

Tawnylodge Limited

# Croft Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected this service on 20 and 25 January 2016. The inspection was unannounced. At our previous inspection in January 2015 the provider was meeting all the regulations relating to the Health and Social Care Act 2008 but improvements were needed because the cleaning staff did not have the appropriate support and guidance to follow to ensure that standards of cleanliness were maintained in a consistent way. We also found that due to the changes in manager, the quality monitoring systems the provider had in place had not been undertaken regularly. At this inspection we found that some improvements had been made regarding guidance for cleaning staff but further changes in management had led to inconsistencies in leadership and quality monitoring.

The service provided accommodation, nursing and personal care for up to 30 older people who may have dementia. There were 20 people living at the home during our inspection. There was no registered manager in post at the time of our inspection, however a newly appointed manager was on duty and they were being supported by the operations manager during their induction. 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.

Further changes in management since our last inspection had led to inconsistent leadership for the staff team and insufficient quality monitoring. We saw that people's daily records were not being consistently completed to demonstrate that their needs were being met and the support they received was monitored effectively. Although we did not identify that people were not supported, there is the potential that lack of recording puts people at risk of inconsistent care.

Staff understood people's needs and preferences and we saw that people were supported. However staff were not provided with clear direction regarding their roles and responsibilities. This meant that people were at risk of not having their needs met.

We saw that people received their medicine as prescribed but we could not be assured that topical lotions such as creams were applied as prescribed. This was because care staff were not consistently recording when they had applied these creams.

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. People were happy with the care they received and told us they liked the staff. We saw that staff were caring but staff demonstrated a lack of awareness and consideration regarding promoting people's dignity.

People told us they felt safe at the home. Staff were aware of the signs to look out for that might mean a person was at risk of harm. Staff were provided with the right information to ensure people could be evacuated safely if required. People were provided with the right equipment to meet their needs and staff

knew how to use this equipment safely. Staff were suitably recruited which minimised risks to people's safety and the staffing levels were sufficient to support people. Staff received training that was appropriate to meet people's needs.

Where people lacked capacity in certain areas, capacity assessments had been completed to show how people were supported to make those decisions. When people were being unlawfully restricted this had been considered and Deprivation of Liberty Safeguards (DoLS) applications had been made to ensure people's rights were protected.

People liked the meals provided and choices were available to them. People accessed the services of other health professionals and told us they saw health professionals when they needed to. People were supported to maintain and develop their social interests.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 understood their responsibilities to keep people safe from harm. Housekeeping standards had improved. Risks to people's health and welfare were identified and their care records described the actions staff should take to minimise risks. Recruitment procedures were thorough to ensure the staff employed were suitable to support the people that used the service.

### Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they had the skills and knowledge required to meet people's individual needs. Staff understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) so that people's best interests could be met. People enjoyed the meals provided and their dietary needs and preferences were met. People were supported to access healthcare services when they needed them.

### Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Staff knew people well and understood their likes, dislikes and preferences but were not always considerate in promoting people's dignity. People's visitors told us they were involved in discussions about how their relatives were cared for and supported. People's relatives and friends were free to visit them at any time.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

The provider's complaints policy and procedure was accessible to people but a robust systems was not in place to ensure secure systems were in place for complaints received. People were

supported to maintain their interests and their relatives were involved in discussions about how they were cared for and supported.

### **Is the service well-led?**

The service was not consistently well led.

Staff were not clear about their roles and responsibilities because they were not provided with consistent guidance and support. Systems were in place to monitor the quality of the service and make improvements but due to inconsistent management these had not been monitored effectively. People were encouraged to share their opinion about the quality of the service.

**Requires Improvement** ●

# Croft Nursing 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 was 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 20 and 25 January 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.

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. As part of our planning we reviewed the information in the PIR. We reviewed other information we held about the service. We looked at information received from people, from the local authority commissioners and the statutory notifications received from the home. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with nine people who used the service and the relatives of three people. We observed how staff interacted with people. We spoke with the manager, the operations manager, one nurse, three care staff, the activities coordinator and the cook. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed two staff files to check that staff were recruited in a safe way. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

## Is the service safe?

### Our findings

At our last inspection in January 2015 the housekeeping standards were not being monitored appropriately to ensure the cleanliness of the home was maintained for the people living there. At this inspection we saw that improvements had been made. People and their visitors told us that the home was kept clean. One person told us, "My room is kept clean for me. " One visitor said, "It always seems clean when I visit. " We saw that the equipment in use, such as pressure cushions, mattresses and beds were clean and in good working order. The operations manager confirmed that several new mattresses had been purchased recently.

We saw that medicines were kept securely in a locked cupboard. Nursing staff kept a record of the temperature checks they made to make sure medicines were stored in accordance with good medicines management. We looked at the medicines administration records (MAR) for two people who lived at the home. We saw that nurses had signed to say medicines were administered in accordance with people's prescriptions. People who were unable to express verbally if they had pain had assessments in place to support their pain management. Some people were prescribed medicines to be given on an 'as required' basis, such as medicine for pain relief. We saw that protocols were in place that provided staff with instructions regarding when this medicine should be administered and the maximum dose that could be administered within a 24 hour period. This ensured staff had the guidance to follow to enable them to administer this medicine safely.

People told us they felt safe at the home. One person told us, "I feel safe, the staff are here if I need them and they are all very nice. " Another person said 'There's always somebody and I feel safe cause I've got one of those buzzers'. One person's relative told us, "In general I am very happy with the care provided. I am confident that my relative is safe. If I wasn't they wouldn't be here."

Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm. Staff understood their responsibilities to report any concerns to the manager or nurse in charge and confirmed they had received training in safeguarding adults which included an assessment of their understanding. However they were not clear on who they could report concerns to outside of the organisation if this was needed. We discussed this with the operations manager who took immediate action by printing safeguarding information posters from the local authority. The operations manager confirmed a poster would be displayed in the staff room and in the corridor, near the entrance area of the home. This would ensure that both the staff team, people using the service and visitors had this information readily available to them.

Staff told us they were aware of the whistleblowing policy and said they were confident that concerns were taken seriously and appropriate action would be taken by the management team. Information sent to us from the provider demonstrated that they knew how to refer people to the local authority safeguarding team if they were concerned they might be at risk of abuse.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided information on the level of support a person would need in the event of fire or any

other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs. This meant that staff were provided with the right information to ensure people could be evacuated safely if required.

We observed staff supporting people with moving and handling equipment such as hoists and this was done in a way that showed us that people were supported safely. Where risks were identified the care plan described how care staff should minimise the identified risk. For example one person had fallen on two occasions in January. We saw that actions had been taken to minimise the risk of harm to this person by providing equipment to reduce the risk of injury from further falls. Care staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Care staff told us they had all the equipment they needed to assist people, and the records we saw showed us that the equipment was maintained and serviced as required.

The majority of people that we spoke with told us there was enough staff to meet their needs. One visitor said, "The staff always seem busy but there is always someone around for people." Their relative who lived at the home agreed with this comment and told us, " Yes there is usually staff in the lounge and at night if I need help I press my buzzer, sometimes I might have to wait a couple of minutes but they always come." Staff told us that the current staffing levels were sufficient to support people. We saw that staff were available within communal areas throughout the day and observed staff attending to people that were in their bedroom. For example we saw, that where needed staff supported people who remained in bed to eat their meals.

The cook confirmed that the tea time meal was prepared by a kitchen assistant. However the care staff told us that one kitchen assistant had just left employment and their post had not been filled, this meant that there were two days a week when a member of care staff would be undertaking this role. We saw that afternoon shifts were covered by four or five care staff. The operations manager told us that this additional role would not impact on the support people received, as an additional member of staff would be used to cover this kitchen assistant's role when only four care staff were on duty in the afternoon. The operations manager confirmed that agency nurses were still being used as needed. This was because the provider had one full time nurse vacancy. This had been advertised at the time of the inspection. Care staff told us that they had seen improvements in the numbers of agency's nurses used. We saw that on the week of this inspection no agency nurses were on shift.

We looked at the recruitment records for two staff recently employed. We saw that they had Disclosure and Barring Service (DBS) checks in place. The records seen demonstrated that all of the required recruitment checks were in place before the staff began working with people. This demonstrated that the provider had ensured people had their needs met by staff that were fit to work and were of good character.

## Is the service effective?

### Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "They're a good home really. They've been good to me." Another person told us, "The staff are lovely, they help me when I need them and we have a laugh together." Visitors told us that they were happy with the support their relative received from the care staff. One visitor said, "I visit three or four times a week and have no concerns, the carers seem to know what they're doing and they know what support my relative needs."

Staff told us that they had been supported through an induction period which included mentoring and shadowing until they were assessed as competent. No staff had completed the care certificate at the time of our visit. The care certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. The operations manager confirmed that three new staff would be completing the care certificate following their induction.

Staff were able to tell us about people's mobility needs and the level of support they needed to make decisions. Care staff told us that they received the training they needed to care for people effectively. One carer told us "The training is good, we have a lot and are kept up to date with things. Staff confirmed although there had been management changes they had received regular supervision. We saw a plan was in place to ensure supervision was provided on a regular basis.

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. Staff we spoke with understood the principles of the MCA. We observed staff obtaining consent from people where possible before providing any care and support. We saw that capacity assessments were in place for people that lacked capacity. The operations manager confirmed that following guidance from the continuing healthcare nurse, they were reviewing and amending these assessments to ensure they reflected the area of capacity being assessed. The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions. This showed us that the registered manager understood their responsibilities to ensure people's legal rights regarding decisions about them were met.

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. 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. The operations manager confirmed they had made DoLS applications for 12 people that used the service. At the time of the inspection one person had a DoLS approval in place. The operations manager confirmed they were awaiting the outcome of the other applications made. This demonstrated they

understood their responsibilities to comply with the MCA and DoLS legislation.

People we spoke with said they enjoyed the food and were very happy with the quality and quantity of food provided. One person told us, " The meals are lovely, I really enjoy them." Another person said, "The meals are very good, there is always two choices and if you don't want them they will make you something else." People told us and we saw that food was cooked and presented well. All of the care records we saw had nutritional assessments in place and people's weight had been monitored regularly. Referrals had been made to health professionals when needed and special diets were in place for people who required them. The catering and care staff we spoke with were aware of people's dietary needs and preferences.

People had access to health care services and referrals were made to health care professionals. We saw from records that people were seen by doctors, opticians and chiropodists. Relatives confirmed they were kept informed of any changes in their family member's health or other matters. This showed us that people were supported to maintain good health.

## Is the service caring?

### Our findings

Staff did not always promote people's dignity and demonstrated a lack of awareness and consideration towards people. For example we heard three occasions when people sitting in communal areas were asked by staff in a loud voice if they wanted to go to the toilet. One person had chosen to stay in bed in the morning. We saw that this person had used their commode, which was near to their bed. The staff had been in to this person's room with some toast for them but had not taken the commode away to empty it. We reported this to the operations manager who asked the staff to attend to this. However, this was not done until we reported this a second time.

People told us they liked the staff. One person said, "I get on with all the staff, they are all good." We saw that people were supported to follow their preferences and preferred routine. One person told us, "I like to sit with everyone. My friend isn't feeling too well today, so she's staying in her room, she doesn't want to get up. We do have a choice."

Staff we spoke with knew about people's likes and dislikes which enabled them to support people in their preferred way. For example we saw that staff knew how they liked their drinks served and when a person became upset and tearful we saw the staff were attentive towards them.

We saw that some of the ladies living at the home wore accessories to demonstrate their style and preference. This demonstrated that staff encouraged people to maintain their sense of self and individuality.

The operations manager confirmed that no one used an independent advocate to support them. Advocates can be used to speak on behalf of people who are unable to do so for themselves. We saw that information regarding advocacy services was not available to people and their visitors, should they wish to access these services. The operations manager took immediate action and printed information about local independent advocacy services and confirmed these would be displayed near the entrance of the home.

Visitors we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. This demonstrated that staff supported people to maintain relationships that were important to them.

## Is the service responsive?

### Our findings

Relatives told us that if they had any complaints they would report them. However we were advised by a relative that they had hand delivered a written complaint that was not responded to and on contact with the home they were informed that their complaint had been lost. The operations manager confirmed that this was the case. We saw that this complaint was now being addressed. There was a copy of the complaints policy on display in the home and records were kept of complaints received and the actions taken. This demonstrated that the provider's complaint policy was accessible to people but the system in place did not ensure complaints were addressed in a timely way.

People told us that their needs and preferences were met by staff. One person said, "I like people's company so I don't stay in my room. I think you can stay in your room if you want to." Another person said, "I think my needs are met, I get help when I need it." Care plans contained information about people's individual needs and the way they wished to be supported. This meant that people's preferences were respected to enable them to receive care in their preferred way and maintain their independence.

Visitors confirmed that they had been involved in their relative's initial assessment prior to them using the service and annual reviews regarding the care provided. Records seen confirmed this. This demonstrated that the provider had assured themselves they were able to meet people's needs.

A daily newsletter was provided for people that lived at the home and several people were seen reading the newsletter. This included historical facts and reminiscence topics, along with quizzes and memory games. We spoke with the activities coordinator who discussed the different activities that were available to people. We saw a variety of activities taking place in the communal areas over the two days of our inspection, such as bingo, skittles and several table top games and baking. We saw that some people were participating in the knitting group. One person confirmed that knitting was a hobby they had enjoyed for many years. However we identified that people who chose to stay in their bedroom were not always aware of the activities taking place. For example one person who was in their bedroom told us they had done a lot of knitting and said "I have knitted lots of cardigans but I didn't know about the knitting group." This indicated that people were not always encouraged to participate in activities that were of interest to them. Information regarding people's interests was limited in some care files seen. The operations manager confirmed that this was an area that was being developed to ensure detailed information was available. The activities coordinator confirmed they were in the process of gathering people's life histories with the assistance of relatives when possible.

## Is the service well-led?

### Our findings

There remained inconsistent leadership and direction for staff. There had been no registered manager in post since October 2014. At the time of this inspection a new manager had been in post for one week. They confirmed they had started the registered manager application process with us.

The provider's PIR stated that management support had been provided by other managers and the project manager for the company to audit the care provided, support staff and ensure the needs of people who use the service were met. However we identified that staff were not following care plans, as daily monitoring forms were not consistently or accurately completed. For example, one person's records stated they had eaten cereal for their breakfast. Although this person had been given cereal they had not eaten this. This showed us that staff were not accurately recording people's dietary intake, which potentially put their nutritional health at risk. Another person who was cared for in bed required regular repositioning. We saw that their daily records did not direct the staff on the frequency of this repositioning. A carer confirmed this person was repositioned every three hours. However their records for the previous day did not demonstrate that this had occurred. We saw a ten hour gap with no record of any repositioning. This person looked well cared for and did not have any pressure sores, which indicated they were cared for and repositioned as required. However the lack of recording meant that staff did not understand the importance of recording the care people received to ensure it was consistent and effectively monitored.

Some medicines stored in the clinical fridge had a short shelf life upon opening. We saw that nurses had not always followed good practice measures as some medicines had not been dated upon opening. Care staff were responsible for administering and recording prescribed topical lotions, such as creams and gels. Separate recording sheets were kept in people's bedrooms for care staff to sign when they had administered these topical lotions. At our last inspection in January 2015 there were several gaps on records which implied that people had not received their topical lotions as prescribed. At this inspection we saw that gaps in these records remained. This showed us that no improvements had been made.

A member of the housekeeping staff showed us a cleaning schedule was in place for people's bedrooms. This member of staff was clear on their responsibilities regarding cleaning bedrooms on a daily basis and confirmed that all occupied bedrooms were deep cleaned every month. However no cleaning schedule was available for 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 inspection to include these areas.

Although people told us that they had access to health care services and records seen demonstrated this, the outcome of appointments was not always recorded. This meant it was not clear if any actions had been left by healthcare professionals for staff to follow.

Staff we spoke with told us that prior to the operations manager returning to the service they had not felt supported. Staff confirmed that there had been a keyworker system in place. This is where each person that used the service was provided with a designated key worker to provide additional support such as ensuring

the person had sufficient toiletries, clothing and liaising with the person's relatives as needed. On discussion with some staff it was evident they were unclear of who they were a key worker for. One member of staff told us, "I think it might have changed again, I'm not sure who I am a key worker for." We saw that a system was in place to delegate staff on each shift as to which people they were supporting. The delegation of work was the responsibility of the nurse in charge and it was their responsibility to record this each day. However we saw that this was not always completed. This showed us that the staff team were not provided with clear delegation to ensure they understood their roles and responsibilities.

This is a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People and their relatives told us that they liked the staff and comments indicated that the staff team understood people's needs and preferences. As the manager was new to the service people were unable to give us their views on the manager's ability to lead the team. However relatives we spoke with were aware that the operations manager was overseeing the management of the home whilst the new manager received their induction. One relative told us, "I am so pleased to see [operations manager] back here. I've already seen improvements. This is a lovely home and it just needs a good manager." Another relative told us, "The communication hasn't been good but I am hopeful that now there is a new manager things will improve."

We saw that people were given the opportunity to express their views regarding the running of the home. This was done through satisfaction questionnaires, which were sent out to people who used the service and their relatives. We saw that questionnaires had been sent out in May, August and September in 2015, however none were returned. The operations manager confirmed that satisfaction surveys were being sent out the week of the inspection. Meetings for people that used the service and their relatives were organised on a regular basis, although the attendance at these meetings was low. We looked at the minutes of a meeting held in November 2015 when two people attended. The agenda was regarding the new manager arrangements and asking relatives to spend some time going through their family members care plans. We saw that discussions had also taken place regarding external entertainment and trips out into the local community. This showed us that people and their relatives were consulted and their views sought. A relatives meeting had been organised the evening before the first day of this inspection. We saw that efforts had been made to arrange these meetings prior to external entertainment being provided. This was to enable relatives to come along and join in. The operations manager confirmed that one relative attended.

Medicine audits were completed on a monthly basis. However due to the nurse being unable to correctly check the balance of medicines accurately with us, the operations manager confirmed that audits would be done on a weekly basis. This was to ensure all nurses were competent in undertaking audits. The nurse on duty at this inspection was unable to print off the medicine's record. This meant if there was a problem with the electronic system this nurse would not have access to people's medicine record. We discussed this with the manager who confirmed that all nurses had received training. The manager confirmed she would ask all nurses to print off a medicine's record to test their competence. The operations manager told us that managers were able to access the electronic system from home, which would enable them to support any nurses as needed.

We saw that accidents, incidents and falls were analysed to identify any patterns or trends. We saw that when a pattern was identified action had been taken to minimise the risks of a re-occurrence. For example one person following an analysis of falls was funded for one to one support.

The operations manager told us prior to this inspection that 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. For example we saw that infection control audits had been undertaken and new mattresses purchased. DoLS applications had been completed and submitted for people as required and care plans had been rewritten to ensure they were up to date.

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.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The systems and processes in place were not operated effectively to assess, monitor and improve the quality and safety of the services provided. This put people who used the service at risk of poor care. Regulation 17 (1) (2)
Treatment of disease, disorder or injury	