

The Croft ECM Care Limited

The Croft Residential Home

Inspection report

22 College Road
Newton Abbot
Devon
TQ12 1EQ

Tel: 01626207265

Date of inspection visit:
18 May 2021
25 May 2021

Date of publication:
02 November 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Croft Residential Home is a care home without nursing and is registered to provide accommodation and support for a maximum of 22 people. At the time of the inspection there were 17 people living at the service. People living at The Croft were older people, some were living with dementia. The service is an older detached building set over three floors with a lift to access bedrooms on the first floor. Rooms on the second floor and some on a mezzanine level were accessed via a chair lift.

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

We identified concerns over some aspects of quality assurance, reviews and record keeping. This was a continued breach of the good governance. Quality assurance systems and regular audits were in place to assess, monitor and improve the quality and safety of the services provided. However, improvement was needed in some areas to make them more effective and meaningful. The provider and registered manager were responsive to feedback and started to address concerns after they were raised at the inspection. They have since participated in a local authority quality assurance meeting to look at ways of improving the service and people's experience. On this inspection, the previous breach linked to recruitment had been met.

People received their medicines as prescribed, and there were safe systems in place to manage the storage, administration and disposal of medicines. Systems were in place to safeguard people; staff knew people well and picked up in changes in their mood.

People and relatives were positive about the staff group, for example "They look after you extremely well here and I have no worries" and "The staff are kind and caring." We saw people had good relationships with staff. People and relatives told us staff provided good care and support. We saw good practice during the inspection, when people were supported by staff, with sensitivity and compassion.

Some improvements were needed in recording people's complaints and concerns who lived at the home. Further action was needed on pre-admission assessments to ensure people's individual social needs were considered to ensure their well-being could be maintained at the home.

Staff said it was a good place to work because of the teamwork. Staff interactions with people showed they enjoyed their job. They worked well together to monitor people's health and well-being, flagging risks in handovers to monitor during the shift.

Since the last inspection, the manager has registered with the Care Quality Commission and met regularly with the providers to discuss the running of the home. The home was well-maintained; the providers continued to invest in its upkeep and checks were in place to ensure equipment and the home environment was safe. The home was clean, and staff followed infection control guidance.

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 September 2019). There were two breaches of regulation. At this inspection we found improvements in recruitment, although there remained an on-going breach in good governance. We also judged there was a breach in receiving and acting on complaints.

Why we inspected

This was a planned inspection based on the previous rating.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this inspection to check they had made improvements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating of requires improvement remains the same. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Croft Residential Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was not always safe.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The Croft Residential Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

On the first day of the inspection, the inspector was accompanied by a medicines inspector. An Expert by Experience spoke with people living at the home on 20 May 2021 via Zoom calls. 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

The Croft Residential Home is a 'care home'. People in care homes receive accommodation and 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 the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who lived at The Croft Residential Home. Five relatives shared their views on the care provided. We spoke with five members of staff in depth, including the registered manager, care workers, and housekeeping 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 were not able to comment specifically on the service.

We reviewed a range of records. This included care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further care records, service improvement plans, staff minutes, and quality assurance records. We contacted relatives visiting the service to gain their views on the quality of care at the home. We reviewed documents linked to individual safeguarding concerns and the minutes from a quality assurance meeting with commissioners.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff were clear about the risks for each individual and knew key information about each person to support their physical and mental well-being. However, some information in assessments contained contradictions and inaccuracies which we highlighted to the registered manager as a potential risk to consistent and safe care. Two relatives said they were concerned regarding the accuracy of risk assessments and care planning. The registered manager acknowledged further work was needed to address these issues, which included developing the skills of the staff group to assist with this task.
- The registered manager said, due to Covid-19 restrictions, she was often reliant on assessment information provided by other agencies, such as hospital discharge teams. She said the information could be inaccurate and had raised concerns about the quality of discharge information for one person. Several people had moved to other services because The Croft Residential Home was unable to meet their mental health needs.
- Staff explained how risks were managed, both for individuals and the environment. For example, the measures in place when people used an outside terrace, which included a keypad on the door to prevent people being unable to access the area unsupervised.
- People's individual needs and risks were identified, and actions were in place to mitigate or manage these risks. For example, the risk of developing pressure sores or dehydration. The registered manager monitored records and reminded staff to complete charts to show how they moved people to prevent pressure damage.

Systems and processes to safeguard people from the risk of abuse

- Most people felt safe, for example, "I feel safe and I am happy here. I live here now. The girls look after me well and are kind." But two people said although they were happy living at the home, they did not always feel safe. For example, there had been incidents where uninvited people went into other people's rooms. They said, "I am very happy, but do not feel safe all the time. I am sometimes protected." And "I do not feel safe, but I am happy here."
- Families were positive regarding their relatives' welfare, for example, "Mum always looks well looked after and happy" and "I do believe care is good at the home and I think I would recommend to others." Several staff acknowledged there had been times in the last six months when they had found the behaviour of several individuals challenging and time consuming.
- Staff had been trained in safeguarding vulnerable adults. They knew how to report these concerns both within the service and to external agencies. Since our previous inspection, the registered manager has raised safeguarding alerts appropriately.
- People looked relaxed with care staff. Some people showed signs of affection towards staff and others joked with them. Care staff recognised when the behaviour of a few people could impact on the well-being

of others. They monitored the mix of people in communal rooms to try and prevent altercations between people. They used distraction techniques when people became agitated with one another, or when people became fixated on an idea which was causing them anxiety.

Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment systems kept people safe. This was a breach of regulation 19(Fit and Proper Person employed) 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.

- Recruitment procedures ensured necessary checks were made before new staff commenced employment. Relevant references for new staff were requested, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with potentially vulnerable people.
- People benefited from a conscientious staff team with a variety of experience and skills. Staff knew the people they supported well. This was evident from their interactions with people and in their conversations with us about people's individual needs.
- Staff were available in communal areas. Staff were visible and responded to people in a calm and attentive manner, including fetching a jumper when a person appeared cold and offering a hot drink. People living at the home described being well cared for, for example, "The staff are kind and caring."
- The staff group described themselves as working well as a team and we saw this in practice during our inspection, for example monitoring people's fluid intake and well-being.

Learning lessons when things go wrong

- The providers have shown a commitment to address recent concerns raised by CQC and provided comprehensive responses with actions taken.
- The providers were open to improving practice in the light of feedback from commissioners and safeguarding, including updating the falls policy and working closely with the registered manager to review incidents.
- Commissioners have contacted the providers to reflect on areas for learning and improvement, and the providers have welcomed the support of the local authority's quality and improvement team and accessing external training opportunities.

Using medicines safely

- Controlled drugs (medicines that have additional controls due to their potential for misuse) were not always stored in accordance with current regulations. This was addressed during the inspection. Pain relief patches were applied in accordance with the prescriber's directions. There was no documented monitoring that the patch remained in place. However, records were seen to show that patches were removed.
- People were assessed appropriately where it was necessary to administer medicines covertly (disguised in food or drink). There was evidence that decisions were made in people's best interest and advice had been sought from a pharmacist about how medicines could be given safely.
- Staff were assessed to ensure they were competent in the safe administration of medicines. Staff carried out medicines audits and met to discuss medicines issues. The service had a current medicines policy

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The systems to respond to complaints and concerns needed improvement to make them more effective, for example ensuring complaints information was accessible to everyone and captured people's verbal complaints. Staff did not consistently wear name badges and photographs of staff were not on display as the registered manager said they needed updating. These factors made it potentially difficult for people to identify the staff member they wished to complain about. The registered manager said this would be addressed.
- Complaints records did not always effectively capture concerns raised by people living at the home. Care records showed several occasions where people had expressed upset and concerns as a result of people entering their bedroom at night. There was risk of harm because people's complaints were not addressed and resolved, leading to frustration or anxiety. People's experience and feedback were part of the daily records and actions to address concerns were not recorded. The registered manager said one person had been offered a key for the door to their room but had chosen not to use it. However, there was no record of this discussion or other options to address their concerns.
- When the providers became involved in reviewing complaints and concerns, they took the issues seriously and investigated thoroughly. Several relatives expressed frustration linked to poor communication when the registered manager responded to their concerns. However, some people living at the home were confident to complain, for example, "If I needed to moan about something it would be to (registered manager)" and "Yes I know who is in charge and I would know who to complain to."

We did not identify people had suffered any direct harm as a result of the above, but the failure to meet this regulation had left people at risk of harm. This is a breach of Regulation 16 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Receiving and acting on complaints).

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

- Assessments of people's needs were obtained before they came to live at the service and were used as a foundation for the person's plan of care. The registered manager said during the pandemic they were reliant on the assessment of other professionals as they were not able to visit people prior to admission to assess their needs. Consideration had not always been given to the mix of people living at the home resulting in potential risks to people's well-being and safety. For example, people with complex mental health needs impacting on the safety and well-being of staff and people living at the home. The pre-admission assessments did not address people's individual interests, which could result in people becoming frustrated and unhappy.
- Some aspects of people's care plans were not up to date or missing significant information, which had the potential to impact on their care. For example, this included information about a change in a person's

mobility, social and emotional needs and choices linked to where they spent their time.

- Some people living at the home were unable to remember if they had been involved in their care plans but spoke positively about their care. For example, "They look after you extremely well here and I have no worries" and "Oh yes, I can make my own choices." Care plans were available in people's rooms, and daily notes showed some people chose to read their records. However, there was not always evidence they had agreed to the content, as they had not signed their care plan.
- Prior to the inspection an external agency had raised concerns in relation to one person's changing health needs not being managed in a responsive way leading to a review of an specific incident resulting in changes of practice. Records for other people showed regular contact with health professionals.
- There was mixed feedback from families as to whether they were kept informed during the pandemic. A relative said, "I am regularly kept abreast of my mother's condition and feel I have a brilliant relationship with all of the staff there. I can't sing their praises highly enough." In contrast, two other visitors said there had been times when communication regarding changes linked to their relative's health needs could be improved.
- Staff said regular handovers kept them up to date about changes to people's care. They were knowledgeable about people's current emotional and physical care needs. Staff preparing food or cleaning the home worked well with the care staff team ensuring changes or concerns were shared.

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

- Due to Covid-19 restrictions, external activities and entertainers had been halted temporarily. One person said they were frustrated by not being able to go out for a walk or spend time in the garden. They had been assessed as needing staff supervision, and staff were not always available. Previously they had been an active person and records showed their exercise was limited, which impacted on their mood. Others said, "I would like to have a bit more to do" and "During the day I go into the lounge. It is a bit of a funny place sort of. I get to talk to people. I suppose there is enough to do." Records did not show how people's individual social needs were being met and social stimulation was not effectively addressed in reviews and quality assurance monitoring.
- One relative gave us feedback on past events prior to the pandemic, "Mum has always been extremely pleased with the range and diversity of the activities that the staff and other outside agencies...have provided and she thoroughly enjoys all of the singing, dancing, art projects and other activities that the home provides."
- Families described how they had been enabled to keep in contact with their relatives, including "I was able to speak to mum through facetime, window visits when they were allowed to and now as things are opening up face to face with all precautions taken." A person living at the home said, "Oh yes, first class contact with my family."
- Staff members' conversations with us and their practice showed they knew people as individuals. For example, they knew what topics were important to people or their past careers or interests. They also recognised when people were becoming distressed by too much noise or stimulation and supported them to quieter areas of the home.

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.

- Care records contained communication information for staff to be aware of when they supported people. For example, ensuring staff gave people time to respond and feel involved in their care. Staff checked people understood them, and if they did not, took time to explain in another way to ensure people could make

informed choices. However, for one person with hearing loss, staff in communal areas did not routinely use a communication aid to communicate with them. This had resulted in the person not always knowing what choices of food were available.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care but notifications from the service showed they appropriately contacted external health professionals in a timely manner when people's health needs changed. These included specialist dementia nurses and the tissue viability team, with the aim to make people comfortable at the end of their life.
- Clinical forms recorded people's wishes regarding lifesaving treatment in the case of a sudden deterioration in their health. These helped ensure people did not receive unwanted levels of support or treatment.
- Where people had been assessed as being near the end of their life medicines were available in advance to ensure they could be available without delay to relieve pain or distress.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure good governance systems kept people safe. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There was a continued breach of the good governance regulation. Some care records were not accurate. Monthly reviews of care plans lacked meaningful information; they did not identify how some people were not receiving individualised activities to meet their personal needs. Reviews did not always identify key events that impacted on people's well-being.
- Complaints from people living within the service were not always managed effectively. Decisions linked to people's welfare were not always recorded. For example, not recording how a person had been involved in making decisions about changes to the layout of their room and the reason for the delay.
- Records were not always stored appropriately to ensure people's privacy and dignity. Care records for two people who no longer lived at the home were seen in the bedroom which they had both used.
- People living at the home were mainly positive about their experience, but some did not think the service was well-run. Relatives gave a mixed response regarding feedback on the leadership of the service. Several praised the registered manager as did a number of the staff group regarding their approachability and support. However, some relatives and staff were unhappy about the registered manager's approach and communication style.

We did not identify people had suffered any direct harm as a result of the above, but the failure to meet this regulation had left people at risk of harm. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

There were procedures in place for reporting and acting and learning from when things went wrong;
Working in partnership with others

- Following the inspection, the providers met with staff individually to investigate concerns and address them. They have also reflected on recent events and have shown a commitment to rebuild confidence and

trust with those in contact with the service.

- Following a recent safeguarding alert, commissioners offered additional training to monitor changes in people's health; the registered manager had initially declined this offer. The providers have since agreed this training would be valuable to enhance the staff group's skills and knowledge.
- Notifications were sent to CQC as required. The registered manager and the providers sent requested information to CQC and other agencies in a timely manner.

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

- Since the last inspection, the manager has registered with CQC.
- Some staff were new to their roles and were learning their responsibilities and gaining confidence to manage shifts and respond to emergencies and unexpected events. Since the inspection, the providers have decided to reinstate the role of a deputy manager to support the registered manager and enable them to focus more on quality assurance.

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

- Staff spoke respectfully about people and understood the impact of a diagnosis of dementia on how people perceived their abilities. Some staff said additional training would help them support people with more complex needs; one person's actions had resulted in the police being called to assist staff.
- Most people said their choices were respected by staff; We saw staff involved people in day to day decisions. However, one person who needed additional support with their communication commented "They do not ask me my views."
- People living at the service were mainly positive about their care and commented the best things were the staff, the food and their room.
- Relatives were kept informed about the running of the home, for example, "There have been regular general updates by email relating to the changes relating to Covid-19, news regarding the fabric and decorating of the building and grounds, introducing new staff in the bulletins and what steps are being taken to keep the residents safe."

Continuous learning and improving care

- The providers met regularly with the registered manager and also undertook unannounced visits to monitor the quality of the service. Checks were in place to maintain the building and equipment. The providers have completed a service improvement plan and self-assessment form which they have shared with external agencies to show their recognition of the work needed to improve aspects of the service.
- Staff said The Croft Residential Home was a good place to work, particularly because of the teamwork. For example, "I love it here." Several said this was because of the welcoming and inclusive nature of the care staff who worked at the home.
- The registered manager supported staff through supervisions and staff meetings. They monitored the completion of care records, such as fluid and medicines charts and fed back to staff on areas for improvement. For example, where there were gaps in records.
- During the pandemic, staff were supported to learn new ways of working, such as effective use of personal protective equipment. There were significant changes to ways of working in response to Covid-19, including testing staff and people living at the home, as well as visitors. The providers recognised the impact this additional work had created and planned to re-instate the deputy manager role to support the registered manager.
- External practical training to enhance on-line training currently completed by staff was being sourced by the providers and registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: The registered persons had failed to operate an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (b) (c) (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: The registered persons had failed to operate systems which effectively assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users.