

Birch Care Limited

Cromwell Court

Inspection report

76 Church Street
Warrington
Cheshire
WA1 2TH

Date of inspection visit:
21 September 2020

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26 October 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Cromwell Court is a residential 'care home' providing accommodation, nursing and personal care to 67 younger and older adults and people who are living with dementia. At the time of the inspection 52 people were living at the home.

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

Risk management procedures and support measures were in place. However, these had not been effectively embedded and were not always monitoring and managing risk.

People had individual risk assessments and care plans, but these did not always contain the most up to date, consistent information.

Medication administration procedures needed to be strengthened to ensure safe practices were consistently being followed.

Governance systems and processes were in place to monitor, assess and improve the quality and safety of care people received. However, further focus and development in this area is encouraged. We have made a recommendation regarding this.

Staff received safeguarding training and were familiar with reporting procedures they needed to follow. The manager had systems in place to review and monitor safeguarding incidents and referrals. One relative told us, "[Quality of care] is absolutely brilliant."

Staffing levels were monitored. Levels of staff were reviewed and determined in relation to people's dependency needs.

Safe recruitment practices were followed, meaning that people received care by staff who were suitable to work in health and social care environments.

Infection prevention control (IPC) measures were in place. The manager and staff followed COVID-19 advice and guidance to minimise risk and to keep people safe. Control measures, policies and procedures were followed; the environment was, clean and well maintained.

Rating at last inspection and update:

The last rating for this service, under the previous provider was 'requires improvement' (report published September 2019). This service was registered with The Care Quality Commission (CQC) in March 2020 and this is their first inspection.

Why we inspected

We have made changes to the way we work due to COVID-19. We received concerns in relation to the management and leadership of the service; as a result, we undertook a focused inspection to review the key questions of 'safe' and 'well-led' only. Our report is only based on the findings in those areas at this inspection. We did not look at all the five key questions during this focused inspection. Therefore, the service was not given an overall rating.

We also looked at infection prevention and control (IPC) 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 assurances that the service can respond to coronavirus and other infection outbreaks effectively.

We found evidence that the provider needs to make improvements. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cromwell Court on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We identified a breach of regulation in relation to 'safe care and treatment' at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to our inspection programme. If we receive any concerning information we may inspect sooner.

We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Inspected but not rated

Cromwell Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Cromwell Court is a 'care home'. People in care homes receive accommodation, 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.

The service had a manager registered with CQC at the time of the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

A telephone call was made to the registered manager when we arrived at the service. We needed to ensure that infection prevention control arrangements were in place before we entered the home; this helped to mitigate the risk of any cross contamination or transmission of COVID-19.

What we did before inspection

We reviewed information we received about the service since they had been registered with CQC. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection and formulate a 'planning tool'.

During the inspection

We spoke with three people who lived at the home, four relatives about their experiences of the care provided, five members of staff, the registered manager and one kitchen assistant.

We reviewed a range of records during the inspection and remotely. Records included five people's care records, several medication administration records and two staff personnel files in relation to recruitment. As well as a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We reviewed a significant amount of information remotely by asking the registered manager to send us key information following the inspection visit.

We continued to seek clarification from the provider to validate evidence found. We looked at audit data, infection prevention control measures and quality assurance tools and checks that were in place.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been inspected, but not rated.

Assessing risk, safety monitoring and management; using medicines safely

- People's support needs and areas of risk were assessed. However, not all care plans and risk assessments contained the most relevant and up to date information.
- Risk assessment and support tools were not always completed, and some significant information about people's support needs were not always in place. For instance, hourly repositioning times were not always clear and monthly weight reviews were not always completed.
- Environmental health and safety risks were identified during the inspection; people were exposed to 'risks' which potentially could have caused harm.
- People did not always have access to call bells. For instance, one person told us that they had to activate their pressure mat to get a response from staff.
- Medication administration policies were not always followed. Medication administration processes and medication returns were not always safely managed.
- Covert (hidden) medication administration processes were not always followed. Medication had not always been administered according to administration instructions.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act, 2008 (Regulated Activity) Regulation 2014

- Regulatory safety checks and certificates were reviewed and in date.
- Staff were familiar with people's support needs; if staff had any concerns, appropriate support was accessed for people.

Learning lessons when things go wrong.

- Accident and incident reporting and recording procedures were in place and trend analysis was regularly completed by the manager.
- Staff were familiar with reporting procedures although we noted that 'post -falls' documentation was not always completed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing procedures were in place.
- Staff knew how to report any safeguarding concerns and the importance of keeping people safe.
- Safeguarding incidents were reported to the local authority and CQC accordingly.

- We received positive feedback about support and safety measures in place. Comments we received include, "[Person] has best quality of life" and "Risks are well managed."

Staffing and recruitment

- Staffing levels were regularly reviewed and assessed in line with the dependency needs of people who lived at the service. However, we did receive feedback to suggest that a number of agency staff were supporting the home whilst a recruitment drive was taking place.
- Relatives told us they felt their loved ones were well supported by fully trained and skilled staff. One relative said, "Staff know [person] well, can't praise them enough, [person] is well cared for."
- Safe recruitment practices were followed; people received support by staff who were deemed suitable to work in adult social care environments.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules; people were admitted safely into the service.
- We were assured that the provider was using 'personal protective equipment' (PPE) effectively and safely and infection prevention and control policies were up to date.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been inspected, but not rated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- New processes, audit tools and governance systems continue to be embedded by the new provider. However, we acknowledged that due to the COVID-19 pandemic, further time and focus needs to be dedicated to the area of 'governance'.
- Care plans and risk assessment tools and charts were not always consistently completed or contained the relevant information. The provider told us that a new electronic system would support the development of tailored, person-centred care.
- Environmental checks need to be strengthened. Quality audits were not always identifying potential environmental risks that people were exposed to.
- The manager was aware of their legal and regulatory responsibilities; the staff team were also clear about their roles and promoted a positive, compassionate and person-centred culture.
- We received positive feedback about the provision of care provided. Comments included, "[The care] is excellent", "It's absolutely brilliant" and "Carers are brilliant, they really are."

We recommend that the provider reviews the governance and quality assurance procedures to ensure the quality and safety of care is effectively monitored.

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; continuous learning and improving care

- The manager understood the importance of developing and maintaining open, honest and transparent relationships. Relative's told us, "We're kept very well informed" and "As a family, we're fully involved."
- Accidents, incidents and safeguarding processes were in place. Internal investigations had been completed when needed, relevant referrals were made, and trends were investigated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff, relatives and people were involved and included in the provision of care provided.
- People were supported to make decisions in relation to their personal spaces as well as communal and social areas.
- Staff meetings were occurring, although 'resident' meetings and quality questionnaires had not been regularly taking place.
- There was evidence of partnership working with other agencies and healthcare professionals such as the

local authority, district nurses, infection prevention control team, dieticians and GP's. This helped ensure that people received a holistic level of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Safe care and treatment was not always consistently being provided.