

Countrywide Care Homes Limited

Croft House Care Home

Inspection report

High Street
Gawthorpe
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Tel: 01924273372

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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

Our inspection took place on 12 October 2017 and was unannounced. At our last inspection we rated the service as 'Requires Improvement' and identified three breaches of regulation. These related to inconsistent risk assessment calculations seen in people's care plans, incomplete recruitment records and inconsistencies in the accuracy of care documentation. At this inspection we found the provider and registered manager had taken action, and were now meeting all regulations.

Croft House provides nursing and residential care for up to 68 people. There are three separate units within the home providing residential, nursing and dementia care. All bedrooms are single occupancy with en-suite facilities. The home is situated in its own grounds with car parking facilities in the village of Gawthorpe. At the time of our inspection there were 62 people using the service.

There was a registered manager in post when we inspected, however they were not present for the inspection as they were on annual leave. 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 told us they felt safe living at Croft House Care Home, and we saw risks associated with their care and support were well managed. Staff understood how to identify signs of potential abuse and how to report these. We saw accidents and incidents were reported and investigated appropriately. Maintenance and servicing records showed this was up to date.

Staff were recruited safely and deployed in sufficient numbers to provide care and support. We saw staff were always visible and able to spend time interacting with people in a meaningful way.

Medicines were managed safely. Records were complete, storage was appropriate and secure and there was clear guidance in place to ensure people received 'as-and-when' medicines safely.

People and their relatives told us staff had the skills and training to provide effective care. Staff had a thorough induction and access to on-going training and support to help them remain effective in their roles.

There was a good approach to the management of people who lacked capacity to make decisions for themselves, and the provider recognised when applications for Deprivation of Liberty Safeguards (DoLS) were needed.

People told us they enjoyed the food served in the home, and we made mainly positive observations during the lunchtime meal service.

We saw people had good access to health and social care professionals when this was required.

People and their relatives gave consistently good feedback about the caring nature of staff, and our observations confirmed this. People were involved with writing care plans, which were personalised, and received support to remain as independent as possible. There was a good approach to the management of privacy and dignity.

The provider assessed people's needs before they began using the service, and used this information to write responsive care plans that were kept up to date. Staff attended a handover at the start of their shift which ensured they had access to up to date information about people's needs.

There was a range of activities people could join in with, and we saw people had opportunities to access the local community.

There were policies in place to ensure complaints were recorded and actioned appropriately, although we found concerns raised verbally were not being recorded. We made a recommendation about starting to record verbal concerns, even when these were not formal complaints.

We received good feedback about the registered manager, and saw they were proactive in measuring, monitoring and improving quality in the service. People, their relatives and staff were encouraged to be involved in the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment processes were consistent and robust, and staff were deployed in sufficient numbers to provide safe care and support.

Risks associated with people's care were well assessed, and staff had access to clear guidance to help ensure risks were safely minimised.

Medicines were safely managed and stored.

Is the service effective?

Good ●

The service was effective.

Staff received a thorough induction and had access to on-going training and support. People told us staff had the skills to provide effective care and we saw records confirming health professionals were consulted when needed.

People's capacity to make decisions was well assessed, and the provider was submitting applications for DoLS in a timely way.

Drinks and snacks were available for people during the day, and people told us they enjoyed the food. People usually got the assistance they needed at mealtimes.

Is the service caring?

Good ●

The service was caring.

Feedback about the caring nature of staff was consistently good. Our observations showed staff were patient, caring and focused on people.

People and their relatives were involved in planning care, and we saw care plans were personalised.

Staff understood the importance of respecting people's privacy and dignity.

Is the service responsive?

The service was responsive.

Care plans were based on an assessment of people's needs before they began using the service, and we saw these were kept up to date.

There was a good programme of activities in the home.

We saw there was a robust approach to recording and responding to complaints, however concerns raised verbally were not being recorded.

Good ●

Is the service well-led?

The service was well-led.

We received good feedback about the registered manager, and saw they were driving improvement in the service.

There was a meaningful programme of audit in place, and we saw the provider also contributed to the process to drive quality in the service.

People, their relatives and staff had opportunities to contribute to the running of the service through meetings and surveys.

Good ●

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 as part of our regulatory functions. This inspection checked 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.

Our inspection took place on 12 October 2017 and was unannounced. The inspection team consisted of three inspectors, an inspection manager, a specialist advisor in nursing and two experts-by-experience. An expert-by-experience is a person who has experience of using or supporting someone who used a residential care service.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, action plans and information notified to us about the service by the provider. We also contacted other organisations to ask for feedback. This included service commissioners, the clinical commissioning group (CCG), safeguarding teams, police and fire and rescue service. We also contacted Healthwatch, which is an independent body which represents the views of people who use health and social care services in England. We did not receive any information of concern.

We sent a provider information return (PIR) which the provider returned. 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. We displayed posters to inform people and visitors that we were inspecting the service and inviting them to share their views.

During the inspection we spoke with the deputy manager, two clinical leads, the provider's quality and compliance manager, 10 care staff and two activities co-ordinators. We also spoke with 16 people who used the service and 9 visiting relatives. We spent time making observations around the home, including all communal areas, some bathrooms and toilets and some people's private rooms. We asked people's permission to visit them in their rooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at records relating to care and support including 6 care plans. We also looked at other records relating to the running of the home including equipment test certificates and checks.

Is the service safe?

Our findings

At our last inspection we rated this key question as 'requires improvement' and identified two breaches of regulation. We found risks associated with people's care and support were not always well managed. We also found recruitment processes had not always been robust. We asked the provider to submit an action plan. At this inspection we found the provider had taken sufficient action and was now meeting regulatory requirements.

People told us they felt safe living at Croft House Care Home. Comments included, "I feel safe here," "I feel safe as the staff look after me really well," and "This is a very safe place." Relatives we spoke with also confirmed this. One relative told us, "[Name of person] is settled here and is well looked after."

We looked at records relating to the servicing of equipment and maintenance of the home. We saw equipment servicing was up to date. This included equipment used in providing care and support, lifts, fire safety equipment, and gas and electrical installations. We saw care plans contained detailed personal emergency evacuation plans (PEEPS) which showed the assistance people would need in the event of a serious incident such as a fire.

We spent time looking round the home and found it was generally clean and free of malodours. We noted some woodwork needed repainting and brought this to the attention of the provider's quality and compliance inspector. Surfaces where bare wood is exposed cannot be cleaned effectively.

People, their relatives and staff told us there were sufficient staff on duty. Records we looked at confirmed staffing levels were consistent and based on an up to date assessment of people's care and support needs. One person told us, "Mostly there's enough [staff] around to help." A relative told us, "[Name of person] has never complained about having to wait for help." A member of staff told us, "Staffing levels have improved hugely in the last year since the new managers came."

Our observations showed staff were present in sufficient numbers to spend time interacting with individual people in meaningful ways. We saw these interactions were not interrupted by staff having to break off to assist other people, and this was also evident in informal observations made throughout the inspection. We also saw there were enough staff to answer call bells promptly without needing to leave other people with no support or interaction. This meant there were sufficient staff present to meet the people's needs in a timely and relaxed way.

We looked at the personnel files of staff who had been recruited since our last inspection. We saw safe recruitment practices were now in place, including identity checks, receipt of relevant references and checks made with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about individuals who may be barred from working with vulnerable people.

Staff we spoke with understood how to recognise and report incidents and concerns which may indicate people were at risk of abuse. One member of staff told us they were "empowered" to intervene, meaning the

registered manager and provider had delivered effective training and encouragement in this area. We looked at records which showed accidents and incidents were reported and investigated appropriately, with notifications sent to safeguarding teams and the Care Quality Commission (CQC) as required.

Risks associated with people's care and support were well assessed. Care plans included a number of risk assessments including those for falls, pressure care, nutrition and hydration and use of bedrails. We saw these were usually reviewed monthly, and included clear and detailed guidance for staff to follow to ensure the risks were minimised safely.

People and their relatives raised no concerns about the ways in which staff supported them to receive their medicines. One person told us, "They watch me while I take the tablets and bring me some water." We observed staff administering medicines. We saw they asked people if they needed pain relief, and rounds were completed in a timely way.

We found medicines were managed safely. We made observations and carried out checks on both floors during our inspection, and found staff practice and record keeping were consistent. Where people required medicines at set times, for example before food, we found staff were aware of this need and ensured it was met. Some medicines, for example those for pain relief, are prescribed on an 'as-and-when' basis, also known as PRN. We saw there were clear protocols in place for staff to refer to when giving these medicines, including what the medicine was for, the advised dosage, possible side effects and when a GP may need to be consulted.

Storage of medicines was safe, and we saw records which showed room and refrigerator temperatures were monitored to ensure medicines were stored at an appropriate temperature. We found medicines administration records (MARs) were fully completed with no gaps, and checked stocks of some boxed medicines. We found there were no stock imbalances, however on one unit we found the stock control records were not clear, which may mean any errors which occurred in future would be hard to identify. We discussed this with the provider during feedback after our inspection and they told us this would be addressed.

Some medicines require additional secure storage and recording due to the nature of the drugs they contain. These are also known as controlled drugs. Our checks showed appropriate security and recording measures were in place.

Is the service effective?

Our findings

At our last inspection in July 2016 we rated this key question as 'requires improvement'. We identified a breach of regulations relating to the management of pressure care. At this inspection we found the provider had made sufficient improvement to be meeting the requirements of the regulation and have rated this key question as 'good'.

We looked at records relating to the management and prevention of pressure sores. We found monitoring tools such as risk assessments and body maps were up to date, and guidance for staff to ensure any risks were minimised was clear and detailed. For example, where people needed pressure relieving mattresses we saw the correct settings were described in the care plan. We did not identify any concerns relating to this aspect of people's care.

People and their relatives expressed confidence in the staff's ability to provide effective care, and we observed throughout the inspection that staff communicated well with each other. One person's relative told us, "I was pleased when [name of person] came here, but very anxious that she was coming into a care home. It was a horrible time but she's settling now. However they did take time to find out about her likes and preferences, and I asked if they would try to encourage her to mobilise more. It's great to see her now getting up now. [Staff] encourage her to eat more and to try different things."

Staff told us they had an induction which was not rushed and good access to training when required. One member of staff said, "My induction involved shadowing more experienced staff, practical and online training and observing. It lasted a month or two." Another member of staff told us, "Training is always available. In staff meetings [the registered manager] identifies any training needed and follows this up."

We saw staff followed a structured induction which included orientation to the building, fire evacuation systems, the provider's policies, and relevant legislation such as the Health and Social Care Act. We saw staff had discussions with line managers to check their progress through the induction, and where staff had responsibility for medicines administration there were checks made on their competency. In addition staff completed a range of training including fire awareness, manual handling, safeguarding, dementia and infection control. We saw there were controls in place to ensure staff had regular refresher training in key areas, and our review of this documentation showed this was up to date.

Staff were given additional support in the form of regular supervision and appraisal meetings. We looked at records which showed these happened regularly and involved meaningful conversations involving reviews of performance, training needs and staff's experience of working at the home.

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. People can only be legally deprived of their liberty so that they can receive care and treatment

when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff received regular training in the MCA and DoLS. People's care plans showed their capacity to make specific decisions had been assessed and best interest decisions were recorded. For example, we saw advice to staff to ask one person for consent at different times of the day as their capacity fluctuated. Another person's care plan for the management of urinary tract infections (UTIs) made clear to staff that the person lacked capacity to consent to the care needed. This meant staff would be aware that a best interest decision would be needed before action was taken to alleviate the infection.

We saw records showed the provider recognised when people needed a DoLS and timely applications had been submitted. There was information accessible to staff in each unit to show which people had a DoLS in place. None of the care plans we looked at had DoLS to which conditions had been attached.

We observed staff asking people for their consent before providing any care or support. One person told us, "They are always asking me. Everything they do, they say 'is it okay?'." Another person said, "They [staff] never take anything for granted." A relative told us, "They always talk to [name of person] about what she wants, and if there are any doubts they contact us." We saw people's consent to their care and treatment was appropriately recorded.

People told us they enjoyed the meals and said staff catered for their individual needs. For example, by providing a diet suitable for effective management of diabetes. One person said, "The food's good here." Another person told us, "I like the food. They come round the night before and tell us what is on so I can choose. It's very good." People we spoke with confirmed there were always different options available.

The quality and compliance inspector told us the home now served a main meal in the evening, and a lighter meal at lunchtime. They said, "It has had a positive impact on management of nutrition. People eat better and also sleep better at night." We looked at weight management records and did not find any evidence to show people were at risk of issues associated with poor nutrition.

We saw drinks and snacks available for people to take throughout the day, and staff brought drinks and snacks to people in the morning and afternoon. Communal areas had 'hydration stations' with drinks that people could take independently. One person told a staff member they felt hungry and we saw they were brought a snack they could eat whilst engaged in activity. Records in care plans showed there was a good approach to the management of people's nutritional health. We saw changes such as weight loss were managed well, with adjustments to care plans including frequency of weight measurements and referral to health care professionals as required. People's food likes and dislikes were recorded, and we saw evidence people's dietary intake was supported by ensuring favourite foods were available.

We observed the lunchtime meal service in three of the home's dining rooms. We saw there were pictorial menus to help people make choices and people were offered drinks and regular re-fills during the meal. When people needed assistance to eat their meal this was usually offered in a timely way, and staff giving the assistance remained focused on one person. On one unit, however, we saw two people struggling to eat their meal independently, although staff failed to notice this. People were offered clothing protectors to wear during the meal, and we saw their choices were respected.

Records showed people were supported to access health and social care professionals as needed. We saw

referrals were made in a timely way to people including falls specialists, dieticians, podiatry, district nurses, dieticians, speech and language therapists and GPs. Relatives we spoke with told us updates about people's health were usually shared in a timely way.

Is the service caring?

Our findings

We received consistently good feedback about the caring nature of staff at Croft House Care Home. One person told us, "They're all lovely with us. They are really super lasses." Another person said, "They're all so nice to us. They're very nice staff." Our observations showed staff took time to sit and chat with people, and we saw people clearly enjoyed these interactions. We saw staff responded to people's needs in discreet and caring ways, and were patient and supportive when giving assistance or engaging in activities such as drawing or reminiscing. When people needed reassurance we saw this was given using respectful and comforting tones. Staff we spoke with said they felt people got good care, and would recommend the home to their friends and family.

People and their relatives had been involved in writing care plans. When asked about this, one person said, "My family sees to that sort of thing." A relative told us, "We were involved in the care plan and we have had a few meetings with the manager to review it." We saw care plans were personalised with detailed information about people's lives, important friendships and relationships, treasured memories and their likes and dislikes. We saw people's cultural and spiritual needs were also considered. Our observations showed staff knew people and their families well, and people told us visitors were welcome at any time.

People and their relatives told us staff worked to promote people's independence. One person said, "I can undress myself when I'm ready." A relative told us, "[Name of person] can manage quite a few things on her own and staff let her do it, but keep an eye on her." We saw people's rooms were personalised with their own belongings, such as photographs and other treasured items, and people we spoke with told us they were encouraged to make day-to-day choices such as what to eat and drink, how to spend their day and when they wished to go to bed. This meant care was being provided according to people's preferences.

Staff we spoke with gave examples of how they promoted and respected people's privacy and dignity. For example, asking people what they wanted to wear, closing doors and curtains when personal care was being delivered and keeping people as covered as possible when assisting people to wash, bathe or shower. People we spoke with told us this was the case, and we observed good practice by staff during our inspection. People told us they felt comfortable in the home and said staff listened to them when they spoke.

Is the service responsive?

Our findings

A visitor we spoke with told us they had been consulted about their relative's needs before they moved to the home. Care plans we looked at contained a pre-assessment of people carried out before they began to use the service. This meant the provider ensured they were able to meet people's care and support needs in advance of them coming to live at Croft House Care Home.

Once people began to use the service care plans were developed to show how people's needs would be met, and we saw these were reviewed weekly for the first four weeks to ensure they were enabling staff to provide safe, effective, caring and responsive care. Following this we saw care plans were reviewed and updated as necessary, either on a monthly basis or in response to changes in people's needs. Staff told us they had an effective handover at the start of each shift which enabled them to understand any changes in people's needs or health before they began work.

We saw evidence that care plans included information about how people's health may impact on their daily lives. For example, in one person's care plan we saw information about how their particular health conditions affected their reaction to receiving personal care such as washing or dressing. This meant staff had access to information to show how they could provide this care in appropriate ways.

Staff kept daily notes to confirm how people had spent their days and what care and support had been given. These were detailed and written in a person-centred way, with evidence staff reflected on the effectiveness of the care given and described what had been effective in providing care which met the person's individual needs. One person told us, "I think I get everything I need."

We talked to people about activities in the home. One person said, "I have been out this morning with [staff member], just to get some fresh air. I love to get outside. I come in here [lounge] in the morning. It's always up to me." We saw regular outings were organised, for example to local markets and cafes, and a trip to a pub was planned for the evening of our inspection. People had opportunity to practice their faith with a weekly Songs Of Praise activity. There were a range of activities available to people who used the service, led by three activity co-ordinators. We spoke with one activity co-ordinator who told us they were part of a local network of staff from a variety of homes who met regularly to share ideas and good practice. Another activity co-ordinator told us they respected people's differing likes and dislikes. They told us some people enjoyed going out when it was raining or snowing, and they made sure they had opportunity to do this.

There were policies and procedures in place to ensure complaints were recorded and resolved appropriately. We saw people who had made complaints were asked to sign to confirm they were happy with any actions taken. During the inspection a number of people and relatives we spoke with told us they had experienced problems with clothes when they were sent to the laundry. We asked the quality and compliance inspector about this. They told us if people raised concerns verbally, the registered manager would take action at the time, and would not record what they had been told or what they had done unless it was presented as a formal complaint. We recommended the registered manager recorded all concerns raised to enable any emerging trends or themes to be identified and appropriate action taken.

Is the service well-led?

Our findings

At our last inspection in 2016 we rated this key question as 'requires improvement'. We saw there were on-going issues with the quality of documentation and identified a breach of regulations relating to governance and asked the provider to send us an action plan. At this inspection we found sufficient action had been taken, and that the provider was now meeting the requirements of the regulation.

There was a registered manager in post when we carried out our inspection, although we did not speak with them as they were on annual leave. The deputy manager and the provider's quality and compliance inspector were available to provide the information that we needed in order to inspect the service. People and their relatives told us the registered manager was a visible presence in the home. One relative told us, "We've no problems with the manager. She is approachable. I think her heart is in the right place." Another relative said, "I think [the home is] well managed. When I came to look round they were very open with me, let me see everything and I came unannounced. I think that shows that they have nothing to hide." Relatives we spoke with told us the people in charge of each unit were also approachable and happy to assist if they had any queries.

Staff also gave good feedback about leadership in the home, and told us they felt there was a process of constant improvement in place. One member of staff said, "I love working here. It has got better and better every year." Another member of staff told us, "[Name of registered manager] is the best we have had in the home. The office door is always open, they are always receptive. They are always coming to see us as well." A third member of staff said, "Both [name of registered manager] and [name of deputy manager] are great." Staff also told us they were made to feel welcome when they began working at the home, and said the registered manager showed regular interest in their progress as they went through their induction.

There was a comprehensive system of governance in place to measure, monitor and improve quality in the service. A range of audits were completed in the home, including those of care plans, infection control, dining experience and health and safety. We saw these were carried out according to a pre-determined schedule. Where items were identified for action we saw there was a plan in place showing what action needed to be taken, by whom and by when. Actions that had been completed were signed off, and we did not see the same issues identified from audit to audit. This meant the audit process was effective in resolving issues that arose. There was also a review of quality in the home carried out by the provider's quality and compliance inspector. This involved a check on the audits which had been carried out together with further analysis to ensure regulatory requirements were being met. The registered manager also carried out other checks in the home, including unannounced night visits and regular walk-rounds to check on the quality of the service. Staff told us there was also regular observation of their practice, in particular of medicines administration.

People told us that the registered manager was visible and approachable. The registered manager involved people, their relatives and staff in the running of the home through regular meetings. We reviewed minutes of these meetings and saw a variety of topics were discussed with people and their relatives including catering, activities and standards of care. We saw actions taken as a result were prominently displayed on a

'You said, we did' board. At the time of our inspection these included requests for staffing to be increased, larger meal portions and for the home to be made more dementia friendly. There was information about actions which the provider and registered manager had taken or planned to take.

Staff we spoke with told us they were encouraged to voice their views and opinions in meetings with the management team. We saw these meetings covered topics such as incidents in the home, changes being made and available training. In addition we saw the registered manager prepared staff for being inspected, and gave encouraging positive feedback about their performance.

People and their relatives completed an annual survey to give further feedback on their experience of the home. The quality and compliance inspector told us they had very recently sent out questionnaires for the 2017 survey, which was not completed at the time of our inspection. We looked at the results of the previous survey from 2016 and saw people and their relatives expressed a very high level of satisfaction with the care provided at Croft House Care Home and the experience of living there.