

Crystal Croftdene Limited

Croft Dene Care Home

Inspection report

Threap Gardens
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Wallsend
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Tel: 01912633791

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Croft Dene Care Home is a care home providing accommodation and nursing or personal care for up to 43 people. Accommodation is provided over two floors. The environment had been adapted to meet the needs of people. At the time of our inspection 37 people were resident at the home.

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

The service was well-led. Action had been taken following the last inspection to ensure legal requirements were met and service improvements were made. Governance systems were effective in monitoring quality at the home. The registered manager worked in an open and transparent way and understood their responsibilities in relation to the duty of candour regulation.

Policies and procedures in relation to infection prevention and control (IPC) to prevent the spread of infections were in place. Arrangements were in place to support people to maintain contact with people important to them. This included indoor visits from relatives or friends and supporting people to maintain contact with the use of technology such as telephone calls.

Medicines were managed safely and reviews of incidents took place to assess if any improvements to staff practice could be made. Safe recruitment procedures had been followed and there were enough staff deployed to meet people's needs. Systems were in place to safeguard people from the risk of abuse and the risks people were exposed to had been assessed.

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

People's communication needs were met. Information was available to people in alternative formats to support their communication needs. End of life care plans were in place to ensure any wishes people had for their end-of-life care were recorded. Staff provided care and support which was person-centred to the individual needs of people. Systems were in place to investigate and respond to any complaints and to acknowledge any compliments.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced focused inspection of this service on 17 and 22 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance, duty of candour and fit and proper persons employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Croft Dene Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Croft Dene Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Croft Dene Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local NHS infection prevention and control [IPC] team and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

During the inspection

We spoke with 2 people who used the service and 11 relatives about their experience of the care provided. We spoke with 7 members of staff including care staff, the activities co-ordinator, the registered manager, operations manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included care records for 4 people and multiple medicines records. We looked at the recruitment records for 3 staff and a variety of records relating to the management of the service, including policies and procedures.

We also received feedback from 1 health professional who was involved with the home. We requested additional information by email from the provider and continued to seek clarification to validate the evidence we found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were recruited safely. Policies and procedures were in place and were followed. Relevant pre-employment checks were completed. This information helps employers make safer recruitment decisions.
- There were enough staff deployed to meet people's needs. Throughout the inspection staff responded to people quickly and contingency plans were in place to ensure safe staffing levels were maintained.

Preventing and controlling infection

At our last inspection the provider had failed to ensure safe IPC procedures were followed by staff. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Systems were in place to support people to maintain relationships with their relatives and friends. This included visits to the home and maintaining contact with the use of technology such as the telephone.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure records relating to the assessment of risk were accurately maintained and that effective governance systems were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The risks people were exposed to had been assessed. Care records contained person-centred information which was specific to the needs of each individual when assessing risk.
- A range of environmental risk assessments were in place to ensure the safety of the home and any equipment which was being used.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. People spoken with during the inspection told us they were happy living at Croft Dene Care Home and felt safe. One person said, "I love it here. The best thing about living here is the staff, they are so kind. If I feel down, they [Staff] always make me feel better."
- Staff understood their safeguarding responsibilities and told us they would report any concerns they had. A staff member told us, "I would be confident to raise any concerns. At every meeting [name of registered manager] will focus on raising concerns and always tells us it doesn't matter how little it is. Her door is always open."

Using medicines safely

- Medicines were managed safely. People received their medicines as they were prescribed.
- Systems were in place to ensure medicines were stored safely. A medicines fridge was used to store any medicine which required refrigeration. Systems were in place to ensure the temperature of the fridge was monitored in accordance with the provider's policy.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents to assess if any action could be taken to deliver service improvements. For example, reviews were completed following any falls people sustained to look for any trends or themes to assess if action could be taken to reduce the risk of future incidents.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider consider current guidance to ensure people had access to meaningful activities which provided stimulation and prevented social isolation. The provider had made improvements.

- People's social needs were met. A range of activities were organised. During the inspection we observed activities taking place which people were engaged in and enjoying. One person told us, "I do exercises, bingo and flower arranging. I love it [activities]."
- Themed activities were organised to coincide with national events or occasions. For example, a valentine's dinner was prepared for people and their families. The staff team supported this, and everyone participated in making this a special day for everyone. One relative told us, "They have a newsletter showing people doing activities."

End of life care and support

At our last inspection we recommended the provider consider current guidance on recording people's wishes for their end- of- life care. The provider had made improvements.

- No one at the service was receiving end- of- life care. Care plans were in place to record any wishes people had for their end- of- life care. Records contained person-centred information which was relevant to each person.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An effective care planning system was in place. Care plans were detailed and contained person-centred information.
- Staff knew people well and provided support to people which was specific to their needs.
- People were complimentary about the service and the care and support they received. One relative told us, "Staff seem to understand [name of person] and what they need. She gets on well with the staff."
- We received mixed feedback from relatives regarding their involvement in care planning. Some relatives said they had not been asked to share their views to contribute towards the development of care plans. We brought this to the attention of the registered manager who said they would take action to address this.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Information was available in accessible formats. For example, easy read documents had been produced using pictures to support people who could not understand written words. This included easy read information to help people understand how they could raise a complaint.
- Systems were in place to respond to any complaints. Any complaint was documented and responded to in line with the provider's policy.
- No complaints were raised with us throughout the inspection period. Some compliments had been received by the service which were shared with the staff team.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure governance systems were always operated effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also recommended the provider reviewed their service user bands for this location to ensure they were reflective of the support being provided to all people. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective governance systems were in place. A comprehensive action plan had been developed following our last inspection. The registered manager regularly reviewed this to monitor progress for any identified area.
- A range of audits had been completed across the service to monitor quality. Action plans were completed for any issues which were identified during audits.
- Staff meetings were held to discuss the needs of the service. Minutes of meetings were kept which showed there was a focus on improving quality across the home.
- Staff understood their roles and responsibilities. One staff member told us, "We are supported to do any training to help us do our job roles."

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

At our last inspection the provider had failed to ensure duty of candour policies and procedures were followed. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- Duty of candour policies and procedures were in place and were followed. Documentation was available to demonstrate the appropriate actions had been taken in response to any notifiable safety incidents.
- The registered manager and management team worked in an open and transparent way.

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

- The registered manager promoted a positive culture within the service. They encouraged staff to provide person-centred care and worked to create a culture where everyone felt valued. One person told us, "The manager asks you what it is like to live here and listens to what you tell them."
- Staff were positive about the management of the home and the positive impact this had for people living at the service. One staff member told us, "We make things person-centred for everyone. The registered manager shares information with us [staff], and families are supported too. There has been investment in the home, ,and you can see the difference. From the last time you were here [CQC] we have massively improved."

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

- Action was taken to review systems to improve care. For example, the home were part of a falls reduction programme with the NHS. This had resulted in a 20% reduction in the amount of falls people experienced in the home compared to the previous year.
- Systems were in place to share information with relevant people. The health professional we spoke with told us, "There is stable management here. There has been stability since [name of registered manager] has worked here and that is a benefit to the service."
- Surveys were used to obtain feedback. Most relatives confirmed they had been contacted to and had the opportunity to share their thoughts and suggestions about aspects of the home.
- Action had been taken following the last inspection to learn lessons and deliver service improvements. This positively impacted the care people received.