

Akari Care Limited

Crofton Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Crofton Court is a care home providing accommodation and personal care without nursing for up to 50 people. At the time of the inspection, 38 people were living at the home.

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

People and their relatives told us they felt the service was safe. Accidents and incidents were recorded and reported correctly, and lessons were learnt to minimise reoccurrence.

Monitoring of the building and safety checks were completed, including fire safety measures. We have made a recommendation about timings of fire drills.

Staff were described by people and their relatives as kind, very caring and friendly. One relative said, "All of these carers have a great sense of humour mixed with an incredible sense of caring for everyone. I really don't know how they do their job, day after day."

Medicines were managed safely.

Enough staff were employed to meet people's needs and a safe recruitment system was in place.

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 home supported this practice.

Robust monitoring processes were in place to help ensure a good standard of service. Quality assurance systems identified areas for further development and actions were implemented.

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 6 June 2022).

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.

At our last inspection we recommended that staff deployment be kept under review. At this inspection we found recommendations had been addressed.

Why we inspected

We carried out an unannounced focused inspection of this service on 20 April 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 medicines management.

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 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 to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crofton Court 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Crofton Court

Detailed findings

Background to this inspection

The inspection

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

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

Crofton Court 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. Crofton Court 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 inspection

Before the inspection we reviewed the information we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the

provider is legally required to tell us about.

We sought feedback from the local authority safeguarding and commissioning teams, the local fire authority, infection control teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people receiving care and support and 12 relatives. We contacted the staff team by email and spoke with staff at the service, including care, domestic, maintenance, kitchen and administration staff. We spoke with two regional managers and the registered manager.

We reviewed a range of records. This included 5 people's care files, multiple medication records, 4 staff files in relation to their recruitment and a variety of records relating to the management of the service, including policies and procedures.

We contacted the local medicines optimisation, dietitian and district nurse teams, a local GP, behavioural support teams and the local authority care management and social work teams.

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. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection the provider did not have robust medicines management systems in place. This was a breach of regulation 12.

Enough improvements had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. This included administration, storage and disposal.
- People received their medicines on time and staff supported them to take their medicines in their preferred way and in line with best practice. One person said, "They give me my medicines on time and keep me right as I would probably forget."
- Staff received training and had their medicine competencies checked to ensure they were safe to administer medicines safely.

Staffing and recruitment

At the last inspection we recommended the provider continued to keep staffing levels under review to ensure people's needs were met. The provider had made improvements.

- Enough staff were in place to meet people's needs. The registered manager monitored staffing levels and used agency staff to cover any shortages. A continuous recruitment drive was in place to fill staff shortages, including the appointment of a replacement activity coordinator.
- Staff were safely recruited. Robust checks were completed, including obtaining references and applying to the Disclosure and Barring Service to confirm staff suitability to work with vulnerable adults. These checks help employers make the right choices when employing staff.
- People and their relatives said staff recruited were kind, caring and very friendly. One family member said, "Even though they are very busy, there is nothing that is too much of a bother for any of the carers. They take their time with my relative and they are all really pleasant to my relative and to us."

Assessing risk, safety monitoring and management

- The provider had assessed individual risks to people. People had risk assessments in place for risks, such as choking, falls or skin damage.
- Staff knew people well and understood their risks and how to manage them safely. Staff were aware of people's signs of distress and intervened immediately with distraction techniques and reassurance.
- Staff supported people to move around the service safely. We observed safe moving and handling

techniques taking place.

- Safety monitoring and management of the home was maintained. Checks on utilities and equipment took place regularly to keep people safe.
- Fire safety was monitored, including having an up to date fire risk assessment and individual personal emergency evacuation plans for people, should the need for evacuation of the service be required. Fire drills had taken place, but not always at night or later in the evening.

We recommend the provider review the days and times of fire drills to ensure they cover evenings and weekends.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe.
- People felt safe and relatives confirmed this. One relative said, "I just want to thank all the staff for looking after my relative really well. I know that my relative is safe and being well looked after here."
- Staff knew how to recognise and report signs of abuse. Staff had received suitable training and safeguarding information was displayed around the home to support people and staff in reporting any concerns.

Preventing and controlling infection

- 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy. On day one of the inspection and during an outbreak of COVID-19 staff were not as robust as they should have been regarding cleanliness of high touch points. This was addressed immediately.
- 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.
- The home followed the latest government guidance regarding visiting.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Accidents and incidents were reported and recorded and were reviewed and investigated by the management team. Appropriate actions were taken to reduce the risk of re-occurrence.
- Complaints and concerns were recorded and followed up with any learning shared with the staff team.

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. The provider made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.
- Best interests' decisions were made for people with input from relatives or healthcare professionals as necessary. People were asked for consent before care was delivered. One person said, "The staff are great, never force anything on you."

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. The rating for this key question 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.

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

At the last inspection we recommended the provider kept the management and support of the home under review to help ensure stability, consistency and compliance with the regulations.

At this inspection our recommendations had been acted on and improvements made.

- The registered manager promoted a positive, open and inclusive culture. The management team were visible and made themselves available to people, relatives and staff. One staff commented, "I find [registered manager] to be personable and feel that if I needed to discuss anything with her then I could definitely approach her about this."
- Managers and staff were clear on their roles. The registered manager encouraged staff to take on extra responsibility with 'champion' roles in a variety of areas, including infection prevention and control. Champions were a source of knowledge for people, their relatives and the staff team and helped promote good practice.
- Good outcomes were achieved for people. A relative explained their family member had put weight on since moving to the home. They said, "I was really pleased to see my relative eating a banana yesterday as I've never seen them eat them. The staff are always encouraging my relative to eat, they never give up trying." Another relative said, "The care my relative is getting here is 100% better than the care they were getting in their previous home. The staff are a lot more professional and are definitely better trained, but they are also so much more caring, it's making a huge to my relative. They are a lot more settled."
- Staff told us they were happy and loved working at the home.
- The provider had sent us notifications as they are required. Two notifications had been returned a little late when the registered manager was off. The registered manager told us they would take action to address this.
- A range of quality assurance audits and checks were in place to monitor the service and make improvements. This included those completed by the registered manager and provider.
- Action plans were used to address issues found at the service where needed. For example, during our inspection, the registered manager immediately actioned an issue we identified and continued to provide follow up information after the inspection was completed.
- The registered manager completed spot checks on staff to make sure they were providing good quality

care. Staff competencies were checked including medicines and infection control procedures.

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

- The registered manager understood duty of candour. Apologies were made when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were supported to be involved with the running of the home. People and their relatives were asked for their views and opinions through regular surveys and in person by the management team. We reviewed recent surveys which were mostly very positive and complimentary of the service and care provided.
- The provider had a notice board with 'You said' and 'We did'. This recorded people's comments and what the provider had done to address them. For example, one comment indicated people would like a ramp into the garden. This had been fitted.
- Staff were encouraged to attend staff meetings and be active in developing the home. One staff member said, "We attend regular meetings and [registered manager] always encourages everyone to get involved."

Working in partnership with others

- Staff worked closely with other healthcare professionals. People's support records showed involvement and guidance from a variety of other agencies, including GP's and district nurse teams. One healthcare professional said, "The manager, is very approachable, open minded to new ideas, will get things actioned straight away and sometimes stays after hours to ensure this is done. She spends time with families and residents to build their confidence in her home. I have no concerns about staff practices when I have spent time in the home."
- A local GP completed a weekly visit; this was highly valued by the registered manager and staff team. One staff member said, "It's great when the GP calls. We can nip things in the bud before they get out of hand."