

Mrs Velda Jameson

Croftfield Residential Care Home

Inspection report

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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

This inspection took place on the 26th April 2017 and was unannounced. We last inspected the service in July 2015 and rated it as 'Good'.

Croftfield Residential Home (Croftfield) provides care to older people, some of whom may be living with dementia. The home is a converted Victorian building set in its own gardens and situated in a rural area in north Cumbria. There are 22 bedrooms in the home and there are three separate lounge areas and a conservatory. The service is registered to support 21 people, at the time of our inspection there were 21 people living in the home.

The service had a registered manager. 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.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

There were sufficient staff to meet people's needs. They were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff including those with the disclosure and barring service (DBS).

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

Care plans were subject to regular reviews to ensure they met people's changing needs. They were easy to read and based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people's safety and welfare.

Staff had developed good relationships with people and communicated in a kind and friendly manner. They were aware of how to treat people with dignity and respect.

The service had a complaints procedure that showed people how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had. There were no outstanding complaints in the service.

The home was well led by a registered manager who had a vision for the future of Croftfield. A quality assurance system was in place that was utilised to improve the service.

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.

Staff were aware of how to recognise and report concerns about vulnerable people.

There were sufficient staff to meet people's needs.

Staff were recruited in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff received sufficient training in health and social care.

Staff received regular supervision and appraisal.

People received appropriate nutritional support.

Is the service caring?

Good ●

The service was caring.

We observed staff interacting with people in a kind and caring manner.

Staff treated people with dignity and respect.

People had access to advocacy services if they required them.

Is the service responsive?

Good ●

The service was responsive.

Care plans were based on comprehensive assessments.

The service offered a variety of activities and planned to further develop in this area.

People were able to raise issues with the service via a complaints process.

Is the service well-led?

The service was well led.

The registered manager spent time with people who used the service and her staff to ensure that the service provided was of a satisfactory standard.

The registered manager wanted to ensure people were well cared for and happy.

There was a quality assurance system in use.

Good 

Croftfield Residential 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.

This inspection took place on the 26 April 2017 and was unannounced.

The inspection was conducted by one adult social care inspector.

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 the information we held about the service, such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

During the inspection we spoke with eight people who used the service. We also spoke with five members of staff including the deputy manager. The registered manager was on leave on the day of our inspection.

We looked at four care plans and other policies and records related to the service. We looked at two staff files which included supervision, appraisal and induction. We reviewed the record of training and the training plan. We looked at quality monitoring documents and a full range of audits.

We looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

We spoke with people who used the service and asked if they felt safe at Croftfield Residential Care Home. One person stated, "I feel safe here."

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. Staff were able to explain how to identify and report different kinds of abuse. If they were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance how to express concerns. This meant staff could quickly and confidentially raise any issues about the practice of others if necessary.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

People who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example, it had been identified that some people who used the service were at risk of slips, trips or falls. Care plans has been put in place to reduce this risk including ensuring people wore correct footwear and had access to equipment such as walking frames.

We asked the deputy manager how they ensured there were sufficient staff to meet people's needs. They explained that the number of staff was based on the identified needs of the people who used the service. During our inspection we observed that staff met people's needs in a timely, efficient manner. We also noted that communal areas always had a member of staff present to ensure that people were safe.

We reviewed recruitment procedures in the service. The deputy manager explained that they advertised in the press when there were job vacancies in the service. All potential candidates received a face to face interview. As part of their recruitment process the service carried out background checks on new staff including those with the disclosure and barring service (DBS). The deputy manager showed us evidence that all of the current staff in the service had up to date employment checks including whether they had a criminal record.

Medicines were stored appropriately and administered by staff who had received training to do so and had their competency regularly checked. We carried out checks on medicine administration records (MAR). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer additional or 'when required' medicine. There were procedures in place for the ordering and safe disposal of medicines.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to

ensure that people were cared for by staff who followed appropriate infection control procedures.

Is the service effective?

Our findings

We asked people if they thought staff were well trained and experienced enough to meet their needs. One person said, "Yes they know what they are doing."

Training records for staff indicated they had received training in various aspects of health and social care including moving and handling, medicines and the management of diabetes. We saw the majority of staff were undertaking vocational qualifications in health and social care. Staff told us, "We are always training! It's face to face and we have to do tests at the end."

We spoke with the deputy manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The deputy manager told us that all staff had received regular supervision as per their policy. This included the registered manager or deputy manager spending time observing the staff while they worked. Staff we spoke with confirmed this and told us they found supervision helpful. Supervision and appraisal records for the service were up to date.

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. We checked whether the service was working within the principles of the MCA.

People can only be 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. We found that DoLS applications had been made to the appropriate local authorities and were being correctly implemented and monitored.

The service acted in accordance with the Mental Capacity Act 2005. Each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests. The service worked closely with professionals from the local authority to ensure that people's rights were upheld.

We asked people what they thought about the food provided in the home, one person said, "The food is excellent."

We looked at how staff supported people to consume adequate nutrition and hydration. We noted that each person in the home had a nutritional needs assessment. In addition to the service's assessment professional

advice from dieticians and speech and language therapists had also been obtained. People's weight was monitored on a regular basis, this helped staff to monitor and identify anyone becoming at risk of malnutrition.

Written records indicated that when necessary the service regularly involved other health and social care professionals in people's care. This included GPs and other associated healthcare professionals such as podiatrists and speech and language therapists. This supported people to maintain good health.

Is the service caring?

Our findings

We asked people if they felt well cared for at Croftfield. People told us that the staff were caring and looked after them. One person said, "They are very kind." Another person added, "They are respectful." We saw a thank you letter written by a relative that stated, 'The care team are great, with a fantastic sense of humour with added qualities of care, kindness and love.'

We observed staff caring for people in a relaxed, warm and friendly manner. Staff took time to speak with people who used the service. A member of staff told us, "We get time with the residents, it's all about what they want, we accommodate them."

When we spoke with staff it was clear they knew people well. They were able to tell us about people's preferences and what kind of support they required. There was information within people's care files that gave staff an insight into people's lives. This provided the staff with information to help build relationships with the people they supported.

The service supported people to express their views and be actively involved in making decisions about their care and support. We saw that many people who lived in the home were capable of making their own decisions about the way they chose to live. One person who used the service told us, "We do what we like."

People were able to access advocacy services if they required support to make their feelings known. The deputy manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People's privacy and dignity was upheld. Staff took care to ensure people's doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people's privacy and dignity was important. When we looked at people's care plans we noted there were references to maintaining people's privacy and dignity throughout. Staff had created a dignity board which gave examples of how to treat people with dignity and respect.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

We saw that staff were trained how to provide appropriate end of life care for people who chose to remain in the home towards the end of their lives. The training included information on how best to support people with nutrition, hydration and medicines to ensure they were as comfortable as possible.

Is the service responsive?

Our findings

We asked people how they raised concerns within the home. People told us they were able to tell staff if they were feeling dissatisfied. One person commented, "I would just tell the manager."

In addition to this the service had a formal complaints policy and procedure which was provided to people who used the service. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format and the use of advocacy services was encouraged. There were no outstanding complaints about the service at the time of our inspection.

We looked at the activities available in the home. According to care plans many were facilitated on a small group basis. There was a dedicated activity co-ordinator who organised activities, such as crafting, and booked outside entertainers such as musicians. People who used the service told us they really enjoyed visiting entertainers. They also added, "We like the dominoes." We found that dominoes were popular within the home due to the activity co-ordinator organising monthly tournaments.

We asked people if they felt the service was responsive to their physical health needs. People told us that if they were unwell the staff called their GP or referred them to the district nursing team. Staff also helped people to access associated healthcare professionals such as podiatrists and physiotherapists.

When people were referred to the service an assessment of needs was carried out. This included assessing their mental wellbeing, their dietary needs and their mobility. The information was then used to write a care plan. This was then further developed and reviewed on a regular basis and as people's needs changed. Written records outlined the support that people required in all aspects of their life.

The service was formulating clear and concise care plans that were easy to understand. Care plans were based on a rehabilitation model that promoted people's abilities and skills. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

We saw evidence that confirmed that, where possible, people had been consulted with about their care plans. People had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

There was evidence within the care plans that showed people had exercised their choice. For example, some people's care plans recorded their preferred choice of meals. Others indicated what people's chosen daily routines were.

Is the service well-led?

Our findings

We spoke with people who used the service and asked if they thought the service was well led. People told us they often saw the registered manager and they spent time with them.

We spoke with staff and asked them if they thought they were well led. Staff told us they felt well supported by the registered manager. One said, "I really enjoy working here, the management team are lovely, they listen to you."

People were asked for their views about the support they received. The registered provider sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. They also sent questionnaires to visiting professional. We noted that all the responses were positive. The registered manager had acted on a few minor issues such as menu changes.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. They were keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

During the inspection the registered manager and her staff were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There was a clear management structure in place. The registered manager reported directly to the area manager who visited the home regularly and was in contact frequently. The registered manager had a deputy in place who was able to take over the day to day running of the home when required.

There were regular staff meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed staff coming to speak with the deputy manager throughout our inspection.

We asked the registered manager to write to us to tell us about progress within the service. They told us, "I have been the registered manager for the past 8 years and just completed my first year as the registered provider. Over the past twelve months I have made many changes for the better, Staffing levels and rates of pay to reflect qualifications, more training is provided for all staff, decorating and upkeep of the home. I believe if your staff are happy everything else will or should fall into place. We pride ourselves on a warm

clean environment and due to good team work at Croftfield the residents are well cared for and happy. We are looking to achieve outstanding in some if not all areas on our next inspection, we are looking to provide more activity involvement from outside sources and getting the staff and families more involved. In the future I would like to accommodate respite care for those who are in need."