Croft House (Care) Limited

Croft House Care Home

Inspection report

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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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained good.

Croft House 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.

The care home accommodates 60 people across three units. Some people who are living at Croft House are receiving nursing care and some people are living with dementia. At the time of the inspection 42 people were being supported in the home, 16 were receiving nursing care.

Systems and process were in place to keep people safe. Risks to people and the environment were assessed and plans put in place to mitigate against them. Recruitment processes were in place with all necessary checks completed before staff commenced employment. The provider used a dependency tool to ensure staffing levels met the needs of the people using the service. Safeguarding processes were in place. Appropriate health and safety checks were carried out on a regular basis.

People's needs were assessed ahead of admission to the home. Staff were provided with appropriate training. Staff had access to regular supervision. People had access to a healthy varied diet. People had access to healthcare professionals when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff used a caring approach with people and their relatives. Staff provided support in a respectful manner ensuring people's privacy and dignity was promoted. People's independence was promoted where ever possible. People had access to advocacy services if necessary.

Care plans were personalised to meet people's needs. People enjoyed a range of activities both inside and outside the home. The service had positive links with the community with people accessing the theatre, local centres and shops. The provider had a complaints process in place which was accessible to people and relatives.

The provider had a quality assurance process in place to drive improvements in Croft House Care Home. Staff were extremely positive about the registered manager.

The provider worked closely with outside agencies and other stakeholders such as commissioners and social workers.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Croft House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 4 December 2018 and was unannounced.

One adult social care inspector, a specialist nurse advisor and an expert by experience carried out the inspection. 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 we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to Care Quality Commission within required timescales.

We also used information the provider sent us in the 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 contacted Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG) to seek their views on the care and service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with eight people who lived in the home and five relatives. We spoke with the registered manager, deputy manager, administrator, one nurse, two senior carers, five carers, the activity coordinator and the chef. We also spoke with one visiting health care professional.

We looked at seven people's care records and records relating to the management of the service such as

quality audits and maintenance records. We also looked at the recruitment records of two staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. Comments included, ''Yes, I do feel safe here'', ''Yes, I feel safe up to now'' and ''My relative is safe and secure and that's very important.''

Staff had access to safeguarding policies and procedures and received regular safeguarding training. Staff felt the registered manager would act on any concerns. We found the registered manager ensured lessons learnt from safeguarding were disseminated to staff though memo's, supervisions and team meetings. Staff were aware of different types of abuse and were clear on what appropriate action to take.

We checked the provider's recruitment process. Staff files contained appropriate documentation such as application forms, interview documents and identity checks. New employees received clearance from the Disclosure and Barring Service (DBS) that they could work with vulnerable adults and that they could do so without restriction. Nurse's personal identification numbers (PIN) were checked as part of the recruitment process.

We found people had risk assessments in place, such as moving and assisting, skin integrity and falls. Assessments contained support and guidance for staff to follow to reduce risk. Environmental risk assessments were also in place, for example slips, trips and falls. The provider had a process in place to review risk assessments on a regular basis.

We got mixed views about the staffing levels. One person told us, ''Sometimes there doesn't seem to be enough, at times they're a bit pushed, the other morning one went home sick." One relative told us, "There's always plenty of staff around and a nurse on." One staff member said, "The number of staff is right, they sometimes put extras on mornings. It can get a bit much if someone rings in sick but we try to manage."

The deputy manager completed a dependency tool to determine sufficient levels of suitable staff to meet people's needs. We found staff were visible around the home with buzzers answered in a timely manner.

The provider's medicine policy was very comprehensive and covered all key areas of safe and effective management of medicines. Medicine Administration Records were held on an electronic system, entries of administration were in place. Alerts were made when stocks were getting low so no one ran out of medicines. Allergies were recorded along with instructions for staff on how the person likes to take their medicine, such as, with water or juice.

Infection control policies and procedure were in place. Staff had access to infection control training which was refreshed regularly. We observed staff using personal protective equipment such as gloves and aprons appropriately. Clinical waste was disposed of in safe manner. Ancillary staff were visible in the home following cleaning schedules to maintain a high standard of cleanliness. We found the home to be clean with no odours.

We found up to date records to demonstrate the provider ensured the maintenance of equipment used by

people and in the service was checked on a regular basis. Certificates were in place to reflect gas, electricity and fire systems were checked.

Good

Is the service effective?

Our findings

Care records demonstrated how a person's needs were assessed on admission to the home and then on a regular basis. Staff considered current legislation and national guidance when planning outcomes. For example, nutritional guidance from the NHS regarding nutrition was used in developing care plans with an outcome of providing a nutritionally safe diet.

We saw new staff received an induction and that training was planned throughout the year to ensure staff knowledge was current. Staff had received training in essential areas such as moving and assisting, Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) and health and safety. Staff told us they felt supported. Records demonstrated they had access to regular supervision and an annual appraisal. Nurses were supported with their clinical skills and informed us they had received full support whilst completing revalidation. Revalidation is what nurses have to do to maintain their registration to practice.

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 Safeguarding (DoLS). We found that DoLS applications had been made appropriately to the relevant local authorities. Mental capacity assessments had been carried out for people as required. Staff understood the MCA and the importance of ensuring people's consent is obtained prior to any interventions.

Staff were skilled in terms of their approach to supporting the nutritional needs of people. The home had been awarded a certificate of compliance by the NHS Focus on Under nutrition service. This is an initiative whereby NHS dieticians deliver training to care staff and catering staff using best practice and up to date guidance.

We observed lunch time on each unit and found people were offered a healthy varied diet and were supported by staff to eat and drink as independently as possible. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. Comments included, ''It's lovely food and you get a choice" and "Food is good, I eat the lot, and the choice is alright."

People told us they had access to health care professionals when they needed them. Comments included, ''If I need a doctor they sort that out, they look after you very well'' and "They arrange medical appointments straightaway – optician, dentist and chiropodist, they all come out." Care records identified when professionals had been requested by the home. We spoke with one health care professional who felt staff referred into community services appropriately. They told us, "They (staff) know people really well and recognise when we are needed. Staff are curious, and question us, I like that."

The premises were suited to people's needs, with dining and communal spaces for people to socialise. The Primrose unit was dementia friendly. Tactile objects were in place for people to touch and feel as they orientated around the unit. Bedrooms all had en-suites. People were encouraged to personalise their rooms

with personal effects. The large garden area was accessible to people.

Good

Is the service caring?

Our findings

People and their relatives told us how caring staff were. Comments included, "Yes I am well looked after and very content. The staff are good, nice to me and take good care of me. Overall, it's a very good place", ''Brilliant care, I'd want my own name down for this one" and ''Dignity and respect? I wouldn't have my relative here if it wasn't the case."'

We found several cards and compliments had been made about the caring nature of the service and staff. Comments included, 'Thank you for your caring approach', "Lovely staff" and 'We didn't need to ask for anything.'

We observed many caring interactions between staff and people. Staff did not rush people to make decisions and were led by what the person wanted to do. We saw staff also had a good relationship with relatives and visitors who visited the home, staff were open and welcoming offering tea or a coffee.

Staff showed a genuine interest in people's wellbeing. We saw one person who became extremely agitated, staff continued to reassure them and identified the reason for the agitation. Once this had been recognised the person's demeanour became more settled. Staff were supportive and calming in their approach.

We observed staff knocked on people's doors and waited to be invited in. We observed positive relationships between people and staff. There was lots of humour in the home and people reacted in a positive manner with staff smiling and chatting together. It was clear staff knew people well and understood body language and facial expressions. One staff member told us, ''Privacy and dignity are very important in this home, being respectful of their needs, personalising their care, respecting the individual."

We observed how staff promoted people's independence. People were supported and encourage to get up unaided when appropriate and to use mobility aids. We saw staff members cut up food for people but then encouraged them to eat independently.

Staff were proud to be part of a caring team. Comments included, "This is a good team of staff, very caring and we work well together", "We all love what we do" and "I just love my job to care for these (people) is not really work."

Staff were aware of people's communication needs and could meaningfully engage with people giving time for their views to be expressed. Staff told us they had taken time to get to know the people they supported by reading care records and spending quality time with them. People told us they were involved in decisions about their care and how they wanted to be supported

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives. The registered manager advised that contact would be made with the person's social worker if necessary.

Good

Is the service responsive?

Our findings

People and relatives told us they felt the service was responsive to their and their loved ones needs. Comments included, "I get a review so I know how I am being looked after", Families are fully involved" and "I have just discussed something with her (registered manager) today."

The provider had an electronic care management system in place. Staff had access to small laptops so records could be updated in a timely manner. One staff member told us, "This system is so much better, we can add things as they happen that way nothing is forgotten."

Care plans were person-centred, containing people's likes, dislikes, wishes as well as care needs. People's wishes regarding end of life care were recorded. Care plans were concise and easy to follow, whilst daily notes were comprehensive and in line with guidance offered by healthcare specialists. We saw people's rights were protected and promoted through care planning, for example, we saw people were supported to practise their religion through services held in the home.

We found staff were responsive to people's changing needs. Where people lived with behaviours that may challenge. Staff had worked with other health care professionals including the Consultant Psychiatrist resulting in additional support being funded to enable people to be supported appropriately. Care plans were reviewed and updated to include specific information regarding interventions.

When people were nearing the end of their lives we found staff responded by providing a level of care and support which was in line with people's wishes. We found several compliments had been received from relatives who wanted to thank the staff. Compliments included, 'So kind and caring, considerate and professional. All the staff went above and beyond. We drew great comfort from the knowledge that (name) was receiving the best care possible', 'Words cannot express how grateful we are that you looked after (name) so caringly in the last few months' and "We will never forget how wonderful you were with (name) she loved you all."

The service was dedicated to protecting people from the risks of social isolation and recognised the importance of feeling recognised, social contact, friendships and family contact. One person told us, ''I've got a job here – I'm the fish girl. I feed the fish". Another told us, "We have so much going on, my family come and always are made to feel welcome." We found the registered manager had opened the invitation to come to Croft House for Christmas dinner to those in the local community who were alone over the festive season.

People gave us positive comments about how they spent their time. Comments included, "I love the singers that come", "I can knit and do everything I want. I love to choose the wools'', 'I have my computer here and I love to go on the Internet'', ''I'm a good reader and there's loads of books'' and ''I watch TV and like to read, I have four or five books, I am well catered for."

The provider recognised that people required a level of in house entertainment and provided this on a

regular basis. An entertainer visited the home during the inspection as part of one person's birthday celebrations. Everyone enjoyed the afternoon joining in with the songs. Notices were in place around the home so people knew what activities were on offer. We saw a range of activities such as bingo, arts and crafts, entertainers and trips out. People had access to virtual reality headsets, these gave those who were not able to go out the opportunity to experience the outdoors from their chair or bed.

People and relatives knew how to complain. Complaints were fully investigated, outcomes shared with the complainant and their satisfaction checked. The registered manager told us, "It is important we respond, and learn from complaints."

Good

Is the service well-led?

Our findings

People and visitors told us they felt the registered manager was open and approachable. On the day of the inspection we found management were easily accessible to people and staff. Comments included, ''I've been in a couple of times and the manager has been brilliant. You are very welcome here", ''There is not a problem regarding approachability, all are polite, communication is not a problem."

The registered manager and deputy manager were supportive of the staff team and took their responsibilities in supporting staff seriously. Processes were in place to ensure staff were supervised, training organised and rotas developed to meet the needs of the service. Regular team meetings were held. These were recorded and made available for those who could not attend so important information was disseminated to all staff. The minutes of meetings demonstrated these were open and encouraged discussion with the staff team.

The registered manager had an open-door policy to encourage relatives and people to call in to see them. As well as the organised meetings the registered manager worked late one day a week to facilitate meetings for those who found it difficult to visit during the day.

The provider valued staff and had introduced an employee of the month award. Staff were nominated and received a trophy and flowers if they were awarded the accolade.

Staff we spoke with felt supported by the management team. Staff were regularly consulted and kept up to date with information about the service. Comments included, "Support from management is good. If you have an idea, registered manager) gives you time to talk about it", "(registered manager is approachable, the door is always open" and ''The manager is approachable, they all are really. I would feel comfortable raising any issues with the manager."

The provider had a quality assurance process in place to drive improvement which included a range of audits. The registered manager, deputy manager and administrator all had specific areas which they covered in terms of quality. Actions were set following audits and signed off when completed. The registered manager explained the electronic care management system helped with some data collection in terms of quality assurance monitoring.

We found the registered manager attended a monthly palliative care meeting attended by GP's and Macmillan nurses where an overview of all people was discussed in terms of their care and support. Using the electronic recording system meant that updates to care could be made immediately.

The registered manager could run variance reports to monitor people's medicine administration times. Any changes needed such as, a person may like to sleep late so timings changes could be made, (subject to this being safe). The registered manager had achieved Level 6 in Medicine Management this gave added knowledge in the management of medicines.

People and relatives provided feedback on the quality of the service via questionnaires. Results were analysed and actions where the service could improve were disseminated to staff and discussed at team meetings. Actions were monitored by the registered manager and signed off when completed.

The provider had specific staff members who were champions in a particular area such as infection control, dementia and health and safety, in order to share best practice across the staff team.

The service worked in partnership with the local authority, local safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support.