

Greensleeves Homes Trust

Croxley House

Inspection report

The Green
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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

We carried out an unannounced inspection on 26 April 2016.

Croxley House provides care and support for a maximum of 33 older people. Some of whom may be living with a form of dementia. At the time of our inspection there were 27 people living in the home.

The service had a registered manager in post. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. People's medicines had been managed safely.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Staff also said that they knew the people they supported well.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. The service supported people with health care visits, such as GP appointments, optician appointments, chiropodists and hospital visits.

There was a formal process for handling complaints and concerns. The registered manager encouraged feedback from people and acted on the comments received to continually improve the quality of the service. There were effective quality monitoring processes in place to ensure that the home was meeting the required standards of care.

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.

There was sufficient staff to meet people's individual needs safely.

People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was well-led.

The service had recently employed a new manager.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Good ●

Croxley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 April 2016 and was unannounced.

The inspection team consisted of two inspectors from the Care Quality Commission 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.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with the registered manager, five care staff, house keeper, kitchen staff, activities staff and volunteers. We also spoke with three people who used the service and one family member. We looked at the care records of four people and the recruitment and training records for staff employed by the service. We also carried out observations on how people were provided with care and support and reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

People said that they felt safe in the house. We saw that it was calm and people seemed to be happy and enjoying their time. Some people did express that since the lift in the home had broken down they did not feel as safe but that staff assisted them to remain mobile. One person said, "It's not easy going up and down the stairs as I have to use both handrails, but I and another resident gentleman go together and help each other out." We observed people moving around the home and saw that staff ensured they had walking aids available to them and that there were no obstacles in their path. Staff told us that since the lift had broken extra staff had been called in to assist people and keep them safe. On the day of our inspection we noted that engineers were present and attempting to fix the lift.

We observed that staff were continuously working to keep people safe when they were moving around the home. Staff told us that they kept people safe in the home and would take action to safeguard people from harm. One member of staff said, "I'd like to think that they feel safe around me." We saw that the incidents of people falling were monitored and an analysis was carried out so that patterns could be identified and if needed, safeguarding measures put in place to protect people from future falls. Staff were able to explain to us how they kept people safe when they exhibiting behaviour that could harm others or themselves. One member of staff said, "If [person] is having a bad day, we find out what's bothering them.take them for a walk, or read to them, it helps calm them."

The provider had a safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. Staff said that they would raise even minor concerns. For example one staff member said "if I observe something like a tone of voice which is not right, I will speak to my colleague about my concerns, if they continue then I have no hesitation in going to the manager." Another member of staff said, "I haven't got any hesitation to whistle blow." All the staff we spoke with said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to protect the person from harm. The manager also said, "They [staff] know they can come to me if they have an issue."

Individual and general risk assessments had been undertaken in relation to people's identified support needs and were reviewed six monthly. The risk assessments were discussed with the person or their family member and had been put in place to keep people as safe as possible. For example people who used mobility aids had risk assessments in place informing staff of how to protect them from harm. Staff recorded and reported on any significant incidents or accidents that occurred and the manager investigated these. If there were lessons to be learnt from the accident or incident then this would also be actioned through changes in processes or further training. A member of staff said, "We report all accidents and incidents as required."

Staff employed by the service had been through a robust recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all

necessary checks had been undertaken and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

We observed that there was enough staff to support people safely. People we spoke with also confirmed this. We saw throughout the day that staff were available to assist people with their personal care, and to move around the home. One person told us "I go out for walks in the grounds with [staff]." A member of staff also said, "We are able to spend time with people we look after." Relatives also confirmed this and one relative said, "[relative] had developed a good relationship with staff."

People's medicines administration records (MAR) instructed staff on how prescribed medicines should be given, including medicine that should be given as and when required (PRN). It also included how each person should be supported. These records showed that medicines had been administered as prescribed. Medicines were stored appropriately and the home had systems in place for the re-ordering and safe disposal of medicines. Staff training records showed that staff were trained on the safe administration of medicines.

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. A member of staff said, "Not one person is supported in the same manner." They told us that they knew the people they supported and therefore supported them in a way that the person preferred. Staff also said that they were encouraged to obtain more experience and qualifications. One member of staff told us about how they were able to go for a more senior role and assisted to gain extra qualifications to support them in their application.

The registered manager and staff told us that training was good and was made available to them when required. We saw that staff had received training in areas such as first aid, epilepsy, infection control and dementia. A member of staff said that the training was, "Impeccable". Another member of staff said, "Training is very important, it makes us feel confident. ...if I need a refresher, [manager] is very approachable." Staff also confirmed that they had received induction training when they started to work at the service and a member of staff said, "The induction goes through everything."

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to. One member of staff said "I can say whatever I like and it's a two way conversation."

Staff were able to demonstrate an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. One member of staff said, "DoLS is protection for them." 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 deprived of their liberty to 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 noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Where required, applications were made for people under DoLS to the local authority for approval.

Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans and consent to the care they were provided with. Staff said that where people were unable to verbalise their consent they would use other forms of communication, such as, through touch, pictorials, and eye contact.

Care records showed that staff supported people where possible to maintain a healthy weight. Staff encouraged people to eat well and we observed throughout the day that staff would offer people drinks and snacks. One person said, "The night staff ask if I'd like tea and toast which is nice."

During our inspection we observed the lunchtime routine and found it to be a pleasant and well organised. People were given choices from a menu and the food was served to them in a formal way so that it felt more as if they were in a restaurant environment. People told us that although they had a choice from the menu, there were also alternative meals available if they wanted them. One person said, "The food is OK and if you don't like the choices you can have egg and chips if you like." We observed people sitting at tables having a chat amongst themselves, and some staff also joined them to eat. People chose to leave the dining room when they were ready by either staff assisting them or by themselves. We observed that one person was unable to distinguish the items on their plate. We observed that staff told them what was on the plate and the person was then able to independently eat their meal with little assistance from staff.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Staff would attend visits with them or arrange for professionals to attend the home. The provider kept a record of all medical issues and appointments.

Is the service caring?

Our findings

People commented positively about the staff. One person said, "The night staff are really nice. They always come in and say hello to me and ask me if I want some tea and toast.... we've lost a couple of carers recently who were good and very nice, but I'm getting to know the new ones." Another person said, "The carers look after me well, and answer the bell quickly. Also at night we don't have to wait too long." Staff we spoke with had a good understanding of people's individual backgrounds, likes and dislikes. We could see that staff had developed kind and caring relationships with the people they were supporting and knew them well. Relatives were also complimentary about the home. One relative said that staff were, "Absolutely excellent."

Interactions between staff and people who used the service were kind, caring and compassionate. Throughout our inspection staff demonstrated an understanding of how to meet people's needs and understood how best to support them. They consistently respected people's choices including about whether or not they wanted to take part in activities. For example, one person was sitting alone in the dining area while activities were happening in the main lounge. Staff asked them if they would like to join in but as they declined, staff did not insist for them to participate. Instead staff offered them a snack and a drink. We observed that another person came to speak with staff, and while talking with staff they began to dance with them. Staff told us that the person enjoyed dancing and would regularly dance with them.

Staff throughout our inspection showed consistent care and attention towards people. They had time to sit and talk. Staff told us that they would also visit people on days off to take them for a walk around the grounds or the local area. They said there was no expectation for them to do so, but they enjoyed doing extra things to make people happy. This showed how much the staff cared for people they supported. We also observed that the manager regularly walked around the home and had positive interactions with the people. We observed that when one person who was eating quietly saw the manager, they immediately called out to the manager who stopped and began to laugh and joke with them. We also observed that during lunchtime the manager was also visible in the dining area, laughing and joking with people. Staff respected people's privacy and dignity. One staff member said, "We always treat our residents with respect, always knock on the doors before we go in. Sometimes it takes a long time to build respect with residents, but we get there in the end. I think that care comes from the heart." People we spoke with also confirmed this. One person said, "Carers are dignified and respectful when helping." We observed that people were well dressed and had clearly been supported to choose how they wanted to be dressed for the day. People confirmed that they were involved in making decisions about their care through regular reviews, and discussions. A member of staff said, "We talk to people about the care." This was evident in people's care documents and also through discussions with them and our observations. The care records we looked at showed that people were involved and supported in their own care and decisions. People said that their views were listened to. People told us that there were regular residents meetings, which were well attended. We saw from the minutes that people were able to discuss any issues they had with the service freely.

Is the service responsive?

Our findings

People's support needs had been assessed prior to being supported by the service. We saw that the home was equipped to adapt to people's changing needs. For example, the home had various mobility aids available as well as staff who had been trained on how to support people at varying stages of their lives including palliative care. Staff and the manager expressed how they wanted people to stay in the home for as long as they wanted and therefore they would provide them with the support they needed. This showed that the provider identified people's changing needs and acted quickly to support them.

We saw that appropriate care plans were in place so that people received the care they required and which appropriately met their individual needs. There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. Routines were set out according to the person's preferences. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates and staff handovers.

People told us that they were encouraged to do activities around the home. We observed throughout the day that various small activities were going on in the main lounge. For example, puzzles, photo fun and at one point, there was also a 'sing song' between residents. There were various types of visual stimulation for people who did not wish to join in group activities which included magazines, newspapers and books. The member of staff who facilitated the activities also had a pleasant personality and was well known to the people. People told us that outings in a community bus were also regularly organised by the activities staff, which was something they enjoyed.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. The manager told us that they provided a very personal service that supported people to live a good and comfortable life. We were told and we saw that people knew the care staff and the care staff knew them well. This allowed for a very personal service which made the home a very friendly place to be.

There was a complaints policy and procedure in place and people were made aware of this when they joined the service. People we spoke with knew who they needed to talk to if they had any issues or concerns and felt comfortable in raising concerns. We saw that the provider had documented formal complaints and any action taken was recorded and followed up. There had been 19 complaints made to the manager in the past year, which we observed to be mostly minor complaints. For example, one person had complained about that they wanted a bigger sized bed. The home had quickly arranged for a new bed to be ordered for the person and allowed for the person to choose the bed for themselves. All complaints had been recorded, investigated and appropriately responded to in a timely manner.

Is the service well-led?

Our findings

The home had a registered manager in post. People using the service knew who the manager was and we observed positive interactions between the manager and the people using the service. Staff told us that the manager was supportive. A member of staff said, "The door is always open." So they could speak to the manager if they needed to. Another member of staff said how they felt empowered by the manager. They said, "I do all the ordering, and I know what I can do and when I have to ask her for approval, but it's trust really". The manager said, "I would not ask staff to do anything I would not do myself." We saw throughout the day that the manager assisted with work around the home, from medication rounds to assisting people to move around safely. The manager also said that if needed they would assist people with their personal care.

The manager was fully aware of everything that was happening in the home and they checked how each individual was feeling on the day. The manager told us that the team of staff employed had a 'Good team ethic' and staff also confirmed this by stating "we are a good working team, we can call on anyone at any time."

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were given opportunities to suggest changes in the way things were done through regular team and supervision meetings.

The home and staff demonstrated an open and transparent culture throughout. Staff told us that it was a good home to work in and they were supported in their development. There was evidence that the provider worked in partnership with people and their relatives. This meant that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The provider regularly sought people's views about the quality of the care. We saw from recent reviews that people and their families had provided positive feedback about the service. Comments made included, 'staff are not just friendly and helpful, but have provided a loving and caring extended family.'

The provider completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The registered manager understood their responsibility to report to us any issues they were required to report as part of the registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.