

Tawnylodge Limited

Croft Care Home

Inspection report

43-44 Main Street
Stapenhill
Burton On Trent
Staffordshire
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Tel: 01283561227

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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

About the service

The Croft is a care home which can accommodate 30 people in one adapted building providing personal care and accommodation to people aged 65 and over. At the time of the inspection there were 25 people using the service.

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

People were supported by staff who understood how to keep them safe from the risk of abuse. Risks to people were assessed and planned for and there were systems in place to reduce the risk of cross infection. Medicines were stored and administered safely. People were supported by staff that had been recruited safely and there were enough staff to meet people's needs. When things went wrong systems were in place to ensure there was learning from incidents and actions taken.

People were assessed and plans were put in place to meet their needs. Staff had been trained and had the skills to support people effectively. People received consistent support from staff and their health and dietary needs were managed effectively. People lived in an adapted environment which took account of their individual needs.

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 were supported to maintain their independence and could make choices and decisions about their care. Staff treated people with kindness, respect and dignity and people's privacy was promoted.

People were supported in line with their individual preferences. Staff ensured they communicated with people effectively and supported people to engage in activities of their choice. People had their future wishes considered for end of life care. People understood how to make a complaint.

There were systems in place which promoted person centred care. Staff had opportunities for support from the management team and people were asked for their views. There were governance systems in place which checked on the quality of the service people received. Partnerships were in place with other health professionals and the service adopted a learning culture.

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

Rating at last inspection

The last rating for this service was good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Croft 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy, senior care

workers, care workers and the operational manager. 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 reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance and care plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I feel safe, it's a very peaceful environment which helps you build confidence and feel safe."
- Staff could describe how to recognise different types of abuse and tell us how they would report any concerns. Staff understood the systems in place to protect people.
- Where incidents had occurred, these had been reported to the appropriate authority for investigation.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and managed. One person told us, "I have to use a hoist to get up out of bed. There are always two staff helping with this."
- Staff understood how to minimise the risks to people's safety. Staff described in detail how they supported people to manage risks such as skin integrity, falls and malnutrition.
- Risk assessments were carried out and plans were in place to mitigate risks. These were reviewed on a regular basis or when things changed. Health professional advice was sought when needed.

Staffing and recruitment

- People were supported by enough suitably recruited staff. One person told us, "There are always enough staff around to help with anything I need."
- Staff told us there were enough staff to support people safely. We saw people did not have to wait for their care and support.
- The provider followed safe recruitment practices. New staff underwent checks to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines safely. One person told us, "Staff support me with my medicines and they are always on time."
- Medicines were stored safely. Medicine administration records (MAR) were in place and accurately completed. There was guidance in place to ensure staff understood how to administer medicines safely.
- Checks were carried out to ensure people had enough medicines available to them. We checked the balances and found some discrepancies, these were investigated on the day of the inspection and were found to be accounting errors. The registered manager shared their planned action to prevent this from reoccurring.

Preventing and controlling infection

- People were protected from the risk of cross infection. People told us the home was clean and the staff used gloves and aprons when supporting them. One person told us, "It is very nice here, lovely clean and comfortable."
- Staff understood the importance of preventing the risk of cross infection. They could describe the procedures in place to support this.
- The home was clean and staff followed infection control procedures. We saw staff had access to personal protective equipment such as gloves and aprons which were used throughout the inspection.

Learning lessons when things go wrong

- The registered manager had systems in place to learn when things went wrong.
- There was a daily review in place of any incidents so these could be considered and actions taken to prevent the situation from reoccurring. We saw actions had been taken when one person had a fall to update the person's risk assessment and refer them to health professionals for advice.
- All incidents were monitored monthly to look for trends and patterns and enable action to be taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and plans put in place to meet them. One person told us, "I have been here about six months and this was all done before I came in. Staff found out what I need help with and what I can do for myself."
- Staff understood people's care and support needs. Staff used the information in people's care plans to provide effective support.
- Assessments and care plans identified people's diverse needs and gave guidance to staff on how to meet them. This included information about people's culture, sexuality and religion.

Staff support: induction, training, skills and experience

- People were supported by suitably skilled and trained staff. One person told us, "Staff are trained I think, they are very professional and know what to do to help us."
- Staff told us they had an induction into their role and received regular updates to their training, the records we saw supported this.
- Staff demonstrated they used the skills from the training they received to provide effective care. We saw staff administering medicines, supporting people with transfers and infection control effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough food and drinks and maintain a healthy balanced diet. One person told us, "The food is good. I enjoy it, there is a choice, always two options minimum and then soup and sandwiches for tea."
- Staff understood where people had specific plans in place. For example, staff could describe how people at risk of malnutrition were supported to maintain a healthy weight.
- Risk assessments and care plans were in place and where required other professionals had been involved in providing guidance for staff. For example, one person required a specialist diet and advice had been sought from the speech and language therapy team (SALT).

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent support. People and relatives confirmed the staff team all worked well together. Staff confirmed there was a strong sense of team work.
- Systems helped ensure staff provided consistent support. For example, there was a written handover document in place and the electronic care records system enabled staff to easily look back when they had not been on duty.

- Other agencies were involved in supporting people and information shared with these professionals and advice was updated in people's care records.

Adapting service, design, decoration to meet people's needs

- The provider had ensured the home was adapted to meet people's needs. Since our last inspection work had been carried out to make the communal areas have items of interest for people to look at and touch.
- There were adapted toilets and bathrooms in place, there was an outside area which was accessible and there was a lift for people to access the first floor. Handrails were in place and there was different seating available to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and well-being. One person told us, "They called the paramedics the other week as I was unwell, they are very prompt at seeking health advice if you need it."
- Staff understood people's individual health needs and were able to give examples of how they supported people to maintain their health. For example, one staff member described how one person was supported to live with diabetes.
- Care plans gave individual guidance for staff on how to meet people's health needs and support them effectively to maintain a healthy life.
- Oral health care needs were assessed and plans were put in place to meet people's oral health care needs.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were asked for their consent to care and support. We saw staff asked for consent from people in the most appropriate way for individuals.
- Where people may lack capacity to make specific decisions, they had a mental capacity assessment and decisions were made in their best interests.
- Where people had restrictions in place an application had been made to the authorising body for a DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff who understood how to meet their individual and diverse needs. One person told us, "The staff know me really well, they know what I like and dislike." Another person told us, "It is lovely here, the staff are good. I think you will get good reports all round I would give it an all-star billing."
- Staff were aware of peoples individual and diverse needs. Staff could describe how they supported people as individuals and understood the importance of respecting peoples wishes and preferences.
- Assessments and care plans considered all aspects of people's lives and gave staff guidance. This included information about relationships which were important to people, religion, culture and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own decisions and be involved in their care. One person told us, "We can choose everything for ourselves here. I always go and have a rest in the afternoon on the bed."
- Staff were able to explain how they supported people to make their own decisions. For example, staff commented about people choosing their own clothing, meals and where to spend their day.
- People's care plans included information for staff on how they required support to make decisions. The care plans also gave detailed information for staff on peoples preferred routines with meals and personal care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and were treated with respect and had their privacy maintained. One person said, "I am able to do lots of things for myself, like getting dressed and the staff encourage me to do this." Another person told us, "The staff are so polite and respectful, they always knock the door before entering my room."
- Staff spoke about people respectfully and were able to share information about how they protected people's privacy and maintained independence in line with peoples care plans.
- Care plans included information on how to promote independence. For example, one person's care plan detailed how they used a wheelchair to independently move around the home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported to have person centred care and support. One person told us, "The catering staff make sure I have the correct diet as I need specific meals available." Another person told us, "Staff understand my like and dislikes such as what I like to drink."
- Peoples individual and diverse preferences were understood and followed. One person said, "I am supported to go to church if I want to go."
- Staff had detailed knowledge of people's preferences and life history. One staff member said, "We talk to people about their life history and this helps us to understand how to support people. It can be a big adjustment for people coming in here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed and plans put in place to meet them.
- Staff understood peoples communication needs and could describe how they supported people individually to receive information and express themselves. For example, one staff member described how one person who struggled with verbal communication was able to communicate their needs and wishes.
- Care plans gave guidance to staff on how to communicate with people. Individual assessments and detailed guidance was in place to ensure people could understand information and make themselves understood. For example, one person's care plan said they needed extra time to make themselves understood and told staff they were quietly spoken.

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

- People were supported to follow their individual interests. One person told us, "I have been colouring today and I also enjoy knitting and sewing." Another person told us, "There is lots going on, we paint pictures, we play games, and use a ball but we try not to get too hectic." Another person told us, "I love to read books, I have my own, but there is a nice selection here too."
- Staff told us there was support available for people to follow their individual interests and there were group activities provided during each day. We saw people sat together engaged in a drawing activity which they appeared to be enjoying whilst chatting between themselves.
- Care plans identified the things which people enjoyed and which made them feel good. One care plan

described how having teddy bears near to the person especially at night gave them comfort. Whilst another care plan described a persons' preference for music and how they enjoyed listening to music as often as possible.

- People told us visitors were able to come whenever they wanted. Relatives told us they were made to feel welcome and felt as though the home treated everyone like a family. One person said, "My relative lives locally and is in and out all the time its lovely."

Improving care quality in response to complaints or concerns

- People understood how to make a complaint. One person told us, "If I have any problems I don't hesitate to speak to the staff who sort things out for me." Relatives confirmed they had not had to make any complaints but felt confident any concerns would be addressed.
- We saw where complaints had been made these had been logged, investigated and a response given to the person.

End of life care and support

- People were supported to consider their individual preferences for end of life care.
- Peoples needs were assessed and plans were put in place to meet them. We saw end of life care plans considered pain management, important people to be around, where they wanted to be and how they wanted to be remembered for example.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People, relatives and staff spoke highly of the service. One person told us, "I am more than happy with the home. Everyone is so friendly and its lovely and clean." A relative told us, "The registered manager is always around and if not, the seniors are all very good."
- Staff knew people well and offered person centred support to people. People told us they felt like they were part of a family.
- People, relatives and staff were positive about the management of the home. One staff member said, "There is good management support here. There is always someone to contact and seek advice."

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 provider understood and acted on the duty of candour. Where incidents had occurred, the registered manager had openly shared the details with the relevant people.
- One relative told us, "They always let me know if there are any concerns."
- There was a learning culture in place to consider incidents and learn from them.

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

- The provider had systems in place to check on the quality of the service. Records showed the provider completed regular checks on the safety of the building, care records and medicines. The checks resulted in actions being taken to address any concerns or areas for improvement.
- The registered manager understood what required a notification to CQC and these were made promptly.

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

- People, relatives, staff and other health professionals had their views sought about the home. The feedback was gathered using surveys, meetings and general conversations. There was a 'you said, we did' feedback system to show how they used the views shared about the service.
- The provider also sought individual people, relative and staff feedback as part of the provider audits.

Continuous learning and improving care

- The registered manager told us they were involved in regular provider meetings with other registered

managers to share learning.

- The staff had all been encouraged to sign up for additional training. Staff confirmed this had been made available and they were accessing a range of training which helped them to develop in their role.

Working in partnership with others

- The registered manager had developed partnership working with other health professionals.
- There were community links in place. The registered manager told us about links with local churches, schools and groups. People confirmed they had support with events and outings from local organisations.