

Crystal Croftdene Limited

Croft dene Care Home

Inspection report

Threap Gardens
off Simonside Avenue
Wallsend
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Tel: 01912633791

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Croft dene Care Home is a care home providing accommodation and nursing or personal care for up to 43 people. Accommodation is provided over two floors. The environment had been adapted to meet the needs of people. At the time of our inspection 42 people were resident at the home.

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

A system to ensure regulatory requirements were met was not fully in place. We identified shortfalls in areas of the service including the assessment of risk, infection control, recruitment of staff and governance. Duty of candour policies and procedures had not been followed. The location's service user bands were not reflective of the support needs of some people. We have made a recommendation about this.

Staff were not always recruited safely and safe infection control procedures were not always followed. A range of risk assessments were in place to help ensure the safety of people and the environment. However, all the risks people were exposed to had not been assessed.

Systems were in place to safeguard people from abuse and there were enough staff deployed to meet people's needs. Staff responded to people quickly and displayed kind and caring attitudes towards people during their interactions. Medicines were managed safely and accidents and incidents were well managed.

Care plans varied in the amount of detail they contained and end of life care wishes had not always been discussed with people. We have made a recommendation about this. People and most relatives were complimentary about staff and of the care provided. One relative told us, "Croftdene has the most extrardentary group of staff throughout all departments." The home did not have an activity co-ordinator employed at the time of the inspection. This had impacted on people's social needs being met. We have made a recommendation about this.

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 19 May 2020).

Why we inspected

We received concerns in relation to safety, a lack of person-centred care and the overall governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the recruitment of staff, safe care and treatment and overall governance at the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Croft dene 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Croft dene Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Croft dene Care Home is a care home with nursing care. However, nursing care is not currently provided and there are no nurses employed at the home at this time. 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 the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding

teams, the local NHS infection prevention and control [IPC] team and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with 10 members of staff including care staff, the catering hospitality manager, operations manager, maintenance worker, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included care records for five people and multiple medicines records. We looked at the recruitment records for three staff and a variety of records relating to the management of the service, including policies and procedures.

We contacted eight professionals who were involved with the home by email to request their feedback and received one response. We also requested additional information by email from the provider and continued to seek clarification to validate the evidence we found.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not always recruited safely. Risk assessments were not in place for staff who had commenced employment prior to a Disclosure and Barring Service (DBS) check being completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The identified supervision measures for one staff member linked to their employment were not being completed. We brought this to the attention of the provider who reassessed the requirements for this member of staff.

The failure to ensure staff were recruited safely was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff deployed to meet people's needs. The provider used a dependency tool to assess the minimum staffing requirements for the home. The registered manager told us staffing ratios were always above this level.
- During the inspection we observed staff to respond to people quickly. Staff interacted with people well and displayed caring attitudes.

Preventing and controlling infection

- Safe infection control procedures were not always followed.
- Some staff were not wearing face masks correctly and not following policies which specified staff should be 'bare below the elbow'. This is important to ensure effective hand washing procedures can be followed.
- We observed one member of staff to be wearing facemasks which had not been supplied by the provider. Evidence to demonstrate these facemasks conformed with the relevant safety standards was not available.
- People were not supported to wash or sanitise their hands prior to meal times. We brought this to the attention of the provider who took immediate action to address this.

The providers failure to ensure safe infection control procedures were followed by staff was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Sufficient stock of PPE supplies were available for staff use.

Visiting in care home

- Systems were in place for people to receive indoor visits from their family and friends.
- Visiting arrangements did not always fully align with government guidance. For example, visiting had not been assessed on an individual basis to consider the person-centred needs of each individual.

Assessing risk, safety monitoring and management

- Risks were not always managed safely.
- Care plans and risk assessments varied in the amount of detail they contained and records were not always accurately completed. For example, food and fluid charts completed for some people assessed as being nutritionally at risk did not correspond to what we observed them to consume.
- Risk assessments were in place for the use of kettles in communal areas that people accessed. However, staff were not always in the vicinity when kettles containing hot water were left unattended. Governance systems had not identified this.

The providers failure to ensure records were accurately maintained and that effective governance systems were in place contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action was taken by the provider to ensure staff followed the risk assessments in place.
- A range of environmental risk assessments had been completed to ensure the safety of the building.

Learning lessons when things go wrong

- Accidents and incidents were well managed. Systems were in place to record and review any incidents which had occurred.
- The home had received an award from the local clinical commissioning group for their positive work linked to falls reduction for people.

Using medicines safely

- Medicines were managed safely. People received their medicines as they were prescribed.
- The temperature of the medicines fridge was monitored in accordance with the providers policy. We identified some occasions where the temperature had fallen below the minimum range. While we identified no impact to people this is important to ensure medicines which require refrigeration are stored at the correct temperature. We brought this to the attention of the provider who took action to address this.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. People spoken with during the inspection told us they felt safe living at Croft dene Care Home.
- Staff understood their safeguarding responsibilities. One staff member told us, "We are always encouraged to raise things. In supervisions we are always asked about safeguarding and if we understand it."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- A care planning system was in place. Care plans varied in the amount of person-centred information they contained. For example, the care plan for one person did not contain specific information in relation to the behaviour the person may display when expressing their feelings.
- Systems were in place to work in partnership with health care professionals when caring for people who were receiving end of life care.
- End of life care plans were in place for some people. However, care files did not always evidence people or where appropriate their representative had been consulted about their wishes for end of life care and support. The provider told us end of life care plans were developed once people were receiving end of life care.

We recommend the provider considers best practice guidance and takes a proactive approach in discussing and recording people's wishes and preferences for their end of life care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the requirements of the AIS. Information was provided to people in a format to meet their needs.

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's social needs were not always met. The homes activities co-ordinator had left their employment during the COVID-19 pandemic. This had impacted staff's ability to provide regular activities for people.
- People were not engaged in any meaningful social activities during the inspection period. Records confirmed social activities were not regularly taking place on a daily basis for people.
- The provider was in the process of recruiting a new member of staff into this job role.
- Some activities had been organised around food and nutrition. One staff member told us, "Activities are a fun way to remember about providing nutritional food. We've done things like 'Fruity Thursday's' with tasty fruit platters and a global tea party."

We recommend the provider considers best practice guidance to ensure people have access to meaningful activities which provide stimulation and prevents social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Systems were followed to respond to any complaints made.
- One relative raised a concern with us. We shared this information with the provider for their investigation and for them to provide a response in line with their policy.
- Compliments had also been received by the service. We viewed thank you cards which had been sent to staff in recognition of the care they had provided to people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems were not always effective in monitoring the safety and quality of the home.
- A range of audits were completed. They had not identified the issues we found during the inspection. For example, we identified shortfalls in relation to recruitment, the assessment of risk, infection control and overall governance at the home.
- The provider had not ensured the 'Statement of Purpose' for the location was up to date. A statement of purpose is a legally required document that includes a standard set of information about a service.

The provider's failure to ensure governance systems were always operated effectively was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to our feedback and ensured an updated Statement of Purpose for the location was submitted to the Commission.
- Staff had not received training in all areas relevant to the needs of people. For example, staff had not received training in relation to supporting people with learning disabilities even although the home was providing this support.

We recommend the provider reviews their service user bands for this location to ensure they are reflective of the support being provided to all people.

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's understanding of the Duty of Candour regulation was not accurate. Therefore, some notifiable safety incidents had not been acted on in line with the requirements of the regulation.
- Documentation to show how the provider was meeting its responsibilities under the duty of candour regulation were not available. For example, no records were available to evidence an explanation and apology had been given to the relevant person in line with legal requirements.

The providers failure to ensure duty of candour policies and procedures were followed was breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us the additional pressure the home experienced as a result of the COVID 19 pandemic had impacted this.

Continuous learning and improving care; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Systems were in place for the sharing of information with relevant people. For example, with people, appropriate health care professionals or with relatives.
- A visiting healthcare professional told us about the positive working relationship they had with the home. They said, "I think [name of manager] has been an excellent addition to the Croft dene team and has provided good leadership."
- Action was taken in response to the inspection findings to deliver service improvements. For example, the provider reviewed their systems in relation to the duty of candour and shared this learning with the management team responsible for this work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People were complimentary about the care they received and the staff working at the home. One person told us the best thing about living at the home was the staff. They said, "I wouldn't have been living here this long if I didn't like it."
- Staff spoke positively about working at the home and of feeling valued. One staff member told us, "I think we [staff team] are good at being one team, the communication is good. I feel supported at work by everyone and I know I can go to my manager or deputy manager about anything including any personal issues."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	An effective system to monitor the safety of the service was not fully in place. Safe infection prevention and control procedures were not fully in place. Regulation 12 (1)(2)(a)(b)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service. Regulation 17 (1)(2)(a)(b)(c)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Recruitment procedures were not operated effectively to ensure only suitable staff were employed. Regulation 19 (1)(2)(a)(3)(a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour
Treatment of disease, disorder or injury	An effective system to ensure the Duty of

Candour principles were met was not in place.

Regulation 20 (1)(2)(a)(b)(3)(a)(b)(c)(d)(e)