in end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 home was well-managed. People's comments included, "I would definitely recommend here to my friends and have," and "It's a very friendly atmosphere here."
- Management were open and approachable to all. One staff member said, "If we have any concerns we can always go to [operations manager] or [operations director]. There would be no problem with that."

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 provider and management understood their role in terms of regulatory requirements. For example, they notified CQC of events, such as safeguarding's and serious incidents as required by law.

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

- Management conducted themselves in a very open and honest way. They understood their roles and responsibilities.
- Staff were clear about their roles and responsibilities in the home. Some staff had additional responsibilities as champions in specific areas such as continence, dignity and dementia. Their photos and details were on display in offices to signpost staff to them if they required additional support or advice in any of the specific areas.
- The provider monitored the quality of the home and service delivery to ensure a high standard of care. This included the completion of regular audits and checks.

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

- People and relatives were asked for their views of the home and the care received. Regular meetings were arranged with management and staff to discuss service delivery and the positive changes that could be made. One staff member said, "We have regular staff meetings and we are involved in discussions and asked for our views and opinions about the service."
- People and relatives were also kept informed of any developments or changes in the home through regular bulletins. They were also consulted about the service via annual surveys. The provider analysed all feedback and put actions in place to address people's comments.
- Staff were kept updated about the home and any improvements.

Working in partnership with others; Continuous learning and improving care

- Staff worked in partnership with key stakeholders such as health and social care professionals to achieve positive outcomes for people.
- The home had developed good links with the local community. Local primary school children visited the home to sing for and spend time with people. A relative told us, "A priest comes once a month for holy communion."