

Crystal Croftdene Limited

# Croftdene Care Home

## Inspection report

Threap Gardens  
off Simonside Avenue  
Wallsend  
NE28 7HT

Tel: 01912633791

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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 service is a residential care home which provides nursing and personal care. At the time of this inspection there were 36 people living in the home.

People's experience of using this service: The service was safe. The risks which people faced in their daily lives were reduced as much as possible. Staff recognised the signs of abuse or harm and they reported their concerns in line with correct safeguarding policies and procedures.

Medicines were well managed and the home was clean and tidy.

People had achieved positive outcomes through good partnership working between staff and external professionals. Appropriate staff training and supervision ensured people were supported by staff who were competent in their role.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. Staff encouraged people to maintain or regain independence.

People were well cared by staff who knew people very well. Staff treated people with kindness, patience, dignity and respect.

The service was responsive and support could be adapted to meet people's needs and wishes without difficulty.

Staff supported people to participate in a range of activities and to maintain community links. This provided people with the opportunity for social interaction.

The leadership, management and governance of the service ensured the delivery of good quality, person-centred care. The management team strived to achieve high standards through continuous improvement. The quality and safety of the service was closely monitored through regular checks and audits.

Rating at last inspection: This was our first inspection of this service since a new provider (Crystal Croftdene Limited) took over in April 2018.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in line with our inspection programme.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Croftdene 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was conducted by one inspector, one specialist advisor and one Expert by Experience. The specialist advisor on this inspection was a registered nurse. 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:** Croftdene Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Croftdene accommodates up to 42 people across three separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia.

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. However, they were not present on the day of the inspection.

**Notice of inspection:** This inspection was unannounced.

**What we did:** Prior to the inspection, we reviewed the evidence we already held about the service. We asked for feedback from the local authority and the local NHS clinical commissioning group (CCG) who commission services and from the local authority safeguarding team. We also checked records held by Companies House.

On this occasion we did not ask the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited Croftdene Care Home on 19 February 2019 to review care records, policies and procedures. We spoke with the head of operations, the operations manager, the care manager, a nurse and seven care staff. We also spoke with six people and four relatives. Two external professionals visited the home on the day and we asked them for some feedback too.

We reviewed three people's care records, three staff personnel files and records related to the safety and quality of the service.

After our site visit, we requested some additional evidence to be sent to us. This was received and the information was used as part of our inspection. We also sent an email to nine members of staff asking for their views of the service and their employer. We did not receive any responses.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People thought the service was safe. One person said, "Yes, it's safe and secure."
- Safeguarding procedures were in place and staff told us of the action they would take if they suspected people were at risk. One member of staff said, "I haven't come across abuse here. If I did, I'd speak up."
- The management team thoroughly investigated, recorded, reported and monitored incidents of a safeguarding nature.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The risk assessments in place helped to reduce risks people faced in relation to falls, moving and handling and continence for example. Preventative measures and instructions were well recorded which helped staff to keep people safe.
- The management team monitored and analysed accidents and incidents. Records were kept of the actions taken to improve working practices or prevent further incidents.
- Routine checks on the safety of the premises were carried out. This included the servicing and checks of equipment and utilities. The maintenance person told us, "The manager is good at arranging for contractors to come in when necessary."
- Personal emergency evacuation plans were in place and routine fire drills were carried out.
- Any lessons learned were shared with staff to continually improve the service.
- The provider encouraged managers to share lessons learned with each other to promote best practice throughout the company.

Using medicines safely

- People received their medicines safely. A relative said, "All our relative's tablets are sent here. There is no problem with the administration of his medication."
- People received their medicines as prescribed and at a suitable time.
- Medicine administration records were in place for those people who required support with their medicines.
- Staff had regular observed assessments to check their competence when handling medicines.

Preventing and controlling infection

- The home was clean and tidy. A commissioning officer told us, "Since the new owners have been in place there has been a significant improvement in the environment and cleanliness."
- Staff wore personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks to help prevent cross infection.

Recruitment and staffing

- A safe staff recruitment process was in place. The management team ensured staff were suitable to work with people who required social care.
- The staff team had a mix of skills, knowledge and experience to safely meet people's needs.
- There were enough staff on duty to meet people's needs. Most people felt there were enough staff on duty, although at times, it could get busy. One person said, "I press the buzzer and they come pretty quick, I have no complaints." Another person said, "At times they are pushed and have to get extra staff in."

# 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

People's outcomes were consistently good, and feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Nursing staff ensured people's capacity was assessed regularly and applications were appropriately made to the local authority to place restrictions on people's liberty for their own safety and well-being.
- Staff ensured people were as involved as they could be in any decision making.
- People told us that staff always asked for consent before carrying out any tasks for them.

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

- Care was assessed and delivered in line with national best practice guidance.
- Nursing staff assessed people's needs and choices before people moved into Croftdene to make sure they could be supported effectively.
- Staff reported issues, concerns or changes to their line manager regarding people's care. Follow up action was taken to ensure people's current needs were met.

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

- Adaptations were in place to support people and promote independence such as bath lifts, walk-in shower rooms and secure handrails.
- There were elements of a dementia friendly environment throughout the home. One unit was particularly set up to enhance dementia care. It created a positive impact on people by ensuring a balanced colour scheme and points of interest. People could safely orientate themselves around the unit without fear of them leaving the building unsupported.
- The provider had ensured the home was spacious, homely and decorated to a good standard throughout. Improvements were being made to communal areas as part of the provider's ongoing programme of

maintenance work and decoration. For example, a garden room had been created with comfortable garden furniture, pots and plants.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff promoted and supported people to maintain or improve their general health and well-being. Staff worked with external professionals to encourage people to aim for and achieve positive outcomes.
- People had access to a range of external professionals such as GPs, dentists and opticians. One person said, "I had a problem with my tooth. The dentist came and he fixed it today. They arranged it quickly. The GP comes here, it's dead easy."
- A visiting professional gave us very positive feedback. They told us the two people they were involved with had received "exceptional care." They added, "Staff did the best they could in very challenging situations. They worked well with professionals, providing good care using diversion techniques."

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

- Where people faced risks related to food and fluid intake, staff followed plans created by a speech and language therapist or a dietitian.
- Staff monitored people's needs and proactive action was taken when necessary.
- Staff ensured any support given was in line with people's likes and dislikes.
- People described the food as "good", "OK", "alright", "adequate" and, "nutritious."

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and knowledge to deliver effective care to people.
- Many staff were experienced and held qualifications in health and social care.
- Staff training was up to date which included key topics as well as topics which met individual specific needs.
- New staff undertook a thorough induction programme, a probationary period and they shadowed experienced staff.
- The management team held formal supervision sessions with staff and had scheduled an annual appraisal to take place to assess staff knowledge and competency.
- Staff told us they enjoyed working at the home and were happy with the training, support and supervision. A new member of staff said, "I love it here. My induction was pretty straightforward."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People gave us good feedback about the service. Comments included, "Staff are kind"; "The staff are nice. They are very kind, nice girls" and, "They are kind and compassionate."
- Relatives also gave good feedback. One relative said, "We are welcome as visitors, they greet us and offer us a cup of tea." Another relative told us, "I am very welcome and am invited to stop for lunch."
- The service had received many 'thank you' cards and verbal compliments. There were compliments about improvements to the home, a lovely atmosphere and especially comments about Christmas Day lunch. Families spoke of enjoying time with their relatives and having a Christmas lunch together.
- Staff had a good knowledge of people's likes, preferences and routines. Staff had spent time getting to know people.
- An equality and diversity policy was in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs. Staff ensured people were not discriminated against in any way.
- Equality and diversity training raised staff awareness in respect of a person-centred approach and ensured people's preferences, wishes and choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their dignity and respected their privacy. Comments included, "Kindness, compassion, privacy, dignity and respect? Yes, that's what you would expect"; "There is privacy, dignity and respect here" and, "They (staff) treat you with privacy, dignity and respect."
- People were spending time interacting with staff who were relaxed and not rushed."
- Staff promoted independence whenever possible. Staff enabled people to do tasks for themselves. One person told us, "I do need a bit of help with washing. I do my face and hands myself but they give me showers."

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

- People and relatives were confident to express their views because they had established good, caring relationships with staff.
- Staff supported people to make decisions about their care and they could recognise when people needed help from others, such as external professionals or family.
- A member of staff told us, "Regarding care plans, we normally sit with residents and invite family members, to find out the resident's history, likes and dislikes. But it's mainly the senior care assistants and nurses who deal with care plans."
- People had support from external advocates when they needed it.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff involved people, relatives and external professionals when developing care plans. Assessments, care plans and reviews were person-centred and contained details of people's personal preferences, routines and choices.
- Regular reviews took place to check that the service met people's current needs.
- People had control of their day to day lives. Staff offered people choices and respected the decisions they made.
- People were involved in a range of activities which were interesting and meaningful to them. Staff linked up with other local businesses to promote social engagement and community involvement. For example, professional entertainers, local schools and the local cat and dog shelter. The activities coordinator told us, "The cat and dog shelter come here every month and bring a dog. The residents love animals."
- Social care plans were in place to reduce social isolation. They reflected people's individual needs, wishes and choices to enhance their lives. The activities coordinator said, "A church group comes in, does church songs, services and spends time with residents."

Improving care quality in response to complaints or concerns

- Complaints made to the service were appropriately managed. We saw that where complaints had been raised, action was taken to improve the quality of care as necessary. A complaints policy and procedure was in place and had been shared with people
- People had no complaints about the service. Everyone knew how to complain. One person said, "I had a problem with the shower but they sorted that out." Another person said, "I can't fault the place."
- People told us that the call bells rang a lot during the day. One person was worried that buzzers went off so much that if it was an emergency, staff may not respond so quickly. We fed this back to the management team who told us they would try to address this and they would reassure the person that in an emergency, the buzzer sounds different so staff know its urgent.

End of life care and support

- End of life care was individual, sensitive and dignified.
- Where they chose to, people had shared their end of life wishes. This helped staff care for people when they were no longer able to express those wishes themselves or in an emergency.
- Advanced care planning, emergency care and resuscitation preferences were also recorded, where people had chosen to share these.

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post who over saw the service. However, a care manager was in day to day charge of the service. The care manager had started an application to become registered with the Care Quality Commission.
- The provider demonstrated that an operations manager had full oversight of the service. This included reviewing and counter-signing all audits and the analysis which looked for key trends.
- The management team liaised well with us and provided all the information we asked for. The care manager was very knowledgeable and familiar with people's needs.
- The provider was aware of their responsibility to submit statutory notifications to us when required.
- The whole staff team were aware of their responsibilities and what they were accountable for.
- Comprehensive policies and procedures were in place to ensure people received the high standards of care which the provider strived to achieve.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was an effective culture of governance at the service. Regular audits and checks on the safety and quality of the service were carried out by nursing staff and the management team.
- The quality assurance process included analysis of audits to ensure staff delivered high quality, person-centred care. Audits were detailed and thorough. They contained action plans which were produced to deal with any issues identified.
- Management meetings were in place to review the quality and compliance of the service.
- The provider maintained an ethos of honesty and transparency. Managers acted thoroughly when investigating matters. They reported their findings as and when necessary, providing an apology if things had gone wrong.

Continuous learning and improving care

- The provider encouraged a culture of continuous improvement and staff kept up to date with best practice.
- The provider was committed to improving care. There was a successful action plan in place to address the shortfalls at the service which the current provider had identified from the onset.
- Managers and staff shared lessons learned with each other to improve the care they provided.

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

- The managers had regular contact with people and relatives. One person said, "I know the (care) manager very well. She is approachable but I've never had to ask her anything."
- People could share their views through surveys and meetings. One person said, "I've got a survey in my room. My daughter will help me." A relative told us, "There's a meeting tomorrow, it's on the noticeboard."
- A survey had been carried out in December 2018 with people and their relatives. This achieved an overall positive result. Some issues around the meals were raised. We saw the chef had been invited to the next managers meeting to discuss this and a separate 'mealtime' survey was issued to gather more specific feedback from people.
- Team meetings were held with staff to discuss the service they provided. Information and messages from the senior management team were cascaded to staff through meetings. A member of staff told us, "The (care) manager is approachable, down to earth. She asks you what's the matter, tries to work out the problem with you and tries to understand. She is easy going."
- Staff morale was good. They told us they enjoyed their jobs. One staff member said, "I love it here, I've not been here long but I have bonded with residents and staff."
- A survey had just been issued to staff. This was still in draft format as responses were still coming in. We saw there had been mixed views from staff. The care manager told us these would be addressed after the analysis was completed.

#### Working in partnership with others

- The service worked in partnership with commissioners and involved themselves in a network of social care providers.
- The provider had invited the commissioner's transformation team to the home for external scrutiny in the style of a mock inspection. An action plan was developed which the management and care staff had positively implemented.