

Carrcroft Care Home Limited

Carr Croft Care Home

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on the 2 and 14 November 2018 and was unannounced.

Carr Croft Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Carr Croft Care Home is registered with the Care Quality Commission to provide accommodation and personal care for up to 35 older people some of whom may be living with dementia. There were 30 people using the service at the time of this inspection.

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was no registered manager at the service. 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. A new manager, who had been the previous registered manager of the service, had been appointed and was due to re-commence shortly after our inspection. An acting manager and the provider had managed the service in the interim period.

People continued to feel safe using the service and staffing levels were sufficient to provide safe care. We found some improvements were needed to fully ensure the safe management of medicines. The acting manager took prompt action to ensure the issues with the management of medicines were addressed by the end of the inspection. People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and who to report this to. Safe recruitment practices were followed to make sure staff were suitable to work with vulnerable adults. Staff were trained in good hygiene practice and were supplied with personal protective equipment such as gloves and aprons.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and procedures in the service supported this practice. Staff asked for people's consent before providing any care and understood the principles of the Mental Capacity Act 2005 (MCA). People and their relatives had been involved in assessments of care needs and had their choices and wishes respected.

The provider had a plan in place to ensure staff attended required training. We received positive feedback about the effective care and support provided. People told us staff were well trained. Staff were supported in their on-going development through supervision and appraisals. Staff said they received good support from

the provider.

People received appropriate support to meet their nutritional needs. People's nutritional needs were assessed and monitored and they enjoyed the food and variety of choice available to them. The service worked well with health professionals such as nurses, doctors and occupational therapists to promote people's health needs.

There was a positive and inclusive culture at the service. The provider promoted a culture of dignified and respectful care. People told us they were supported by staff who were kind, caring and compassionate. Staff knew people well and made sure people received care and support that was personal to their needs and was responsive to any changing needs. Care plans were person-centred and gave good detailed guidance for staff to follow.

People and their relatives had regular contact with the acting manager or provider and reported no difficulties in raising any concerns about the service if necessary. Effective systems were in place to manage any complaints and concerns. People, their relatives and staff were positive about the way the service was managed. The provider continued to monitor and assess the quality and safety of the service they were providing to people.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Carr 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 registered provider was 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 comprehensive inspection took place on 2 and 14 November 2018. The inspection was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including statutory notifications. Statutory notifications, which are a legal requirement, provide the Care Quality Commission (CQC) with information about changes, events or incidents so we have an overview of what is happening at the service. We contacted relevant agencies such as the local authority and clinical commissioning groups, safeguarding and local Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in March 2018. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visits we looked around the service, spent time in communal areas and observed how people were cared for. We spent time observing staff interactions with people throughout the inspection.

During the inspection, we spoke with six people who used the service and three relatives. We spoke with four members of staff, the acting manager and provider. We also spoke with a health professional.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at three people's care plans and eight people's medicines records.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

Medicines were stored properly and person-centred care plans were available to support staff to give people their medicines according to their individual preferences. We looked at eight people's medicines records. These had been completed fully to show the medicines people had received. Some people were prescribed 'as required' creams. We found some guidance for these medicines was in place but this needed more personalisation regarding people's individual needs. The acting manager rectified these at the time of our inspection.

We observed medicines administration and saw this was done to suit people's individual needs. Staff who administered medicines received training and their competencies were assessed regularly to make sure they had the necessary skills. We looked at the provider's policy for medicines management and noted some updates were needed to ensure this reflected the most current CQC regulations. The provider agreed to review this.

People felt safe living at the service. Their comments included; "I feel safe because staff respect me and look after me well", "We are safe as houses here, no problems" and "I like it here, people are nice." Relatives were confident their family members were safe. One relative said, "I feel very reassured of safety and care."

Policies and procedures for safeguarding and whistleblowing were available and provided staff with guidance on how to report concerns. Staff we spoke with had a good understanding of the policies and how to follow them. Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment.

There continued to be sufficient staff on duty to ensure people were safe and their needs were met in a timely way. We saw a member of staff was always present in communal areas to ensure people's needs and requests were responded to quickly. Staff had time to socialise and spend time with people. People said staff were readily available when needed. Staff and the provider told us the rota was managed flexibly to meet people's needs according to their dependency. Records we looked at confirmed this.

Risks to people's safety had been assessed and records of these assessments were reviewed regularly. Risk assessments and management plans covered areas such as falls, pressure ulcer prevention, moving and handling and the use of equipment. This gave staff the guidance they needed to help people to keep safe. A health professional said they were confident staff followed their recommendations to keep people safe.

The service was clean, fresh smelling and tidy. People and their relatives told us the service was always clean and their rooms were cleaned regularly to a good standard. Communal areas, bedrooms and bathrooms were well maintained. Appropriate personal protective equipment and hand washing facilities were available. However, we did note toilet paper in the communal toilets was not in a covered dispenser. This

posed a risk of cross contamination. The provider ordered some new dispensers during the inspection to address this. The premises and equipment continued to be monitored with regular checks undertaken by staff and external contractors. Gas and electrical appliances and equipment such as hoists were serviced routinely. Fire safety systems were serviced and audited regularly and staff received training in fire awareness. Personal emergency evacuation plans (PEEPs) indicated the risk and support people required to evacuate them safely.

There was a process in place to record, monitor and analyse incidents and accidents. The acting manager or provider reviewed all accidents and completed a monthly audit to determine any causes or trends. Action was taken to investigate accidents, such as falls, for example, whether the person had an infection which may have contributed to a fall. Some records did not always show the actions taken to prevent re-occurrence of accidents and incidents. The provider agreed this would be included in future.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

We received positive feedback from people, their relatives and a health professional about the knowledge and ability of the staff team. One person told us, "I find the staff highly competent." A relative said, "There is a good standard of care from well trained staff. I find this very reassuring." A health professional said, "The staff and management team seem very confident and competent."

The environment of the service was appropriate to meet people's needs and there was enough communal space available for people to be able to sit quietly or join in activities. Signage was in place to assist people to find their way around. The provider had plans in place to develop the environment further. This included a planned conservatory and outside sheltered area.

Staff received training and support to ensure they had the skills and knowledge to carry out their role and understand their responsibilities. Staff spoke highly of their training and said the provider made sure they kept up to date with current practice. Staff could speak about how they put their learning in to practice. For example, one staff member spoke of the importance of a person-centred approach for people living with dementia. They said, "Communication and seeing the person as an individual is the key." Staff were supported well in their role as the provider ensured staff received regular supervision and an annual appraisal. Staff said this enabled them to discuss their work load and training needs and receive feedback about their performance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity and it had been assessed that any restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. The provider had a good understanding of the legislation and staff received training to enhance their understanding. Staff understood the importance of the MCA in protecting people and the importance of involving people in making decisions. Consent to care was sought by staff. However, we saw one person's records showed their relative had given consent on their behalf. The provider confirmed there was no legal authority in place for them to do so. The provider reviewed the consent documentation and showed us a new document that was to be put in place to ensure any decisions about this person's care were made through best interest decision making.

People were supported to maintain good health and had access to a variety of healthcare professionals. People said staff were prompt in getting a doctor for them. A relative told us their family member's health had improved since moving into the service. People's records showed people had visited or had received visits from the district nurse, optician, chiropodist and their doctor. The provider said that they had excellent links with the doctors and community nursing service. A health professional told us the staff were very

responsive to people's health needs. They said people were referred in a timely manner and staff followed any health advice and instructions given to improve people's health and well-being. During our inspection, we saw how staff responded to changes in a person's demeanour and presentation and called for medical support.

People were supported to maintain a balanced diet which met their needs and preferences. A wide range of food, snacks and drinks were available throughout the day. People's cultural needs were also met, for example, vegetarian and kosher diets were provided. People told us they enjoyed the food. Comments included, "There is always something for everyone", "We get a good choice" and "No complaints about the food at all." We observed the lunchtime meal and saw this was a positive experience for people. People were given the support they needed to eat their meals, which was done in a dignified and supportive manner. People were encouraged to eat or offered alternative choices if needed. The food looked appetising and was well presented.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

Everyone we spoke with described a caring, kind, friendly and respectful staff team. They told us they were always treated very well. People's comments included; "The staff are lovely", "Very nice carers indeed", "Everything is nice here; a nice place, nice people" and "I like it here; I enjoy everything about it. The staff are great and there is such a mix of cultures; I really enjoy that." People's relatives were very complimentary of the staff. One relative said, "Staff are very kind; they show they care. They have got to know my [name of family member] so well in a very short space of time. I am delighted." Another relative said, "Staff are kind, polite and make us feel welcome." They said their family member got on well with staff and told them that they 'loved' the staff.

Staff showed us they knew people well and had developed caring relationships with them. There was a relaxed atmosphere at the service and people were relaxed and happy in the company of staff. Staff were patient when speaking with people and took time to make sure that people understood what was said. They also showed compassion when people were upset or distressed. They showed a good understanding of what helped people as individuals. For example, one person said they did not want their meal and they gave them time to re-consider as they were aware this person often refused their meal at the first offer. We saw the person then went on to eat their meal when it was offered again. Staff were chatty with people and showed they knew people's backgrounds and cultures.

People were protected from discrimination and were supported in any cultural support they required as part of their package of care. For example, we saw people's preferences and cultural background and faith were identified during their initial assessment. The provider told us they had membership of a local lesbian, gay, bisexual and transgender (LGBT) organisation which addresses the social isolation faced by older LGBT people and this gave people access to a newsletter and events held by this organisation.

Staff were mindful of people's appearance and understood the impact on their well-being. One staff member said, "I always like to look my best so it's no different for people here. I love to see people smart and comfortable." Staff had a sensitive and respectful approach when assisting people. For example, they offered personal care discreetly and ensured all personal care was delivered in private. A person who used the service said, "Staff are very good with the privacy and making you feel at ease."

People were supported to maintain their independence as far as possible and encouraged to make decisions on a day to day basis. People had the equipment, such as walking aids, they needed and were encouraged to use them. Some people enjoyed taking an active role in the service and carried out tasks such as table setting or dusting. We were told one person liked to feel as independent as possible and did a small amount of their own laundry.

People's relatives and friends were welcome to visit without restrictions. They said they were welcomed by

staff and offered refreshments no matter what time of day they visited. We saw people's relatives sat with their family member and others which created opportunities for socialisation. One relative said, "I feel very comfortable here and it's great to get [name of family member] involved with others here."

People and their relatives had opportunities to discuss their care needs. Our review of people's records showed people were involved in making decisions about their care and treatment on an ongoing basis.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People told us they were provided with personalised care to meet their assessed needs and preferences. One person said, "My support is just what I need and I enjoy the routine. It is all marvellous." A relative told us, "I'm so glad I chose here for [name of family member]; everything is spot on, great." People and their relatives said communication with the service was good, and that staff responded well to any changes people needed with their support. A relative said, "I am kept up to date with everything that is going on."

Records showed people had their needs assessed before they moved into the service. This ensured the service could meet the needs of people they were planning to admit. Following an initial assessment, care plans were developed detailing the care needs and support people needed to ensure personalised and responsive care was provided. Care plans described people's care and support needs. We saw care plans were reviewed and updated regularly and showed evidence of people's involvement in developing them.

At the time of the inspection no one was receiving end of life care. However, written feedback from relatives showed the service had successfully provided care at the end of people's life. Feedback included, 'Thank you very much for all the help and comfort you gave to [name of person] during her time with you' and 'Just wanted to thank you all for the care afforded to [name of person] during their short time with you.' A health professional told us the staff were sensitive and very proactive when supporting people at the end of their lives. They said, "I have always found them to be so kind and well organised." Staff told us of the importance in making sure any end of life care was respectful of people's wishes and that people were kept as comfortable as possible. One member of staff told us they had ensured a treasured soft toy was kept with a person after they had passed away. They said, "I just knew [name of person] would have wanted it with her."

People had opportunities to take part in activities they enjoyed and which met their abilities and interests. They told us they had enough to do and could participate if they wished. The provider arranged an activity programme which ensured external entertainers, therapy animals such as donkeys and exercise class organisers came to the home monthly. Trips out were also arranged and included pub lunches and visits to museums. Other activities were organised by staff and we saw there was something arranged each day. This included quizzes, games, arts and crafts and films. We saw staff encouraged and motivated people to become involved but also respected people's choice to decline their involvement. Special events and occasions were celebrated, such as birthdays. There had been recent celebrations for Halloween, bonfire night and Diwali.

Arrangements were in place to ensure people's concerns and complaints were investigated, responded to and used to improve the quality of the service. There was a complaints policy and procedure which was provided to people when they first joined the service. People and their relatives said they felt able to raise any concerns they had with the provider or staff. One person said, "I have no complaints at all but would be

happy to speak with anyone here if I had any worries or concerns."

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of good. At this inspection, we found the service continued to be well led.

There has been no registered manager since March 2018. A new manager, who is the previous registered manager of the service, had been recruited and was due to commence shortly after our inspection. To ensure consistent management support, the provider had been managing the service on a day to day basis with the support of an acting manager who had worked in the service for many years.

An open and approachable culture had been developed by the provider, acting manager and staff team. People, their relatives and professionals told us of their confidence in the management of the service and all said they were happy with the care and support provided. A person who used the service said, "Everything is very well managed and well organised." A relative told us; "I have found it to be well managed; communication is great and I feel involved in everything." Another relative said, "[Name of provider] is very easy to talk to and you can ask them about anything."

People spoke positively about the returning registered manager. It was clear they had been kept informed of this. One person said, "[Name of manager] came in to see us. I'm really pleased they're coming back." Another person said, "It will be good to have [name of manager] back."

Staff told us how much they enjoyed their job and all described the service as a great place to work. One staff member said, "I love my job, it's so nice here. A very good team." Staff said they felt valued and could make suggestions. One staff member said, "You feel like you are listened to properly and that your views count." They said this was particularly relevant when reporting changes to people's care needs.

There were good systems of communication between the provider, acting manager and the staff team. These included regular team meetings, supervision, and written and verbal daily handovers. The provider maintained a presence within the service to ensure good standards were maintained and support was provided. Regular staff meetings had taken place and minutes of the meetings showed staff were given the opportunity to share their views. The provider also used these meetings to keep staff updated with any changes or lessons learnt from incidents or complaints.

Arrangements were in place to monitor the quality and safety of the service. The provider or acting manager completed regular audits, for example, health and safety, medicines and infection control. Where improvement had been identified, these had been addressed. Some records did not always show when actions had been addressed. The provider agreed to review these records to ensure they were strengthened to fully reflect this.

The provider and returning manager had developed an overall action plan for the service. They had identified areas of improvement they wanted to introduce over the coming year. This included further development of dementia care, more community involvement and the introduction of staff incentives such

as employee of the month. This showed us there was a commitment to continuous improvement in the service.

Regular meetings were held with people who used the service. This gave them an opportunity to discuss the service, make suggestions, raise any concerns and be kept up to date on issues that affected the service. People told us they attended the meetings and found them useful.

Annual satisfaction surveys were also used to obtain feedback from people, their relatives and professionals. We looked at the results of the last survey undertaken in November/December 2017, which were very positive and complimentary about the service. A new questionnaire had been designed for this year's survey, to try and ensure more feedback was obtained from people living with dementia. The questionnaires asked anyone supporting people to complete them to consider non-verbal communication and other ways people may express themselves.

The provider worked in partnership with other agencies when required for example healthcare professionals, local authority commissioners and social workers.