

Tawnylodge Limited

Croft Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook this unannounced focused inspection visit on 19 July 2016 to check that the provider had addressed the breach in regulation identified at our last unannounced comprehensive inspection visit on the 20 and 25 January 2016. At our last visit we identified that further changes in management had led to inconsistent leadership for the staff team and insufficient quality monitoring. We issued a requirement notice as the provider was in breach of the regulation regarding good governance. We also found improvements were needed in the way complaints were managed and in how staff supported people to maintain their dignity. After the last comprehensive inspection visit, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

This report covers our findings in relation to the breach and other areas that required improvements at our last visit. It also covers related information gathered as part of this inspection visit. You can read the report from our last comprehensive inspection visit, by selecting the 'all reports' link for the Croft Nursing Home on our website at www.cqc.org.uk

The home provides accommodation and personal care for up to 30 older people who may be living with dementia. There were 18 people using the service at this inspection visit. Since our last inspection the home no longer provides nursing care to people and to reflect this, the name of the home has changed to the Croft Care Home. The provider is in the process of changing their registration details with us to reflect these changes.

There was no registered manager in post at the time of this inspection visit. This 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. At the time of our inspection visit, plans were in place for one of the providers' regional managers to apply for registration as the registered manager.

The previous registered manager had left the home two weeks prior to this inspection visit. In this time we had received concerns regarding the home. Some of these concerns were being investigated by Staffordshire safeguarding team at the time of this inspection visit. Other concerns related to the lack of leadership at the home and our findings are included in this report.

At our last visit staff were not consistently recording people's daily monitoring forms. At this visit we saw that improvements had been made but further improvement were needed. This was because although staff were consistently recording information, they were retrospectively recording food intake charts which did not ensure this information was accurate.

At our last visit staff were not provided with clear direction regarding their roles and responsibilities, which put people at risk of not having their needs met. At this visit, we saw that improvements had been made;

staff confirmed and we saw that a clear structure was in place for staff to understand their delegated duties.

At our last visit we could not be assured that topical lotions such as creams were applied as prescribed, as staff were not consistently recording when they had applied these creams. At this visit, we saw that improvements had been made as topical lotions had been added to the provider's electronic medicines recording system. Records were in place to demonstrate creams had been applied as needed.

At our last visit staff demonstrated a lack of awareness and consideration regarding promoting people's dignity. We did not identify any concerns at this visit and saw that staff supported people to maintain their dignity.

At our last visit a system was in place to address complaints and people knew how to make a complaint but this had not been effective in ensuring all complaints received were responded to in a timely way. At this visit we saw that all complaints had been received and responded to in line with the provider's policy and procedure.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service caring?

Good ●

The service was caring.

Staff were considerate towards people and supported them to maintain their dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported to maintain their personal care needs and their interests. The provider's complaints policy and procedure was accessible to people and complaints were responded to and addressed in a timely way.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The leadership of the home was not consistent. The systems in place to monitor the quality of the service had improved, as staff were clear about their roles and responsibilities. However further improvements were needed to ensure all staff monitoring records were accurate.

Croft 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 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 visit took place on 19 July 2016 and was unannounced. The inspection team consisted of one inspector 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.

We used a variety of methods to inspect the service. We spoke with ten people that were using the service, four people's relatives, two care staff, two senior care staff, the activities coordinator, the head of care and the regional manager. We also observed people being supported in communal areas. Due to their mental health not all the people using the service were able to share their views with us, so we spent time with them and observed them being supported in the lounge and dining area.

We looked at two people's care records to check that the care they received matched the information in their records. We looked at the systems the provider had in place to address complaints and ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We reviewed information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

Is the service caring?

Our findings

At our last inspection visit staff did not always promote people's dignity. At this visit we saw that staff were considerate towards people ensuring their dignity was promoted. For example when supporting a person to move we saw that the staff were caring; they encouraged the person throughout the support and ensured their dignity was maintained by making sure they were appropriately covered. The staff ensured this person was comfortable before they left them. Another person whilst eating required support to remove some food from their face. We saw this was done in a caring and discreet way, ensuring this person was supported to maintain their dignity. People we spoke with confirmed they were supported to maintain their dignity. One person told us, "The staff always knock before they come in to my room and I have a male carer who gives me a shower and he is very good indeed. No problems there."

One visitor said the staff were caring to their relative and other people that used the service. They gave us an example of a situation they had observed when a person who was confused had come into the dining room before completing their morning routine and were not fully dressed. They told us how staff had supported this person and said, "It took four carers about twenty minutes to convince them to go back to their room and finish getting dressed. No force, no fuss, just lots of talking." Another visitor told us, "The reason I chose the home for [Name] is because it felt so nice and welcoming when I came unannounced to check it out and I have felt all along that I made the right decision for [Name]."

We saw that staff gained people's verbal consent before supporting them whenever this was possible. Where people were unable to give their consent, staff explained what they were doing during any support given. We saw that staff spoke to people in a gentle way and ensured they were at eye level with people when talking with them. We saw that gentle touch was used to communicate with people to reassure them and demonstrated a caring and compassionate approach to the care provided.

Is the service responsive?

Our findings

At our last inspection visit we were aware that a hand delivered written complaint by a relative had not been responded to. On contacting the home, they were informed that their complaint had been lost. Although this person's concerns were then addressed, this showed us that safe systems were not in place to ensure written complaints were received and addressed in a timely way. At this visit we saw that all written complaints had been received and addressed in a timely way. At the time of our visit two recent complaints were in the process of being investigated.

There was a copy of the complaints policy on display in the home. People we spoke with were aware of the complaints procedure and told us they would be comfortable raising any concerns they had. One person said, "Oh you only have to go in the office and you can speak to them. They don't bite." Another person said, "I have no problem speaking up for myself if I have to, but I haven't had to." And another person told us, "If I am unhappy about something, I just speak to the girls. They are all really nice and do what they can."

We received concerns prior to this inspection visit that people were not being supported with their personal care needs. On the day of our visit we spent time with people in the communal areas and visited people that stayed in their rooms. We did not identify any concerns. People had been supported to maintain their personal hygiene and appeared comfortable. People that were able to told us that staff supported them to maintain their personal care as needed. One person told us, "I really like a bath instead of a shower so I have those instead." We asked this person if they could choose how many they had and they told us, "They know I like two baths a week."

We received concerns prior to this inspection visit that people's needs were not being met. In general people told us they were happy with the support they received from the staff team and felt their needs were being met. We did receive some comments from one person regarding the time they preferred to rise in the morning, as they confirmed they were not always supported as early as they would like and we fed this back to the regional manager to address.

People were supported to maintain hobbies and interests they enjoyed, such as knitting, crosswords and drawing and all had been encouraged to continue and expand on their interests. For example one person was a skilled artist and we saw that they were supported to maintain this talent. One person told us, "I knit little squares for baby blankets. The staff buy them from me and then get me more wool." The activities coordinator appeared fully engaged in their role and provided a range of activities, they told us, "The activities are based on what I find out when I talk to residents. We have an activities rota, but they don't always want to do what is planned for that day, so I try to accommodate them wherever I can. After all I am here for their benefit." We saw that people were supported to listen to music they enjoyed and people were encouraged to remain active. We saw one person dancing with a member of staff to the music and other people were encouraged to sing along and move their feet to the rhythm.

Is the service well-led?

Our findings

At our last inspection visit we found that inconsistent leadership had led to staff not receiving clear direction to ensure they understood their roles and responsibilities. We saw that monitoring of staff practice was not effective in ensuring people were receiving the support required. This was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

At this inspection visit, the manager who had just started employment before our last visit had recently left, after registering as the manager with us in June 2016. We discussed our concerns regarding further changes in the management of the home. The regional manager told us that to ensure consistency in management; they would register as the manager and oversee the management of the home. She confirmed that her plan was to be based at the home for three days each week and be on call for the head of care team who would be in charge of the home when she was not there. Although discussions with some staff indicated that they were concerned that another manager had left, they told us they had been informed of the new management arrangements. One member of staff said, "We are all bit up in the air because another manager has gone and we don't really know why. We have been told that the regional manager will be overseeing the management of the home. I think that will work as we all know her and she knows us." Another member of staff said, "I think that's probably the best thing to do, as the regional manager can ensure we get consistent leadership." People and their relatives that we spoke with were not aware that the registered manager was no longer in employment. However they did confirm that the management team were approachable and told us they could talk with them if they had any issues.

At the last inspection we saw that staff were not following care plans, as daily monitoring forms were not consistently completed. At this visit we saw that these forms were being completed but this was being done retrospectively for people who had been assessed as nutritionally at risk. Staff told us they completed the forms at the end of each shift rather than when the person had finished eating. One member of staff said, "At breakfast once someone is up and dressed we help them into the dining room and then go and help someone else to get up. It's the kitchen staff who usually will tell us if someone hasn't eaten, unless that person needs our support eating." We discussed this with the head of care and regional manager, as retrospective recording does not ensure people's dietary intake is accurately monitored. The regional manager told us this would be addressed.

At our last visit, there was a system in place to show staff who they would be supporting during their shift. However, this was not used effectively and we found that staff did not fully understand their roles and responsibilities. At this visit, we saw improvements had been made regarding the support and direction that staff received. Staff we spoke with understood their roles and responsibilities. One member of staff confirmed that the system in place to delegate staff on each shift was now used effectively. They said, "It is much better now than it used to be, we all know what we are doing and work well together, it's a good team." A senior member of staff told us that the home operated a programme called 'resident of the day.' On this day, all aspects of care for the person were reviewed by senior staff on duty, such as care plans, any toiletries required and a deep clean of their bedroom undertaken by housekeeping staff. This showed us that a system was in place to ensure people's care was monitored.

At the last two inspections staff were not consistently recording when topical applications such as cream for the skin had been applied. We saw that a new system was in place and records were maintained to demonstrate when creams and lotions had been applied. This meant that staff had clarity to enable people to receive their creams as prescribed.

At the last inspection we saw that although housekeeping staff had a cleaning schedule for cleaning bedrooms, this schedule did not include communal areas, toilets and bathrooms. This meant the provider had not ensured a consistent cleaning plan was followed in these areas. The manager amended the cleaning schedule during the last inspection visit to include these areas. We saw that this was still in place and being followed. One person told us, "The cleaning staff are working non-stop here." We saw that a good cleaning standard was maintained in the home.

People told us that they had access to health care services and records seen demonstrated this. At the last inspection visit we saw that the outcome of appointments was not always recorded. At this inspection we saw that any actions left by healthcare professionals had been recorded to ensure staff had clear direction to follow. One relative told us, "The staff keep me posted if [Name] has a turn and they call the GP. They always seem to be writing notes in their blue folders anyway."

At our last inspection the operations manager told us they had identified that improvements were needed in the management of the service and an action plan had been developed to address these concerns. We saw that some actions had been addressed. At this inspection visit we saw that all actions had been addressed. We saw that an infection control audit by external agencies had been undertaken since our last visit and the home had scored 92%. This showed us that good infection control standards were being maintained.

A monthly quality monitoring audit tool was in place and we saw that the previous manager had completed this. This audit tool recorded any falls, incidents and accidents and an analysis tool was used to identify any patterns. We saw that actions were then taken as needed to address these patterns and trends. For example referrals were made to the community falls team when needed to minimise the risk of people falling.

We saw that the monthly quality monitoring tool identified any actions required such as environmental repairs to the home, any new equipment needed, reviews of people's care packages and audits of medicines management. The records showed that where actions had been identified these were completed.

The provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.