Abbey Healthcare (Cromwell) Ltd

Cromwell House 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 inspection took place between 27 September and 2 October 2018. It was unannounced. Cromwell House Care Home is a care home for up to 66 older people, some of whom may be living with dementia. It is a three storey adapted building. There were 60 people living at the home at the time of this visit.

Cromwell House 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.

There was a registered manager at the home, although they were no longer in the position and a new manager was in place. 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.

At our last inspection 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.

Staff knew how to keep people safe, how to respond to possible harm and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely. Regular cleaning made sure that infection control was maintained. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practise or the environment, to reduce further occurrences.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them. Adaptations were made to ensure people were safe and able to move around their home as independently as possible. Staff understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records provided staff with clear, detailed

guidance in how to do this. People were able to take part in social events and spend time with their peers. A complaints system was in place and there was information in alternative formats so people knew who to speak with if they had concerns. Staff had guidance about caring for people at the end of their lives and information was available to show how each person wanted this.

Staff were supported by the new manager, who had identified areas of concern and developed a plan to address these. The provider's monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these. People's views were sought, although further systems were being developed to ensure everyone was able to give these.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Cromwell House 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 comprehensive (planned) inspection took place between 27 September and 2 October 2018 and was unannounced.

The inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also used information the provider sent us in the Provider Information Return. 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 our inspection, we spoke with three people living at the home and two visitors. We also spoke with three registered nurses, nine members of care staff, two housekeepers and the chef, the regional director, and the manager. We checked four people's care records and six people's medicines administration records (MARs). We checked records relating to how the home is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

The service continued to safeguard people from harm. People told us that they felt they were safe living at the home. One person said, "Yes, I feel safe, they [staff] are always here." Staff knew how to protect people from harm. They told us they had received training and they knew who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

The service remained good at managing risks to people's health, safety and welfare. Staff assessed and regularly reviewed individual risks to people and kept updated records to show how the risks had been reduced. Risk assessments contained information to guide staff on how to minimise risks and protect people from harm. Environmental checks in such areas as fire safety and equipment used by people had also been completed.

People told us there were enough staff available and there were staff available to support them but that sometimes call bells rang for long periods. They said this was mostly at weekends when the home used a higher number of agency staff. Staff members told us that there were enough staff when no staff were off sick, but that they were not able to always get additional staff to cover at short notice. There was a system in place to assess staffing numbers and ensure they were at the level indicated by people's needs. We found that when there was no staff sick leave, these staffing levels were high enough to provide people with the care they needed. The manager was aware of the effects of frequent sick leave and had a plan in place to address this.

A recruitment practice was followed. Required checks were carried out to ensure potential new staff were suitable for the role. Records showed that identity, police and Disclosure and Barring (DBS) checks were completed before they started working at the home. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service remained good at managing people's medicines. People told us that they received their medicines when these were needed and that staff members helped them with this. Staff had received training and had their competency checked to make sure their knowledge and skills were up to date. Staff completed records to show that medicines were administered appropriately and were stored securely. Staff had appropriate guidance for medicines in general and for people who received medicines on an 'as required' basis.

Staff had enough personal protective equipment (PPE) and cleaning equipment available and they had received training in infection prevention and control. A cleaning schedule was in place, which housekeeping staff completed to ensure the home was clean.

Incidents and accidents were responded to appropriately at an individual level and a brief analysis had been completed to ensure recurring issues, such as falls, were identified. The manager explained they had started a 'flash' meeting each day to provide staff with a regular opportunity to pass on concerns or risks. This was shared with other staff, so that possible resolutions could be found.

Good

Is the service effective?

Our findings

People's needs were fully assessed prior to receiving care and support from staff. Staff worked with health and social care professionals who visited people to provide current, up to date information and advice about meeting people's care and support needs. This included advice from MacMillan nurses and the Alzheimer's Society.

Staff continued to have the skills, knowledge and experience to deliver effective care and support. One person told us that staff, "Know exactly what they're doing." Staff confirmed they had received updated training and this, with individual supervision, provided them with the support to carry out their roles. Staff training records showed that staff members had received training in subjects relevant to their role, such as first aid, health and safety, and moving and handling.

The service remained good at providing and supporting people to eat and drink. People had enough to eat and drink. One person said, "It's lovely." Another person told us that they had a choice every day and were also able to ask for alternatives if these were not to their liking. There was clear and detailed guidance for staff who helped people who were unable to eat and drink independently. Staff monitored people at risk of not eating or drinking enough and took action to address this. This included obtaining advice from health care professionals such as dieticians or speech and language therapists.

Staff at the home worked closely with other organisations to ensure that the best possible quality of service was provided. 'This is me' forms (a document with details about the person) were completed to help staff in other health or care settings support the person in the way they wanted.

The service remained good at ensuring people had advice and treatment from health care professionals. One person told us that staff contacted the GP and arranged a visit when the person requested this. They told us that staff followed the health professional's advice when caring for the person. People's care records showed that they had access to the advice and treatment from a range of health care professionals. These plans provided enough information to support each person with their health needs.

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.

We checked whether the service was working within the principles of the MCA and whether these were being met. Staff had received training in MCA and were able to show us that they understood this. MCA assessments had been completed and where people were not able to make a decision, a best interest decision had been recorded. This showed that people would not have their freedom restricted in an unlawful way.

Good

Is the service caring?

Our findings

The service remained good at caring for people. People told us that staff were kind and caring. One person described them as "very good, excellent." A visitor told us, "[Staff] make every effort to make it a home from home." They went on to say they were pleased that their family member could live as they had done at home. People were happy to be supported by staff at the home. Staff were kind and thoughtful in the way they spoke about and to people. They told us that they tried to put people at ease and speak with them as they would like to be spoken to.

Staff knew people well and were able to anticipate people's needs because of this. Their descriptions of people showed this and it also showed that staff members had a great deal of affection for the people they cared for.

People were aware of their care records and told us staff spoke with them frequently about how they wanted their care given. One person confirmed they knew about their care records, but did not want to see them. They said that staff were very adaptable and they were able to change the way their care was given to what suited them each day.

Staff members received training in key areas that supported people's right to respect and dignity. Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke about people and in their comments to us about how they would do this. They told us they knocked before entering people's rooms and made sure people were in a private space when giving personal care. People confirmed that staff did this and also took other actions to make sure people's privacy and dignity was respected.

Care records were written in a way that advised staff to consider people's right to privacy and dignity whenever they provided care and support. For example, in advice about caring for specific needs around continence or personal care, staff were guided to make sure each person received this in the way they were comfortable with.

Good

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. People told us that they had no concerns about their care and one person said, "I am able to wash when I want and get up in plenty of time." Staff had a good knowledge of people's needs and explained how they provided support that was individual to each person. Staff also knew people's preferences, such as those relating to support and care needs, or leisure and pastimes. People and their visitors told us that they had provided this information to staff when they were first at the home.

People were able to spend time in various areas of the home or use the garden as they wished. There were dedicated staff who spent time with people either in group activities or on a one to one basis and this meant that people had things to do each day. Staff encouraged people in all parts of the home to participate in a games session in the afternoon of our first day. During this session there were various games and activities available and we saw that all of the people who took part enjoyed their time. Staff provided people with attention consistently and we saw that people had a positive experience as a result.

People's care and support plans contained relevant details about their life and medical history; their likes and dislikes, what was important to each person and how staff should support them. One person told us how they spent their days and what they did to stay occupied. Plans were written in detail to guide staff members' care practice and additional care records were also completed. We saw the plans were reviewed on a regular basis to ensure they continued to meet people's required support and care needs. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they felt able to speak with a member of staff or the registered manager if they were worried about anything. There were copies of the home's complaints procedures available in the home. We found that appropriate actions had been taken to investigate complaints and to resolve these. Most complaints had been responded to and people said they felt these had been resolved.

Guidance was available in people's care records about their end of life wishes. These were detailed and contained information about where they wanted to live, how much treatment they wanted and personal preferences in relation to such things as clothing. Registered nurses and senior care staff had received training in this area. Additional training would be arranged on an as required basis so that care would be tailored for people's specific needs.

Good

Is the service well-led?

Our findings

Staff told us that they expected to be able to provide good quality care and support to people. However, they sometimes felt that they had not been able to do this when there had been reduced staffing levels. They also told us that they felt the new manager brought a positive change and that previous concerns would be rectified. There were opportunities, such as individual supervision meetings and staff meetings, to discuss the running of the home. Staff were supported by senior staff and felt they could discuss any issues or concerns they had or discuss their performance. One staff member told us, "The manager is approachable, I could go and speak to her."

There was no registered manager in post, although they were still registered with us at the time of our inspection. The previous registered manager left the position two weeks before this inspection and a new manager had been appointed. They were in the process of completing their application to be registered with us. The manager was supported by the provider's regional director and by senior care staff.

Views of people, relatives and staff were obtained through a variety of meetings. The manager told us that they had recognised that this did not give everyone a chance to give their views about the home. They had started to develop new questionnaires and intended to send these out in the next few months.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service provided to people. These included audits of the different systems, such as care records and infection control. The audits identified issues and the action required to address them, such as ensuring people had opportunities to say what they thought of the service or to improve the consistency of staffing levels. A monthly report was developed from this, which was then shared with the provider of the service. The provider also completed audits and had linked these to the relevant CQC standards and regulations, so that they could ensure that the service was also meeting these requirements.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. Other organisations were contacted appropriately. In relation to safeguarding, the issue was investigated and action taken to resolve it, where this was required.