

Birch Care Limited

Cromwell Court

Inspection report

76 Church Street
Warrington
Cheshire
WA1 2TH

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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?	Requires Improvement 

Summary of findings

Overall summary

About the service

Cromwell Court is a care home providing accommodation, nursing and personal care for up to 67 younger and older adults and people who are living with dementia. At the time of the inspection 64 people were living at the home.

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

Overall governance and quality assurance measures were in place, although further improvements were required. The quality and safety of care was monitored and assessed although records and documentation were not always completed as required. We continue to make a recommendation around quality assurance measures.

People received care and treatment that was centred around their support needs, areas of risk were routinely managed, and people told us they felt safe living at Cromwell Court. One relative told us, "Most definitely [person] is kept safe because of the care [they] receive, you have a feel for a place, they [staff] are all amazing."

An electronic care planning system meant that people's care reviews were completed in a timely manner and staff responded when further risks were identified. An external healthcare professional told us that staff knew people well, people were well looked after and there were no concerns around the provision of care people received.

Safeguarding and whistleblowing procedures were in place. Staff were supported with the necessary training and knew how to raise their concerns. One relative told us, "I do think [person] is safe, can't stress to you how much we feel that [person] is safe, clean and happy."

Safe medication arrangements were in place. People received support with their medicines from staff who were fully trained and complied with the provider's medication administration policy. Medicines were routinely ordered, safely stored and administered in accordance with administration instructions.

Staffing levels were routinely monitored, and safe recruitment procedures were in place. Staff told us they felt thoroughly supported and were able to complete training to enhance and develop their skills, qualities and experience.

We were generally assured that safe and effective infection prevention and control procedures (IPC) were in place. We observed staff wearing the appropriate PPE, they were engaged in a routine testing regime and were aware of the different IPC measures that needed to be complied with. We did offer some signposting in relation to enhanced cleaning schedule documentation that needed to be in place.

People were supported to have maximum choice and control of their own lives and staff supported them in

the least restrictive way possible and in their best interests; the policies and systems supported this practice.

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

Rating at last inspection and update

A new provider for this service was registered with CQC on 10 March 2020. The last rating for the service (under the previous provider) was 'requires improvement', published on 4 September 2019.

A focused inspection took place and the service was 'inspected but not rated' (published 26 October 2020). We only inspected against the safe and well-led key questions and we identified a breach of 'safe care and treatment' regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

Although a focused inspection was conducted, we needed to inspect against all key questions, including effective, caring and responsive. This was a planned comprehensive inspection following the new providers registration with CQC.

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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cromwell Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection prevention and control measures that were 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

The inspection was carried out by one inspector, one specialist advisor 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.

Service and service type

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

The service had a manager registered with CQC. 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 was an unannounced inspection.

What we did before inspection

We reviewed information we had received about the service and sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people receiving support and ten relatives about their experiences of care being provided. We also spoke with the registered manager, five members of staff and one external healthcare professional.

We reviewed a range of records including four people's care records, medication administration records and four staff files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.

Is the service safe?

Our findings

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

This was the first rated inspection for the newly registered provider. This key question has been rated 'good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last focused inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The assessment and management of risk was well established and safety monitoring processes were in place.
- People were safe, and areas of risk were effectively managed. However, we identified that not all records were being thoroughly completed. The registered manager was responsive to our feedback.
- People had individual risk assessments in place that were regularly reviewed. One relative told us, "Outstanding care in there, above and beyond, they are amazing, risk managed well, always correct care and management."
- People lived in a safe and well-maintained environment. All health and safety checks were being completed and regulatory compliance certificates were in date.

Using medicines safely

- Safe medication management procedures were embedded at the home.
- People received support by staff who were trained and competent to administer medication.
- Medication administration records were in place, records were accurate and medication audits were regularly completed.
- Medication ordering, storage and administration was in line with best practice, guidance and policy.

Staffing and recruitment

- Staffing levels were routinely monitored, and safe recruitment procedures were in place.
- People received support by a staff team who were familiar with their support needs. People told us there was enough staff to provide the support they needed.
- Safe staffing levels meant that people received timely and effective care. One relative told us, "Yes, enough staff, always somebody around to provide care, they know [person] so well."
- Pre-employment checks were completed; suitable references were obtained, and Disclosure and Barring Service (DBS) checks were completed.

Preventing and controlling infection

- We were generally assured that safe IPC procedures were in place.
- The home was clean, hygienic and well-maintained although enhanced cleaning records were not in place. This was immediately responded to following the inspection.
- Staff were engaged in routine COVID-19 testing regimes.
- PPE was readily available and essential COVID-19 guidance and information was circulated amongst the staff team, people and relatives.
- Relatives told us they felt the pandemic had been safely managed. Comments we received included, "COVID measures are excellent" and "COVID has been amazingly well handled, all guidelines adhered to."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Safeguarding and whistleblowing procedures were in place; staff knew how to protect people from abuse and lessons were learnt when things went wrong.
- Staff received the relevant safeguarding training and told us how they would report their concerns. One staff member told us, "I would feel confident speaking with the manager and also with the local authority."
- People and relatives all expressed that safe care was provided. One person told us, "Fantastic, everyone is so helpful." One relative told us, "Yes, [person] is safe, well looked after."
- Lessons were learnt when an accident or incident occurred; reporting procedures meant that accidents and incidents were reviewed, and risk control measures were implemented.

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.

This was the first rated inspection for the newly registered provider. This key question has been rated 'good'. This meant people's outcomes were consistently good, and people's 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Principles of the MCA (2005) were complied with; law and guidance was followed.
- People's consent to care and treatment was sought. When it was identified that a person lacked capacity, best interest decisions were made, and people were not unlawfully restricted.
- People were offered choice and control over the care and support they needed. One person told us, "[Manager] is fantastic, I feel well cared for, I've got freedom of speech, I can say what I want, they treat me with dignity and respect."

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

- People's needs and choices were assessed and supported in line with standards, guidance and law.
- People received personalised care and support that was centred around their needs, wants and preferences.
- People were appropriately assessed, care records were devised, and staff had the opportunity to familiarise themselves with the level of care people needed on a daily basis.

Staff support: induction, training, skills and experience

- Staff told us they were supported; they were effectively inducted and supported to enhance their skills and abilities.
- Training compliance was monitored by the registered manager; the registered manager acknowledged that newly recruited staff needed to complete additional training courses that were available to them.
- Staff told us that they were supported with training and relatives told us that they felt staff were well skilled and equipped to provide the care that people needed. Relatives told us, "Yes, staff are well

trained, they give an excellent level of care" and "Well trained staff, very good, encourage [persons] independence.

- Staff told us they felt valued and thoroughly supported in their roles. Comments included; "I feel very supported here" and "I enjoy working here, the registered manager has been really supportive, always on the end of the phone."

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

- People's nutrition and hydration support needs were established and supported.
- Nutrition and hydration care plans were in place; where risk had been identified, the relevant risk tools and charts were in place. For instance, we saw food and fluid balance records, weekly/monthly weight charts and malnutrition universal screening tools.
- People were supported to make choices around their meal options and were offered a variety of different snacks throughout the day and night. Relatives also told us, "Food is good, I go at teatime, good choices, [person] eats everything, they know what [person] likes" and "Food is lovely, [person] asked for some strawberries and got them."

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

- People received consistent, effective and timely care and support.
- People had access to external healthcare services and received a holistic level of care. One relative told us, "Staff have been brilliant, [person] is up now and eating, food is amazing, good choices with snacks a drinks, GP, hairdresser and chiropodist all arranged."
- People's health and well-being was regularly reviewed, discussed and supported. Staff were familiar with the people they supported and knew when to raise their concerns. One external healthcare professional told us, "I trust the staff, staff are caring, residents are well cared for."

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

- The service had been adapted and designed around the needs of the people who were living at the home.
- People had the option to utilise spacious communal living and dining areas, there was an accessible well-adapted garden area and most bedrooms had been personalised and decorated to the taste and preference of the person.
- There was clear signage and adequate lighting found throughout the home; this helped support and encourage people's independence.

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.

This was the first rated inspection for the newly registered provider. This key question has been rated 'good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care

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

- People received kind and compassionate care, were well treated and had their equality and diversity needs supported.
- We observed staff engaging with people in a kind, caring and respectful manner. People told us, "They [staff] treat me well" and "It's fantastic, they're [staff] fantastic."
- People's equality and diversity support needs were discussed and promoted; measures were in place to ensure staff delivered care and support that respected their protected characteristics.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- People told us they were treated with dignity and respect and were supported by staff who were familiar with their needs.
- Relatives were assured that their loved ones were respected. Comments included, "Very kind and caring staff, respectful to [person's] needs, they keep [person] as independent as possible" and "They [staff] really do treat [person] with dignity and respect and try to keep [person] as independent as possible."
- People were empowered to remain independent and encouraged to live enriched lives. One person told us, "I love living here, I like having a whiskey and lemonade and a baileys." Another person told us they were supported to go on trips out with their family members.

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

- People were supported to express their views and were involved in decisions that were made around their care.
- Feedback and suggestions were encouraged. At the time of the inspection, satisfaction surveys were in the process of being reviewed and analysed.
- People and relatives told us they could approach management if they needed to. One relative told us, "Manager is approachable, friendly and amazing, keeps us all informed during COVID with regular updates, always takes my views on board."

Is the service responsive?

Our findings

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

This was the first rated inspection for the newly registered provider. This key question has been rated 'good'. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

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

- AIS was understood and complied with; people's communication needs were established and supported.
- People had 'communication' care plans in place; these contained information in relation to the support staff needed to provide. For instance, care plans informed staff to speak at eye level, to maintain eye contact and to speak clearly and slowly.
- The home supported people with audible headsets and speakers, pictorial cards, easy read material and ensured care plans contained the most up to date and relevant information for staff to follow.

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

- Personalised care was provided; people were supported with choices and control over their lives. However, we did note that some care records needed additional 'life history' and 'who I am' information contained in them.
- Care plans provided staff with the relevant personalised care that people preferred and liked. For instance, care plans contained information such as, 'Likes to talk about having hair done and watching the singers' and 'would like Weetabix or toast for supper and a cup of tea.'
- We received positive feedback about the personalised care people received. One relative told us, "[Person's] care is centred round [their] needs, [person] is always clean and tidy, bathed regularly." One person told us, "Staff know how to look after me, oh definitely."

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

- Positive relationships were maintained and people were supported to engage in a variety of different activities to keep them stimulated and occupied.
- Two activities co-ordinators were responsible for arranging different activities; they arranged external entertainers, choir, raffles/prizes, themed dress up days, annual calendar celebrations and offered one to one activities for people who could not access the social areas.
- People were involved in a 'make a wish' campaign at the home. People were encouraged to make a wish and the staff would arrange for their wish to come true. One person told us, "I got to go to Blackpool and danced in the tower ball room."
- We received positive feedback about the activities that were arranged. Comments included, "[Person]

joins in the activities, pictures go on [social media], on birthdays they have videos, cake, banners and balloons" and "[Person] does dancing, crafts and games, [person] can feed the birds in the courtyard, they put up decorations for any celebration like Halloween, Poppy Day and Christmas."

Improving care quality in response to complaints or concerns

- The quality of care was monitored and there was an up to date complaints policy in place.
- People and relatives knew how to complain and told us they wouldn't hesitate to raise their concerns. Relatives told us, "I have never had to make a complaint, I would go to the Manager, I would not have a problem raising any issue" and "Manager, is approachable, any complaints I would go to [manager] but not had cause to."
- Complaints were responded to in line with company policy and lessons were learnt.

End of life care and support

- End of life care was provided; measures were in place to ensure people's advanced wishes and preferences were discussed, documented and respected.
- End of life training was provided, ensuring the staff were appropriately skilled and competent to provide this level of care.

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.

This was the first rated inspection for the newly registered provider. This key question has been rated 'requires improvement.' This meant the service management and leadership was not always consistent. Leaders and the culture they created needed to reflect the delivery of high-quality, person-centred care.

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

At our last inspection we recommended the provider reviewed their governance and quality assurance procedures to ensure the quality and safety of care was effectively monitored. Although the provider had made improvements, we continue to recommend that governance measures are further strengthened.

- Roles, responsibilities and regulatory requirements were understood. However, not all quality assurance measures were identifying some of the gaps that were identified during the inspection.
- A newly implemented electronic recording system enabled risks to be effectively monitored, however a number of records were not always accurately completed.
- The registered manager was aware of their regulatory responsibilities and understood the importance of liaising with CQC and partners agencies such as the local authority.
- Improvements had been made and the provider was compliant with The Care Act regulations, however, overall governance needs to be strengthened as a measure of providing high-quality, person-centred care.

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

- An open, inclusive and person-centred culture was embedded at Cromwell Court; good outcomes were being achieved. One staff member told us, "It's all about the residents, it's about what they need and what they want."
- People were involved in the care they received; they were offered choices and supported to make decisions.
- There was a positive culture; this was centred around the delivery of personalised care. One relative told us, "I have been involved in [their] Care Plan, [with] social worker and senior nurse."

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; Continuous learning and improving care

- Duty of candour was understood and legal and regulatory duties were complied with.
- Open, honest and transparent methods of communication were maintained, and positive relationships had developed. One relative told us, "[Manager] really cares, she rings with any queries, she has a lot of involvement with the residents. Excellent communication."
- The provision of care had improved since we last inspected. Lessons were being learnt and measures were

in place to assess the quality and safety of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Partnership work was well established; the provider involved others in the provision of care being provided. One external professional told us that positive, working relationships had formed.
- People and relatives told us they were involved in the care being delivered. Comments we received included, "Very well led by [manager], you can message her [even on her day off], she is brilliant" and "Excellent communication, everyone is amazing"
- Satisfaction surveys were circulated as a way of capturing the thoughts, views and suggestions of others.
- Staff told us, "I have a brilliant working relationship with [manager], she's been so supportive, she does a lot for the residents" and "Love it, I absolutely love it, it's my dream role."