Care Quality Commission

Tawnylodge Limited

Croft Nursing Home

Inspection report

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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

Overall summary

We inspected this service on 12 and 13 January 2015. The inspection was unannounced. At our previous inspection in September 2013, the service was meeting the regulations that we checked.

The service provided accommodation and personal care for up to 30 older people who may have dementia. There were 23 people living at the home at the time of our inspection. There was no registered manager in post at the time of our inspection, however a newly appointed manager was on duty and they were being supported by the previous registered manager during their induction. 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.

People who lived at the home told us they felt safe and that the staff treated them in a respectful way. The staff understood their responsibilities to protect people from harm.

People were supported in a safe way because assessments were in place that identified risks to people's

Summary of findings

health and safety. Care plans directed staff on how to minimise the identified risks. Plans were in place to respond to emergencies to ensure people were supported appropriately.

Care staff knew about people's individual risks and told us they had all the equipment they needed to assist people safely. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Staff were suitably recruited which minimised risks to people's safety.

The cleaning staff did not follow the correct procedure to ensure that standards of cleanliness were maintained in a consistent way.

Staff received training that was appropriate to meet people's needs and the number of staff on duty was sufficient to ensure people could be supported in a safe way.

People told us that they liked the staff and confirmed they were supported to maintain their independence and make choices and decisions.

The provider had trained their staff in understanding the requirements of the Mental Capacity Act and records showed that they understood their responsibility to protect people's rights by complying with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us they liked the meals and we saw that staff monitored any risks to people's nutritional needs and took the appropriate action when required.

People were supported to maintain good health and accessed the services of other health professionals. People told us they saw health professionals when they needed to.

People told us that the staff were caring and supported them in a way that protected their privacy and dignity. We saw that staff treated people with consideration and respect.

People we spoke with told us they were involved in deciding how they were cared for and supported. We saw that people were supported to maintain their appearance and sense of style.

People were supported to access the local community and participate in social activities and events.

Due to the changes in manager, the quality monitoring systems the provider had in place had not been undertaken over recent months.

Summary of findings

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 consistently safe.

Staff understood their responsibilities to keep people safe from harm and were confident any concerns they raised would be listened to and appropriate action taken by the manager. Risks to people's health and welfare were identified and their care records described the actions staff should take to minimise risks. Recruitment procedures were thorough to ensure the staff employed were suitable to support the people that used the service. Housekeeping standards were not being monitored appropriately to ensure the cleanliness of the home was maintained for the people living there.

Requires improvement

Is the service effective?
The service was effective.

People were cared for and supported by suitably skilled and experienced staff. Staff received training and guidance to ensure they had the skills, knowledge and support required to meet people's individual needs. People's nutritional needs were met and monitored appropriately. People were supported to maintain good health and to access other healthcare services when they needed them.

Good

Is the service caring?
The service was caring.

We saw that there was a positive relationship between the people that used the service and the staff that supported them and people told us they liked the staff. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People's visitors told us they were involved in discussions about how their relatives were cared for and supported. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Good

Is the service responsive?
The service was responsive.

People's care plans reflected the care and support that people received. People's preferences were recorded in their care plans and people confirmed that these were respected by the staff team. People were confident any complaints would be responded to appropriately. The provider's complaints policy was accessible to people who used the service and their visitors.

Good

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

People were encouraged to share their opinion about the quality of the service, to enable the provider to make any improvements that people wanted. Systems were in place to monitor the quality of the service but due to management changes these systems had not been maintained. This meant that areas that required improvement had not been identified.

Croft Nursing 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.

The inspection was undertaken on 12 and 13 January 2015 by two inspectors and was unannounced.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we asked the provider during our inspection if there was information they wished to provide to us in relation to this.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 12 people who lived at the home and three people's visitors. As the manager had only been in post for a week at the time of this inspection, the previous registered manager and the regional manager supported the new manager during our visit. We also spoke with six care staff, the activities coordinator and the cook. We observed the care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

Several people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed six people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed three staff files to check staff were recruited safely and trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the manager made to assure themselves people received a quality service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at the home. Comments included; "I feel very safe here, the staff make sure I am safe, they help me when I need help." And "The staff look after me very well, I would rather be living at home naturally but I wouldn't be safe and I am safe here, all of the staff are very nice to me." One person's relative told us; "I know that [name] is safe here, the staff understand [name] needs and they look after [name] very well, so I can go home and not worry."

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk of harm. Staff told us they were aware of the whistleblowing policy and said they were confident that concerns were taken seriously and appropriate action would be taken by the manager. Information sent to us from the provider demonstrated that they knew how to refer people to the local safeguarding team if they were concerned they might be at risk of abuse. We saw the manager had made a referral when it had been identified by staff that a person who used the service was at risk of neglect due to the actions of one of their visitors. We saw that this had been addressed to ensure this person was not put at risk. Records we looked at showed that staff attended training to support their knowledge and understanding of how to keep people safe and learnt about the whistleblowing policy during their induction.

The premises were generally maintained to a good standard and records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed. We had received concerns prior to our visit that the emergency bell in the lift was not working. We tested this and found that this emergency bell did not work. A staff member told us that the lift had been out of operation for two days recently and although the lift had been repaired the emergency bell had not been. Since our visit we have been advised that a new emergency bell is now in place to ensure people are able to raise the alarm in the event of the lift breaking down.

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

We observed staff supporting people with moving and handling equipment such as hoists and this was a done in a way that showed us that people were supported safely. Where risks were identified the care plan described how care staff should minimise the identified risk. Care staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Care staff told us they had all the equipment they needed to assist people, and the records we saw showed us that the equipment was well maintained.

People who used the service and their relatives did not raise any concerns about the numbers of care staff available to support them. One relative said; "I think there have been a few problems with staff leaving and the staff have been rushed off their feet but since [previous registered manager's name] has been back to help out, everything seems much calmer and now there's a new manager who seems very approachable." I think the care [name] gets is very good, the staff understand [name] needs and I think they are cared for very well."

We had received some concerns regarding the staffing levels over the last two months due to care staff leaving, catering staff being off work and a vacant domestic post. Care staff spoken with told us that there had been reduced staffing levels over the last two months. The majority of staff felt that improvements had been made over the last few weeks as the previous registered manager had returned to cover the management of the home and ensured that all staffing levels were maintained. One carer told us; " We were covering extra shifts and staffing levels were at times low but things are improving, agency are being used and we are getting the same agency staff to ensure some consistency." We saw from the rotas that the staffing levels determined by the provider were being maintained and when needed this included the use of agency staff. We asked the previous registered manager if a dependency tool was used to determine staffing levels and were advised that at the time of the inspection no dependency tool was used to determine the staffing levels.

Requires improvement

Is the service safe?

Since our visit we have been advised that the provider is introducing a dependency tool across all of their homes to ensure staffing levels will be suitably managed to meet people's needs.

We looked at the recruitment records for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The records seen demonstrated that all of the required recruitment checks were in place before the staff began working with people. This demonstrated that the provider had ensured people had their needs met by staff that were fit to work and were of good character.

We saw that medicines were kept securely in a locked cupboard. Nursing staff kept a record of the temperature checks they made to make sure medicines were stored in accordance with good medicines management. We looked at the medicines administration records (MAR) for two people who lived at the home. We saw that nurses had signed to say medicines were administered in accordance with people's prescriptions.

Nurses kept a stock balance of the amount of medicines received and administered so they knew exactly how much medicine was in the home. We checked the records and counted three people's medicines and found the numbers in stock matched the records. This indicated that people were administered their medicine as prescribed.

People who were unable to express verbally if they had pain had assessments in place to support their pain management. Some people were prescribed medicines to be given on an 'as required' basis, such as medicine for pain relief. We saw that protocols were in place that provided staff with instructions regarding when this medicine should be administered and the maximum dose that could be administered within a 24 hour period. This ensured staff had the guidance to follow to enable them to administer this medicine safely.

We had received concerns regarding the standards of cleanliness at the home prior to this inspection. During our visit one person's relative told us that they felt the cleanliness of the home had deteriorated in the last few months. The previous registered manager confirmed that a cleaning vacancy was in the process of being filled. On both days of our inspection agency staff were on duty to undertake the cleaning of the home. In general the home appeared clean but on the first day we saw that basin sinks in some communal toilets had not been cleaned sufficiently. On the second day of our inspection we saw that mops and buckets had been left unattended in corridors; which presented a trip hazard. One agency cleaner who confirmed they had worked several shifts at the home told us that they had on previous shifts cleaned people's bedrooms but found the standards had not been maintained. We were advised by the previous registered manager that although cleaning schedules were available these were not being followed consistently. This demonstrated that the housekeeping standards were not being monitored appropriately to ensure the cleanliness of the home was maintained for the people living there.

Good

Is the service effective?

Our findings

People told us they liked the staff and said they offered their support when they needed it. One person told us; "The staff know what help I need and what I can do myself. I am happy with the help I get." A relative told us that the staff team supported their relative well and understood their needs and preferences. A visitor told us that their family were: "Very pleased with the care provided." They also told us: "Staff are very good at keeping me informed of any changes or concerns".

Staff told us that training was readily available, comprehensive and supported them to meet people's needs effectively. We looked at training planned for 2015 and saw that a variety of training courses were booked for the first half of the year for all staff. Staff we spoke with understood people's needs and abilities. We found staff's descriptions of how they cared for and supported people matched what we read in care plans.

There had been two management changes at the home since September 2014 and this had led to inconsistencies in the support received by staff. Staff we spoke with confirmed this and told us that they had not received regular supervision since the previous registered manager left in September 2014. Staff we spoke with confirmed that there had been some improvement in the support they received over recent weeks; they told us that this was because the previous registered manager had returned to manage the home and was currently supporting the new manager. One member of staff said: "Things are improving, for a while we didn't get the support but everything seems more organised now and the new manager seems very approachable."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found the provider had trained their staff in understanding the requirements of the MCA . We saw completed assessments for capacity in some of the records we looked at. Where a person was assessed as lacking capacity records showed that the relevant people, had discussed and agreed who should make decisions in the person's best interest, in accordance with the Act.

Some people were able to confirm that they made their own decisions about their everyday living choices. One person told us, "I have my own routine and the staff respect that. " We saw that staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions; such as regarding choices in food and drink and participating in activities. This meant staff understood the requirements of the MCA and respected people's rights to make their own decisions.

A DoLS application had been made for one person who frequently requested to leave the home unescorted. This application was to ensure the legal issues of this situation were appropriately assessed. The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. We saw a DoLS authorisation had been approved. We spoke to this person's family member who visited daily and they told us they were aware that a DoLS authorisation was in place and understood the reason why this had been done.

We looked at five Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders. These had all been completed correctly, reviewed at least annually and contained information to confirm involvement of the person or their relative.

People we spoke with said they enjoyed the food and were very happy with the quality and quantity of food provided. People told us that food was cooked and presented well. All of the care records we saw had nutritional assessments in place and people's weight had been monitored regularly. Referrals had been made to speech and language therapists and dieticians where appropriate and special diets were in place for people who required them. The catering and care staff we spoke with were aware of people's dietary needs and preferences. This demonstrated that people were supported to maintain their nutritional health.

People that were nutritionally at risk had records to monitor their intake of food and fluid on a daily basis and we saw that the appropriate actions were taken as needed to support them. A person who intermittently refused food and fluids was being closely monitored during our inspection. Records showed a clear picture of actions that had been taken to support this person in maintaining their food and fluid intake. This included regular consultation with the person's doctor and an assessment and monitoring form regarding the person's behaviour which

Good

Is the service effective?

also impacted on their food and fluid intake. Staff we spoke with were aware of the need to encourage this person's diet and fluid intake and we observed that several staff tried to persuade this person to eat during our inspection. Supplements had been prescribed to promote this person's nutritional intake and the manager confirmed that they would further discuss this person's nutritional intake with their doctor. Another person whose food and fluid intake was being monitored was receiving end of life care and their care records showed they had received support from a local hospice and their doctor was aware and involved in monitoring this person's condition.

People had access to health care services and received on going healthcare support. The majority of relatives we spoke with confirmed that their relative's health care needs were met and that doctors and other health care professionals were contacted as needed. We saw from records that people's health care needs were met by their doctors, opticians and chiropodists.

Good

Is the service caring?

Our findings

Staff engaged positively with people when giving support or personal care. We saw a caring, kind and supportive approach to people from staff. For example when a person knocked over a cup of tea that spilt over a table and chair, the staff dealt with this promptly and reassured the person. Two people who were living with dementia demonstrated some repetitive behaviour and we saw that staff responded to them in a reassuring way.

People who used the service told us that staff were caring in their approach towards them. People told us that their privacy and dignity was protected by staff at all times when receiving personal care. Two relatives we spoke with also spoke of the care and commitment from staff in supporting their relatives and keeping them informed of their progress. We saw staff promoting people's privacy when they supported them. For example privacy screens were used by nurses when medical interventions were undertaken in communal areas and care staff ensured people's dignity was preserved when supporting them using hoisting equipment.

Relatives we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One relative said: "I am always made welcome, there is a nice atmosphere here and the staff always seem pleased to see me."

People we spoke with told us they were involved in deciding how they were cared for and supported. Care plans we looked at included information about people's previous lives, likes, dislikes and preferences. We observed staff encouraging people to make decisions and choices as part of their daily lives, for example we heard staff asking people about their choice of beverage and meals. We heard staff addressing people by their preferred name and this was recorded in their plan of care.

At the time of our visit an indoor tree with lights had been assembled in the communal lounge, people who used the service commented on this and told us they liked this new addition to the room. One person said; "It's lovely, quite magical". Staff told us that this was to be used as a thoughts and wishes tree and on the second day of our visit people who used the service were asked by staff if they would like to add their own personal thought or wish. We saw that several people participated in this activity. One member of staff who was supporting people said; "Hopefully we will get some wishes that we can make happen, it's a good way to get people to tell us what they would like."

We saw that staff encouraged people to maintain their sense of self and independence. We saw that some of the ladies living at the home wore accessories to demonstrate their style and preference. One lady talking about her hair accessories told us; "I have always liked to wear nice things, it makes me feel better when I wear them." We saw that people were supported to maintain their personal appearance and we observed staff supporting people to freshen up after meal times as needed, to ensure their dignity was maintained.

Good

Is the service responsive?

Our findings

People we spoke with confirmed that they received support in their preferred way and that staff were responsive to their needs. For example one person told us: "I have my own routine and the staff know what that is, so they always know where I am and they come and ask me if I'm alright." Care plans contained information about people's individual needs and the way they wished to be supported. This meant that people's preferences were respected to enable them to receive care in their preferred way and maintain their independence.

Visitors confirmed that they had been involved in their relative's initial assessment prior to them using the service. People's care records showed that pre admission assessments had been completed before they used the service. This demonstrated that the provider had ensured themselves they were able to meet people's needs.

We saw daily records were up to date and fully completed. This showed us that staff monitored people's health care and dietary needs so that they could identify any changes in health and take the appropriate actions to ensure people's changing needs were met.

We saw that two people were supported by staff to access the local community for lunch. We asked people if there were enough activities available for them to participate in if they chose to. People had mixed views regarding this.

Some people told us that they weren't interested in participating in activities, one person told us that they thought there wasn't much to do and another person said: "Sometimes there's things to join in with if you want to but I like to just sit and chat with staff." This person confirmed that staff did this when they had enough time. We observed staff spending time with people in conversation during the course of their duties and sitting chatting with people in their less busy moments. This demonstrated that staff aimed to provide person centred care to people, rather than task led care.

An activities co-ordinator was employed at the home to provide social stimulation to people using the service. The activities coordinator talked about the variety of games available to people and told us that they supported people on a one to one basis as well as within a group format. One person's visitor said that due to health reasons their relative was unable to join in with activities and told us: "Although [name] can't join in the staff are very good and attentive to [name]."

Most people we spoke with and their relatives told us that if they had any complaints they would report them. We saw there was a copy of the complaints policy on display in the home and records were kept of complaints received and showed that these complaints had been addressed appropriately. This meant the provider's complaints policy was accessible and people were encouraged to express their opinion about the service.

Requires improvement

Is the service well-led?

Our findings

Over recent months the changes in management had led to inconsistencies in the home. One visitor told us; "I didn't get to know the last manager they weren't here long enough" This person went on to say that despite this the care their relative received was not affected. Another person's visitor told us they were not happy that their relative had not received a required vaccination.

Visitors and people using the service told us that they couldn't really comment on the new manager as they had just commenced employment. People did however comment that the new manager seemed, 'approachable' and 'friendly'.

The previous registered manager confirmed that formal supervisions had not been kept up to date over recent months. Records showed that three staff meetings had taken place in recent months regarding the changes in manager. This demonstrated that staff had been involved in discussions but the process for ensuring staff were supported appropriately during this period had not been undertaken.

We saw that people's views were sought regarding the running of the home. This was done through satisfaction questionnaires, which were sent out to people who used the service, their relatives, the staff team and to visiting professionals. The most recent results seen of these questionnaires were from June 2014 and these showed that everyone was very positive about the quality and standards of care provided. We were advised by the previous registered manager that no questionnaires had been sent out in September 2014 due to the change in management. We were told that this has been recommenced in Oct 2014; however we did not see the results of these questionnaires to demonstrate that the provider had people's current views regarding the running of the home.

Quality monitoring systems were in place and we could see that audits had been completed in previous months and improvements made where actions had been identified. The provider's policy was that a home manager's report was to be undertaken on a monthly basis. The last monthly manager's audit had been completed in October 2014 and improvements from this audit demonstrated that a new clinical fridge was needed and this had been purchased for medicines requiring cold storage.

Over the last two months no audits had been undertaken and we identified some practices that had not been monitored and required improvements. Such as the practice in place for recording when prescribed topical lotions had been applied to people's skin and the monitoring of housekeeping standards.

Care staff were responsible for administering and recording prescribed topical lotions, such as creams and gels. Separate recording sheets were kept in people's bedrooms for care staff to sign when they had administered these topical lotions. However there were several gaps on records which implied that people had not received their topical lotions as prescribed.

Although none of the people that used the service raised any concerns about the personal care support they received, we saw that several daily records for people had not been completed on an on going basis. This meant we could not ascertain from the daily records if people's personal care and hygiene needs had been met, such as how often people had been supported to bathe or shower as records relating to personal care and hygiene were incomplete.

Care plans had been regularly reviewed which meant the staff knew when people's needs and abilities changed. However we noted that reviews had not been undertaken in the last two months. The previous registered manager confirmed that this was an area that required improvement.