

Croft House (Care) Limited

Croft House Care Home

Inspection report

Carlyle Crescent
Shotton Colliery
Durham
County Durham
DH6 2PB

Tel: 01915261132

Website: www.croftcarehomes.co.uk

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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

This inspection took place on 7 and 8 June 2016 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during our visit however the nurse in charge and the care co-ordinator were present and were the acting managers at the time of the inspection.

On 20, 21 and 22 January 2015 we completed an inspection at Croft House Care Home and informed the registered provider they were in breach of a number of regulations including care and welfare, cleanliness and infection control, assessing and monitoring the quality of service provision, supporting staff and records. The provider submitted an action plan in June 2015.

Whilst completing this visit we reviewed the action the registered provider had taken to address the above breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered provider had ensured improvements were made in these areas and these had led the home to meeting the regulations.

Croft House Care Home is located in a residential setting in Shotton, County Durham. The home comprised of 59 bedrooms, all of which had en-suite shower rooms. The home provided residential and nursing care and was laid out over three floors. The ground floor (Bluebell; 18 beds) had accommodation to provide both nursing and residential care, whilst the middle floor (Primrose; 27 beds) was a specifically designed dementia care unit. The top floor (Poppy; 14 beds), primarily for residential care services, had recently been closed due to low occupancy. On the day of our inspection there were 34 people using the service.

Facilities included several lounges and dining rooms, communal bathrooms, shower rooms and toilets, quiet rooms, a hairdressing room, treatment rooms and a communal garden. The general reception was large and spacious with a comfortable seated area.

We saw that entry to the premises was controlled by key-pad entry and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

Most people who used the service and their relatives were complimentary about the standard of care at Croft House Care Home. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of

people who used the service.

Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and there were plans to make the home more suitably designed for people living with dementia type conditions.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met. All the care records we looked at contained evidence of consent.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to a range of activities in the home.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered and people who used the service had access to healthcare services and received ongoing healthcare support.

The registered provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Is the service effective?

Good ●

The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and there were plans to make the home more suitably designed for people living with dementia type conditions.

Is the service caring?

Good ●

The service was caring.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Is the service responsive?

The service was responsive.

Care records were person-centred and reflective of people's needs.

People who used the service had access to a range of activities in the home.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good ●

Is the service well-led?

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and received appropriate support if they reported concerns.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies although some would benefit from being reviewed.

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 inspection took place on 7 and 8 June 2016 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we spoke with three people who used the service and three relatives. We also spoke with the care co-ordinator, two nurses, four care staff, activities co-ordinator, administrator, maintenance man, kitchen staff, a visiting professional and the registered manager from another of the registered provider's homes. We also spoke with the registered manager after the inspection.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for two recently recruited members of staff. We looked at how people living with dementia were supported by using our Short Observational Framework for Inspection (SOFI) tool. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed staff training and looked at records relating to the management of the service such as audits,

surveys and policies.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe. A relative told us, "I feel comfortable about their care when I leave the home following a visit".

At our inspection on 20, 21 and 22 January 2015 we identified concerns that the provider had not maintained appropriate standards of cleanliness and hygiene activity. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had ensured improvements were made in this area and this had led the home to meeting the above regulation.

Croft House Care Home comprised of 59 bedrooms, all of which had en-suite shower rooms. The en-suites, communal bathrooms, shower rooms and toilets were clean, suitable for the people who used the service and contained appropriate, wall mounted soap and towel dispensers. All contained easy to clean flooring and tiles. We saw infection control audits and cleaning schedules were up to date. Staff had completed infection control training and were observed to wash their hands before and after aspects of personal care. Gloves and aprons were readily available to staff and were used as necessary. A relative told us "The cleanliness is good". This meant the provider had taken action to reduce the risk of infection and improve the cleanliness of the home.

We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Window restrictors were fitted to the windows of the rooms we looked in and appeared to be in good condition. Call bells were placed near to people's beds or chairs and were responded to in a timely manner.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). We looked at the records for portable appliance testing, gas safety and electrical installation. All of these were up to date.

We looked at the registered provider's accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw a fire risk

assessment was in place and regular fire drills were undertaken. We also saw the checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

We saw a copy of the registered provider's business continuity plan. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. We looked at the personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service. This included the person's name/room number, impairment or disability and assistive equipment required. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We saw a copy of the registered provider's safeguarding adult's policy which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the care co-ordinator and looked at staff rotas. The care co-ordinator told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff or regular agency nurses. We saw there were seven members of care staff on a day shift which comprised of a nurse and six care staff and a nurse and four care staff on duty at night. We observed sufficient numbers of staff on duty.

We looked at the selection and recruitment policy and the recruitment records for two members of staff appointed since our inspection in January 2015. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Each record contained a staff photograph and proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Examples of these risk assessments included slips, trips and falls, bedrail entrapment, use of stand aids, bath seats and profiling beds, fire safety and moving and handling. We looked at the disciplinary policy and from the staff files we found the registered manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the registered provider's medicines policy which covered all key areas of safe and effective medicines management. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medicine. We looked at the medicines administration charts (MAR) for four people and found there were no omissions. Photo identification for each person was in place and allergies were recorded. Medicine administration was observed to be appropriate. Medicines were stored appropriately and clinic rooms displayed a good standard of housekeeping. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse.

We saw that monthly medicine audits were up to date and included action plans for any identified issues. We saw that temperature checks for refrigerators were recorded on a daily basis and all were within recommended levels. Temperature checks for the medicine storage room on the Bluebell unit were noted to have exceeded 25 degrees Centigrade, the safe storage temperature recommended by the British Pharmacological Society and the registered provider's medicines policy, for several weeks. We discussed this with the registered manager after the inspection. The registered manager told us about plans to place a portable air conditioning unit within the room to measure whether this would regulate the temperature. If this measure did not address the issue then a fixed permanent unit would be installed. The registered manager advised that the portable unit would be in place week commencing 27 June 2016 and would be monitored over a four week period to ensure that the temperature was appropriate. Staff who administered medicines were trained and were required to undertake an annual competence assessment. This meant that the provider stored, administered, managed and disposed of medicines safely.

Is the service effective?

Our findings

People who lived at Croft House Care Home received care and support from trained and supported staff.

At our inspection on 20, 21 and 22 January 2015 we identified concerns that the provider did not have in place suitable arrangements for staff to receive appropriate supervision and appraisal. This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had ensured improvements were made in this area and this had led the home to meeting the above regulation.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The staff we spoke with confirmed they received regular supervision. This meant that staff were properly supported to provide care to people who used the service.

We looked at staff training records which showed that mandatory training was up to date. Mandatory training included moving and handling, fire safety, person centred care, first aid, health and safety, control of substances that are hazardous to health (COSHH), infection control and safeguarding. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care. In addition staff had completed more specialised training in for example, pressure ulcer prevention, Parkinson's disease, risk assessment, mental health, dementia awareness, communication, stroke, tissue viability, equality and diversity, falls, safe use of bedrails, oral health, conflict resolution, epilepsy awareness, care planning, principles of care, continence awareness, venepuncture, catheter care and percutaneous endoscopic gastronomy (PEG) feeding.

We saw evidence that staff were in the process of completing training in managing diabetes and that training was booked for end of life care on 16 June 2016 and care for the dying on 22 June 2016. Staff told us that training was important to them. Staff files contained a record of when training was completed and when renewals were due. Records for the nursing staff showed that all of them held a valid professional registration with the Nursing and Midwifery Council. The registered manager also told us how they were in consultation with Bishop Auckland College to arrange training to develop senior staff as advanced care practitioners.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the care co-ordinator, who told us that there were some DoLS in place and others in the process of being applied for. Staff were provided with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). We found the provider was following the requirements in the DoLS.

Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. For example, a person was in receipt of covert medicines. MAR's and care records were reviewed and there was evidence that 'best interest' decision meetings had taken place and recorded, involving the nursing team, relative, doctor and pharmacist. This was in line with the registered provider's policy and NICE guidance on covert administration. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards and consent to care and treatment was documented in the care plan documents. There was evidence that relatives were aware of and involved in the care planning process. A relative told us they felt involved in their family members care plan.

At our inspection on 20, 21 and 22 January 2015 we identified concerns that the provider had not taken steps to ensure each person was protected against the risks' of receiving care that was inappropriate or unsafe. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, we saw a person was not supported to eat to avoid choking and people's fluid charts were not being monitored. At this inspection we found that the provider had ensured improvements were made in this area and this had led the home to meeting the above regulation.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw a daily menu displayed which detailed the meals available throughout the day. We observed staff giving residents a choice of food and drink. A member of staff told us, "I am aware of those people who require special diets including diabetic, fortified and soft or pureed". We saw staff chatting with people who used the service. Two people who used the service expressed a high level of satisfaction with their meals and the way the staff supported their particular health and welfare needs. A relative told us, "The range of food was good and always appeared nice".

With regard to the dining experience, we conducted our SOFI observation during lunch on the first floor. At the last CQC inspection we identified concerns with the amount of time some people had to wait to be served lunch, as well as a lack of staff interaction with people who used the service. We also had concerns about staff not giving people their full attention whilst supporting them to eat. At this inspection we found interactions from staff to be patient and unhurried with people receiving undivided attention and help to eat from a member of staff where it was required. We observed a number of positive interactions, particularly reassurance, between staff and people who used the service, who were spoken to in a dignified manner.

We found more could have been made of the dining experience in terms of making it a more pleasurable experience for people who used the service. For example, we noted that, whilst staff ensured people were given a choice of food and drinks, people's mood was generally neutral or flat during the mealtime we observed, with little planned effort to make the mealtime distinctive or different.

The care records we looked at demonstrated people's weight and nutrition was monitored. We spoke with kitchen staff who told us about people's special dietary needs and preferences. Staff had completed training in food hygiene, food safety and nutrition.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP's, dentist, diabetic nurse, dietician, falls and osteoporosis service, Parkinson's nurse, chiropodist, nurse practitioner and optician. A visiting professional told us "Staff had been very welcoming" and that they had "No problems whatsoever". This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We observed that the dark carpet and uplighting in the large communal lounges on Bluebell and Primrose made the rooms feel dark and subdued. We raised this with the registered manager who told us there were plans to replace the flooring by the end of July 2016 and how the lighting had been reviewed and only the brightest daylight bulbs would be used.

We discussed the recent closure of the third floor 'Poppy' with the registered manager. They told us that the consultation with people who used the service and their relatives was carried out on an individual basis with either the person or their relatives and how people were encouraged to choose their new room. People and their relatives were very happy with the process and the service received no complaints.

We saw some areas of the home were suitably designed for people living with dementia type conditions. For example, the home had some colour coding and additional signage on the doors of toilets and bathrooms. There was also evidence of memorabilia around the unit as a reminiscence tool including memory boxes outside people's bedrooms. The registered manager, administrator and activities co-ordinator told us about some of the plans to make the home more suitably designed for people living with dementia type conditions. The plans included the provision of a sensory room by the end of August 2016 and the provision of rummage boxes to include handbags, purses, wallets, hats, soft toys, activity blankets, sensory dolls and other items that could be held to invoke memory's and conversation.

Is the service caring?

Our findings

People who used the service and their relatives described the standard of care at Croft House Care Home in generally positive terms. They told us, "The staff are really lovely with me", "The care is pretty good care" and "The care my family member gets is adequate and on occasions good, which is dependent upon which shift are working, which leads to inconsistent care. I have a good relationship with the staff and am able to raise points of concern with a good level of response".

People we saw were well presented and looked comfortable. Staff knew people's names and spoke with people in a kind and caring manner. Staff interacted with people at every opportunity and were polite and respectful. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. This meant that staff treated people with dignity and respect.

We saw staff assisting people, in wheelchairs and specialist chairs, to access the lounges, bedrooms and dining room. Staff assisted people in a calm and gentle manner, ensuring people were safe and comfortable, often providing reassurance to them.

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. For example, we observed a member of staff ask a person if they 'enjoyed lunch' and offered the person a dessert, describing the ingredients of 'Eton mess' in detail. This meant that staff were working closely with individuals to find out what they actually wanted.

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. A person who used the service was particularly complimentary and told us, "I love my room"

All the people we spoke with told us they could have visitors whenever they wished. The relatives we spoke with told us they could visit at any time and were always made welcome.

We found relatives had been involved in people's transition into the home and their care planning where they gave advice to staff and acted as natural advocates for their family members.

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. We saw staff interacting with people in a caring manner and supporting people to maintain their independence.

A relative told us they felt the staff were, "Nice and approachable".

We saw how the service respected the cultural and religious needs of people. For example, staff told us that they supported people to attend religious services inside the home as representatives from several of the local churches visited the home on a regular basis.

We saw Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw end of life care plans in place for people, as appropriate and that staff had received training in end of life care and death, dying and bereavement. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

We saw people were provided with information about the service in the 'statement of purpose' and in a 'resident information guide' which contained information about staff, care planning and access to records, facilities and services, meals, social activities, advanced decisions and end of life care, smoking, visitors, right to confidentiality, religious services, fire precautions, emergency procedures, safeguarding, advocacy and complaints. We saw a copy of the home's newsletter for March/April 2016. It included updates regarding changes to the service, recent and forthcoming events, activities, birthdays and staff changes. Information about health and local services was also prominently displayed on notice boards throughout the home.

Is the service responsive?

Our findings

At our inspection on 20, 21 and 22 January 2015 we identified concerns that the provider did not have in place accurate records. This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had ensured improvements were made in this area and this had led the home to meeting the above regulation.

We looked at care records for four people who used the service. We saw people had their needs assessed and their care plans demonstrated a good level of detail regarding their individual needs. There was evidence of regular reviews, updates and evaluation. A relative told us they felt the management team were approachable and also felt involved in their family members care plan. Another relative stated that reviews were held on an annual basis and had felt included in these discussions.

Care plans had been developed from a person-centred perspective. This was evidenced across a range of care plans examined that included: personal care, medication, communication, continence, nutrition, tissue viability, mobility, diabetes, end of life and final wishes, finance, mental health, activities and sleep.

Care plans contained people's photographs and their allergy status was recorded. Each care plan included a person's life history or a document called 'This is me' with input from relatives. This provided insight into each person including their social history, their likes and dislikes. This was a valuable resource in supporting an individualised approach and gave staff more detail in helping to communicate with some people who had limited or no communication.

Risk assessments had been completed with evidence across the care plans relating to falls, skin integrity, moving and handling, weight loss, use of bedrails, communication, continence and pain management. This meant risks were identified and minimised to keep people safe.

We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition, waterlow which assessed the risk of a person developing a pressure ulcer and body maps were used where they had been deemed necessary to record physical injury.

The service employed an activities co-ordinator for an average of 27 hours each week and they were also supported by volunteer students who visited the home on a regular basis. The coordinator had completed training in meaningful activities. We saw planned activities were displayed on notice boards throughout the home and included morning walks, games, memory café, crafts, hairdresser, entertainers and sing along. The activity coordinator told us that she organised exercise sessions, ballroom dancing and trips/outings. We also saw the service had recently been awarded the title of Shotton Colliery Scarecrow Festival Winners 2016 following scarecrows put together by residents and staff. They also told us how, in discussion with resident, they were proposing to create a history time line, by way of wall art, around the Primrose unit to

stimulate memories.

During our visit we observed people who used the service taking part in games being led by the activities coordinator, with staff in attendance. The activities were clearly being enjoyed by the people, with active engagement by the staff. We also saw several people being supported to visit the local community centre. A relative told us how their partner attended the day centre twice per week to keep him stimulated and involved.

People were encouraged and supported to maintain their relationships with their friends and relatives. There were no restrictions on visiting times and relatives were encouraged to have meals in the home. This meant people were protected from social isolation.

We saw a copy of the complaints policy on display. It informed people who to talk to if they had a complaint and how complaints would be responded to. We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People and their relatives told us, "When issues are raised they are addressed by staff", "Staff are responsive and deal immediately with the issues raised" and "I have had no cause to raise any issues with the management team". This meant that comments and complaints were listened to and acted on effectively.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place however we had been notified that they were on holiday. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since June 2004 and had been the registered manager at Croft House Care home since November 2011. The home was being managed by the nurse in charge and the care co-ordinator in the interim. We discussed the management arrangements with the nurse in charge and the care co-ordinator. We found the arrangements to be satisfactory and supportive of the acting managers. CQC registration certificates and inspection ratings were prominently displayed in the home's entrance.

The care co-ordinator told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. Staff told us, "I enjoy working here and I am treated with respect", "I am confident the manager can sustain the improvements", "I am proud of the general look and feel of the place" and "[Manager] will listen to you, act on it and support you". We spoke with a relative about the registered manager, they told us "The management team are approachable".

At our inspection on 20, 21 and 22 January 2015 we identified concerns that the provider did not have in place effective systems to regularly assess and monitor the quality of service provision. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had ensured improvements were made in this area and this had led the home to meeting the above regulation.

The registered provider had a quality assurance system in place which was used to ensure people who used the service received good quality care. We looked at the registered provider's audit file, which included audits of care documentation, health and safety, medicines, kitchen and infection control. We also saw the director of care had completed a quality audit on 11 April 2016 which included an observation of the lunch time experience and completed checks of fire records, weights, mattresses, care plans, DoLS and staff training. All of these were up to date and included action plans for any identified issues.

The home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 25 April 2016, had received a quality assurance award from the NHS Oral Health Promotion Team for oral health on 9 December 2013 and received a certificate from NHS Durham and Darlington, valid until 17 June 2016, in recognition for focusing on undernutrition.

Residents and relatives meetings were held every six months. We looked at the record of a resident and relatives meeting held on the 17 December 2015. Discussion items included redecoration, resident activity fund, safeguarding, hydration monitoring, keyworkers, lighting problems, management arrangements including open door policy and availability. We spoke with the registered manager after the inspection

about the frequency of resident and relatives meetings and how the service kept people informed. The registered manager told us that changes and information for relatives and residents outside of arranged meetings was communicated through a newsletter which was issued every two months.

We saw the result of the July 2015 'resident's survey'. Forty one questionnaires were handed out and nineteen were completed and returned. Questions asked included were 'staff friendly, helpful and presentable', was the home 'clean and tidy, warm and free of odours', do you 'enjoy meals', is there 'enough to eat and drink', are you 'happy with the laundry service', is your privacy and dignity respected', do you feel 'listened to' and 'how would you rate the care and support delivered?'. Responses were very positive. We also observed a suggestion box available in the main entrance for people who used the service or their relatives to post comments, complaints or compliments.

We saw the result of the July 2015 'relative's survey'. Forty one questionnaires were sent out and fourteen were completed and returned. Questions asked included are you made to 'feel welcome', is the home 'clean and comfortable', are 'staff friendly and helpful', are 'staff skilled and knowledgeable', 'if you need to speak to someone is it easy to find someone', 'is your relative happy', are there 'enough activities' and 'is the manager available and approachable?'. Responses were very positive and included 'staff are cooperative and friendly at all times', 'very content', 'very happy' and 'excellent care'. We also observed a suggestion box available in the main entrance for people who used the service or their relatives to post comments, complaints or compliments.

Staff meetings were held regularly. We looked at the minutes meeting held on 10 March 2016. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included occupancy and referrals, holidays, hours and shifts.

We also saw the minutes of a staff meeting held on 19 May 2016. Discussion items included accident and incident reporting. A member of staff told us they felt their opinion was valued by the management team and this was supported by the fact that the manager was approachable, listened to ideas and was responsive in providing feedback on ideas. The employer also stated that the registered manager encouraged staff to raise issues or concerns. Another member of staff told us that since our last inspection they had noted clear improvements in the documentation and record keeping, standards of personal care, staff morale and teamwork.

We saw the results of a 'staff survey' dated August 2015. Fifty questionnaires were handed out and twenty eight were completed and returned. Questions asked included is the 'workplace safe and comfortable', are you 'happy in your position', do you find the manager 'approachable', does the manager 'listen to you', do you have a 'good working relationship' with your manager, does your manager 'support your personal development', do you get 'sufficient training' and is the training provided 'relevant to your role'. Responses were very positive. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had close links with the local community centre. The activities co-ordinator told us how people who used the service visited the centre regularly for lunches and organised events.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the registered provider's restraint policy referred to the Mental Capacity Act 2005 and the medicines policy referred to guidance from the National Institute for Health and Care Excellence (NICE). There was no evidence to demonstrate that some policies had been reviewed since 2013. We discussed this with the administrator who provided evidence to support that the policies were currently being reviewed by the director of care

and would be completed by July 2016.

Records were maintained and used in accordance with the Data Protection Act. The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.