

Countrywide Care Homes Limited

# Croft House Care Home

## Inspection report

High Street  
Gawthorpe  
Ossett  
WF5 9RL

Tel: 01924273372

Date of inspection visit:  
26 May 2022

Date of publication:  
06 July 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Croft House Care Home is a residential care home, providing personal and nursing care for up to 68 people. There were three separate units within the home providing residential, nursing and dementia care. At the time of inspection there were 45 people living at the service.

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

The provider acknowledged they had been working through a difficult period and had placed additional resources in the home to make improvements. These were found to be effective.

The management of risk had improved at this inspection. Risks to people were being openly communicated through staff handovers, daily 'flash' meetings and in day-to-day discussions. Records showed risks were assessed, monitored and reviewed.

Staffing levels were set using a dependency tool which was regularly reviewed. In communication with relatives, the provider openly acknowledged staffing pressures, but noted the home had been fully staffed for a number of weeks. Most people told us staff were quick to respond to their needs, but some exceptions to this feedback were noted. The recruitment of staff was safely managed.

The management of medicines was safe. Staff were going through refresher training in medicines management and had been assessed as competent. People received their medicines as prescribed, although one relative noted agency workers had tried to incorrectly apply a cream to their loved one, despite them not being prescribed this.

People felt safe living in the home and their relatives agreed with this. Staff had received training in how to safeguard people from harm which meant they were able to recognise and respond to signs of abuse.

There was a focus on lessons learned and continuous improvement in the service. The senior operations manager and other members of the management team had identified shortfalls in service delivery and responded appropriately to these areas.

The culture in the home was improving. However, staff were mindful of a number of changes in the home manager position. At the time of our inspection, a new home manager had just started their employment. They spoke positively about how they wanted to involve everyone in the running of the home.

Quality oversight had improved at the time of our inspection. Staff meetings were taking place to share key information. Responses to a satisfaction survey had been analysed and feedback was on display. Communication with people and relatives was improving.

The staff team worked with a range of partners to provide care for people. A visiting professional told us staff

were good at following guidance they provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 and update: The last rating for this service was inadequate (published 5 November 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider monitors how staff maintain people's privacy and dignity. At this inspection, we made observations and spoke with people who felt well supported around their privacy and dignity.

This service has been in Special Measures since 5 November 2021. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out this inspection based on information shared by the provider as well as information from our partners regarding the safe management of risk. We also needed to follow up on our last inspection where the service was rated overall as inadequate.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Croft 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 (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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors 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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the service did not have a registered manager in post, although a new home manager had just been appointed who intended to register with us.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views

of the public about health and social care services in England. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who lived in the home and four relatives. We also spoke with the regional director, senior operations manager, home manager, a quality excellence partner, the people and development lead, a nurse, a care practitioner, four care assistants, the cook, a kitchen assistant and the handy person. We also spoke with a visiting health professional.

We reviewed a range of records. This included three people's care records in full, as well as medication records. We looked at the recruitment of two staff members as well as a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question as inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there had been limited assurance about safety.

At our last inspection the provider failed to ensure risks to people were effectively assessed, monitored and reviewed. Equipment was not being used in a safe way and insufficient measures were in place to manage risks in relation to infection prevention and control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- People's care records identified individual risks and there were plans in place, as well as risk assessments to show how people were safely supported.
- Staff knew the individual risks to people and who was at high risk of falls. However, we observed that where people mobilised throughout the home, they did not always have well-fitting footwear. For example, two people who were at high risk of falls, were seen to be wearing loose fitting slippers, posing a falls hazard. We also observed an environmental trip hazard which the provider addressed following our inspection.
- The senior operations manager had a clear understanding of risks in the home. These were discussed during a daily flash meeting which gave senior staff the chance to discuss this information and other concerns. In May 2022, the clinical governance meeting showed how clinical risks were understood and actions were being followed up.
- At this inspection, we found air flow mattress pressure settings were set correctly as this corresponded with people's weight. There was a checklist for staff to be aware which mattress setting was correct for each person and staff signed to say they had checked this daily.
- Staff understood how to identify concerns in relation to people's skin integrity and how to assess the risk of pressure ulcers. Risk assessments were in place for people and where any barrier creams were required, these were applied and recorded.

At our last inspection we found the provider had failed to ensure there were sufficient numbers of staff deployed to meet people's needs effectively and in a timely manner. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

### Staffing and recruitment

- There were sufficient staff to meet people's needs, although staff were limited in the time they had available for interactions with people.
- The provider sent relatives a letter dated May 2022 saying the home had been fully staffed in the previous month, but acknowledged this had not been possible immediately prior to this.
- The provider regularly reviewed people's dependency and set staffing levels based on this. We looked at three weeks of rotas and found shifts were covered with enough staff according to the dependency tool. The provider had employed another activities coordinator since the last inspection.
- People and relatives largely told us staff responded in a reasonable time when they needed them. However, another person said they didn't feel safe as there weren't enough staff visible on shift for them to be sufficiently assured. Our observations found that buzzers did not sound for long before staff were able to assist people.
- An agency nurse was unable to attend a meeting with a visiting professional as they were not sufficiently familiar with a person's needs. A member of care staff attended this meeting instead. Following our inspection, the provider told us they were planning ahead for appointments and adding additional staff for half day shifts to help with this pressure. Where agency staff were used, the provider was booking the same workers to help ensure they were familiar with people and their needs.
- Safe recruitment practices were in place which helped to protect vulnerable people from harm.

#### Systems and processes to safeguard people from the risk of abuse

- The majority of people told us they felt safe living at this home and their relatives agreed.
- One person raised concerns about other people going into their bedroom which they had shared with the senior operations manager.
- One relative said they trusted staff to look after their loved one and added, "When I go home, I'm happy."
- Staff were aware of how to recognise and report abuse and knew how they could raise concerns both with the provider and externally.

#### Using medicines safely

- The management of medicines was found to be safe with one exception.
- A relative told us that agency nurses had tried to apply a cream to their loved one incorrectly on two occasions. This was due to them sharing the same first name as another person living in the home. We shared this feedback with the senior operations manager.
- Medicines were safely stored, recorded and managed. Staff checked if people needed any pain relief and supported them appropriately with this. People's prescribed creams were clearly documented on the electronic medicines system.
- Protocols for 'as required' medicines were not always clear enough. The provider had identified this before our inspection and was taking suitable action.
- The provider was delivering refresher medication training for staff. The management team were closely monitoring the administration of medicines and carrying out regular audits.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- We spoke with people who told us they were supported to make decisions about their daily living. MCA assessment and DoLS authorisations were in place to ensure restrictions were lawful.
- Staff were using show plates for people living with dementia which meant they were encouraging people to make choices for themselves.

#### Preventing and controlling infection

- The premises were found to be clean and tidy. Issues found at the last inspection had been resolved.
- Observations showed staff were wearing their PPE correctly throughout the inspection, with one exception which we shared with the management team.
- There was a sufficient supply of PPE in the home. A programme of testing for COVID-19 was being followed.

The provider was following government guidance around visits to the home. This included supporting visits in the event of an infection outbreak from essential care givers. Essential care givers are representatives nominated to help ensure people's wellbeing is maintained through regular visiting.

#### Learning lessons when things go wrong

- Lessons learned were identified and acted on by the provider.
- The quality excellence partner was able to demonstrate how action had been taken to reduce the number of falls in the home in the last three months. Incidents which occurred were looked into to understand the root cause and learning was taken from these events. This was then shared with the staff team.
- The provider was reviewing the use of medicines in response to incidents where people's behaviour may challenge others. The provider asked their own dementia ambassador and relevant other professionals to look at alternative techniques staff could use instead of administering medicines.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question as inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. The provider will need to demonstrate sustainability in this key question before we are able to rate this as good.

At our last inspection we found governance systems and processes were not effective in assessing, monitoring and improving the service. The provider had failed to obtain and utilise feedback and learn lessons to improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Before our inspection, the provider recognised extra support was needed at Croft House to make the necessary improvements. This support had been put in place.
- The senior operations manager conducted spot checks to ensure expected standards of care were being delivered.
- Training was mostly up-to-date and where gaps were evident, these sessions were booked in for shortly after our inspection.
- The provider maintained an effective risk register of accidents and incidents, risks relating to specific medicines, falls, pressure wounds and serious changes in health. Daily flash meetings were also taking place to ensure this information was shared between staff. The provider introduced additional time for staff to have adequate crossover between shifts, meaning all staff on oncoming shifts could attend handovers.
- The regional director was producing monthly reports and an overall home improvement action plan was used to monitor progress. Audits were found to be effective in identifying and responding to action needed.

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

- The provider and staff were working together to improve the culture in the home.
- Feedback from people included, "It's brilliant. Staff are marvellous" and "I'm quite happy. I've no grumbles at all with the staff." Relatives spoke highly of the care provided by staff. One relative said, "They're very good. They're helpful and I can't praise them enough."
- Staff said they were confident in raising concerns and felt the culture was open and transparent. We observed positive interactions between people and staff which showed the staff team working well together to support people.
- We were made aware of a number of staffing changes in the home both before and at the time of our

inspection, but following our inspection, the provider told us they had been able to retain some staff as well as recruit to vacant posts.

- The home had appointed a new home manager who started their employment the same week of our inspection.
- On the day of our inspection, a 'mini-pantomime' was taking place in the home. Some staff had dressed up as pantomime characters and were entertaining people throughout the home as well as handing out sweets. This provided light relief and helped raise people's spirits.

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

- In May 2022, a letter was sent to people and their representatives explaining the difficulties the home had faced and how these were being tackled. This letter included feedback to the negative satisfaction survey comments concerning staffing levels and the laundry service.
- The senior operations manager and other members of the management team were open and honest with us throughout the inspection.
- The complaints file showed issues causing dissatisfaction were recorded and responded to appropriately. Relatives told us their concerns had been dealt with effectively by the senior operations manager.

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

- The provider had identified improvements needed in involving people and was taking steps to address this.
- In response to a recent satisfaction survey, feedback showed that communication from the home needed to improve. In May 2022, a newsletter was sent out to provide an update about management changes, a gentleman's club which had opened and a school visiting to sing.
- The provider recognised there was a gap in not involving people and their representatives in care planning. At the time of our inspection, the provider was able to demonstrate how they had started these reviews.
- Before our inspection, the provider identified gaps in staff supervision. Steps had been taken to ensure staff were starting to receive this support.
- A 'resident and relatives' meeting had recently been arranged, although this had to be cancelled due to an infection outbreak. These meetings were expected to take place on a regular basis. We saw records of staff meetings taking place.

Continuous learning and improving care

- Opportunities to improve the service were being identified by the provider and acted on at the time of our inspection.
- The provider promoted dementia week in May 2022. They created a very informative board on display for relatives and other visitors to learn more about dementia, how it affects people and good practice in how to communicate with people living with dementia.
- An activities staff meeting in May 2022 showed how personalised activities were being followed up. For example, a quiz related to engineering was being explored by an activities coordinator who was going to ask people if they would be interested in this. Other initiatives included building bird boxes. The provider assured us they would follow up securing the garden area as a relative had raised this before our inspection.
- Staff said they were given updates at team meetings and supervision meetings which helped reflect on practice. For example, in March 2022 learning from falls was shared with staff. In May 2022, staff meeting minutes provided further examples of lessons learned.
- At our last inspection, we made a recommendation about monitoring people's privacy and dignity. Following our inspection, the senior operations manager told us how staff had discreetly responded to an unexpected death. The actions of staff helped protect the person's dignity and had been praised by external professionals.

#### Working in partnership with others

- The management team told us they had an oversight of people's weights and made referrals to other health professionals as necessary.
- There was evidence of the service working with other professionals, such as dieticians, GPs and speech and language therapists. One person told us an optician and a chiropodist had visited the home.
- A visiting professional told us staff were good at following guidance they passed on following their visit.