

# Teignmouth Care Limited

# Croft Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Croft Lodge is a residential care home providing the regulated activity of accommodation for persons who require nursing or personal care. The service can provide care and support for up to 24 people. At the time of our inspection there were 21 people using the service.

Croft Lodge is a large adapted domestic property in the seaside town of Teignmouth. It has gardens and sea views from some aspects.

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

People received safe care and support and they told us they felt safe living at Croft Lodge. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs.

There were sufficient numbers of staff who were safely recruited to meet people's needs.

Medicines were well managed, and the registered manager had worked closely with pharmacies in the area to ensure the local pharmacy staff shortages did not impact delivery of peoples' prescribed medicines. Staff received training in relation to the safe administration of medicines and their competencies were checked to ensure safe practice.

Infection control measures were robustly followed, and staff had access to sufficient personal protective equipment (PPE).

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met.

Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough and staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all.

Staff supported people to live healthier lives and access healthcare services. The service worked in partnership with outside agencies.

The service had a welcoming atmosphere where visitors were welcomed and encouraged. The premises were homely and currently undergoing a re-furbishment and refresh.

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

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

People's health and social care needs were managed well. There were positive relationships with professionals which supported people's overall wellbeing. Staff provided care and support in a very caring and meaningful way. They knew people well and had built up kind and compassionate relationships with them.

The service was well managed. People, relatives and staff were very positive about the leadership of the service and praised the management team highly, especially the registered manager. There were systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Staff felt well supported and said the registered manager was open and approachable. The provider was closely involved and there were good communication channels across the staff team.

#### Rating at last inspection

The last rating for this service was requires improvement (published 16 May 2019).

#### Why we inspected

We received concerns in relation to safeguarding and medicines management. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Croft Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Croft Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Croft Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Croft Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with five people who used the service about their experience of the care provided and five relatives. We had discussions with nine staff including the registered manager and deputy manager, laundry person and care and support staff. We reviewed a range of records. This included three people's care records and numerous medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance documents, policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found and analyse evidence sent electronically. We received further feedback from three staff via email.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff provided them with care and support. Three people all nodded and said, "Yes, we feel safe here". One person added, "The front door is locked in case some people go out without staff knowing but we can have the code if we need it." Relatives gave positive feedback saying, "The staff are always watching out and always there and [person's name] knows them all" and "I am very happy with the staff, [person's name] is very safe there. I know that the staff are very well trained."
- Discussions with staff demonstrated they were skilled at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice.
- All staff we spoke with confirmed they had completed safeguarding training and refreshers and understood the providers whistleblowing and safeguarding policies and procedures. A QR code (a machine readable code enabling quick access to documents through a phone camera) was displayed in the hall for staff and visitors to access all policies and procedures. Records showed the provider reported safeguarding concerns, as required, to the relevant agencies. The registered manager had worked with the local safeguarding team with transparency to ensure actions were taken with lessons learnt to improve care.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which guided staff on how to keep them safe. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls. One person with dexterity issues had an adapted call bell to ensure they could access staff quickly.
- Risk assessments were reviewed and updated swiftly if there were any changes or incidents. Staff were alerted to any changes using the handheld electronic devices. For example, people had specialised equipment where needed, more umbrellas had been purchased to shade people from the sun and there was close monitoring of peoples' skin integrity, with regular mattress checks and input from community nurses.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported. For example, staff ensured one person's particular need for privacy was well documented and addressed in a way the person was comfortable with. The person thrived on one to one staff time and they had become more settled and happier at Croft Lodge and no longer displayed negative behaviours that had led to falls.
- The premises had CCTV in communal areas. This was used to keep people safe and to analyse any falls but also to highlight good practice and share positive moments. For example, one person had been able to watch themselves having a dance with staff and staff used this clip if the person was feeling low to raise their spirits.

Staffing and recruitment

- There were sufficient staff to keep people safe. There had been a period of issues with recruitment post pandemic, but this had now resolved, and the service was overstaffed. The dependency tool to work out how many hours were required was linked directly to the electronic system and took into account the building layout and team leader role. One person said, "There's always someone to help you." Relatives comments included, "Staff keep an eye on [person's name], they are friendly and helpful and there are lots of them". A non-care staff member said, "We have very good care staff and on the occasion I have called on them to assist someone I can honestly say the care staff respond immediately."
- We saw staff were busy but working in a calm way to meet peoples' needs.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

#### Using medicines safely

- There were some local pharmacy staffing issues which had affected medicines provision. The deputy manager and the medicines champion staff member were working closely with the local pharmacies and had gone above and beyond to ensure people received their prescribed medicines, often travelling to various sources where needed. The medicines champion was a new role. They said, "I'm very happy to be given this trust and opportunity."
- The community pharmacist was very involved and carried out regular medicines' reviews with the management team. They looked at each person's medicine to ensure it was required and was used effectively. For example, looking at how people who were underweight may require a smaller dose. Another review was scheduled to look at 'smarter' working where a second medicines trolley or individual room medicines boxes were being considered. The deputy manager was sourcing a 'do not disturb' tabard as staff had raised that they were often interrupted on the medicines round.
- Stock control was very organised, and the medicines room was clean and tidy. Where people were prescribed 'as needed' (PRN) medicines there were clear PRN protocols in place to guide staff when these should be given. This included how people communicated if they may be in pain.
- People told us they received their medicines when they needed them.
- Medicines were stored and administered in line with current guidance and regulations. We saw from records that stock checks, including all controlled medicines, were audited regularly and errors acted upon swiftly.
- Staff completed training in the safe administration of medicines and had their competencies checked regularly to ensure they were competent to administer people's medicines.

#### 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 that the provider's infection prevention and control policy was up to date. People and staff, we spoke with told us that visiting procedures within the home followed current guidance. Visitors were encouraged to let the home know if they were coming to ensure staff were available to support them,

but they could visit at any time.

#### Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. There was thorough recording of all accidents and incidents on an electronic system.
- We saw examples of lessons learned and how these were shared with staff. For example, ensuring one person had one to one time which helped them settle and discussing ensuring staff understood about sexual disinhibition as part of the care for a person living with dementia.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- Positive feedback about people's involvement in their care and support included the following comments, "All staff are kind, caring and understanding. We see that staff always notice if Mum appears unwell and ensure she receives the appropriate care. Staff make great efforts to ensure they know Mum and understand her needs". Another relative told us, "I am totally involved in the care plan, very well involved, I am very happy with them. When I went on holiday, I had daily updates on everything. Their communication is excellent, and it is all about communication."
- Care and support plans included a range of personalised information about people, their history and personal interests. One staff member said how they had spent two hours with a person going through their care plan. They said, "I learnt so much. It was a lovely thing to do."
- Staff told us they supported people to be as independent as possible and gave them choice in their care. A care home review from a person who had recently had a respite stay at Croft Lodge said, "The staff are friendly and helpful, but not too much." The registered manager told us how sometimes people felt they would like to try and return to their home in the community and this was respected. Staff worked with people to maintain independence and had access to a physiotherapist.
- There were regular open afternoons, where the registered manager and deputy manager made themselves available for relatives and people to 'pop over' and discuss anything they wanted to. This had recently been popular under a gazebo in the garden with people and relatives popping in and out for tea when they wished.

Meeting people's communication needs

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

- People had communication plans in place for staff to follow which had been developed when people started using the service. People had a range of professional input around communication in their support plans if that was required.
- The registered manager was aware of the accessible information standard and told us they could provide information for people in different formats. One person found using the telephone difficult so they had a phone where they could just tap on their families' faces. Another person kept getting lost so there was a note for them on a door saying the person's name to remind them not to go through that door.

- To further aid communication and promote a calm atmosphere, the call bells were quiet and alerted staff through their handheld devices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do a range of activities they enjoyed and were encouraged to explore new activities if they wanted to. A relative told us, "Residents like animals so now they have two pet rabbits who visit regularly and one dog who is a trained pet dog. They have the music man. Staff do quizzes with them and they do craft sessions. One of the things they encourage during craft sessions is make birthday cards for relatives which is so personal and a lovely thing to do."
- When we spoke to people in a group in the lounge, they indicated there was not many activities to do. However, we observed them having their nails and hair done, cream tea outside and enjoying the musical entertainment. Peoples' records of leisure and activities also showed a wide range of things they had been doing. We spoke to the registered manager and they made a notice board so people could see what activities were scheduled and to remind them of what was happening. They would also use the CCTV footage to remind people who may be living with dementia what they had been doing.
- People and relatives had recently enjoyed the Jubilee Garden Party. Care home review comments said, "The Jubilee party was very well organised, we all enjoyed ourselves" and "We have just been to a lovely garden party. The staff were wonderful, my mother is in good hands."
- Staff gave us examples of specific activities tailored to each person. For example, one person had been planting in the garden. Staff had sourced them a foot spa they had requested. Some people had had iPad lessons with staff so they could get the most out of the device. One person was then showing others what they had learnt, and the registered manager gave them a role in helping with the home's Facebook page.
- People enjoyed arts and crafts. The registered manager told us how wonderful it had been to see a person who had been unsettled make and give his wife a card. Staff had sourced a larger table for one person that held all their things and placed it so they could see the sea. People were supported to make and maintain friendships and often had tea in each other's' rooms or went for a walk together.
- There had not been any outings for some time but the provider was looking to source a minibus so people could access the community more.
- The service utilised a social media platform to send photos and activity updates for relatives to view and comment on in real time. This helped to maintain ongoing social relationships for people.

Improving care quality in response to complaints or concerns

- People and relatives felt confident if they raised any complaints they would be quickly addressed. One person said, "They have set up a relatives gateway online. I can access it when I am holiday. I can see what [person's name] has had for breakfast, lunch and tea or drinks." People and relatives all commented on the excellent communication.
- A copy of the complaint's procedure was available to each person and through the QR code, this ensured that people and relatives had the information they needed if they wished to make a complaint.
- Any complaints had been well managed and investigated thoroughly with learning as needed.

End of life care and support

- End of life care was excellent at Croft Lodge. People and their relatives were supported to make decisions and plans about their preferences for end of life care if they wished. End of life plans were very detailed with people being supported over time to think and write about what they wanted. One person's care plan described the music, aromatherapy smells and how they would like their beauty routine to continue.
- The registered manager told us how important end of life care was to Croft Lodge. They said, "These people are all an important part of our lives, all human beings and individuals." Remembering and

celebrating peoples' lives was integrated into the Croft Lodge community.

- People were supported to remember people who had died. They made painted stones to place around the memorial tree. Staff stood outside to honour the person when they left the home. The funeral directors had called to compliment the staff on their respectful care.
- Staff were also supported and informed through the staff communication network online. This showed lovely discussions about what they remembered about people. The provider was also present in discussions, one comment said how they had loved the person's smile. The registered manager sent messages with bereavement and counselling links at a local hospice should staff need to talk.
- Staff completed end of life care training and there was an end of life care policy to ensure staff could support people with their end of life care wishes and needs. For example, to ensure pre-emptive medicines were available. The registered manager was also working on an end of life care box to include aromatherapy oils and relevant literature. They had obtained a qualification in Mental Health First Aid to further support staff.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture at the service was person centred, open and transparent. A relative said, "Since the new manager and deputy they have really upped their game, they are always improving something and when they have improved one thing they move on to the next thing. It is most improved. I have witnessed all the changes". The registered manager said they always looked at outstanding CQC reports as learning for the future. Staff all spoke about how supportive the provider and management were saying, "We are very much appreciated by our management. We do get positive feedback and a thank you." This was very evident from the staff online communication portal.
- The provider and registered manager were committed to continually motivating the staff team and recognising their commitment to their role. For example, staff could choose their Croft Lodge polo shirt colour, had been given 'bumbags' with hand cream and a water bottle. During the pandemic staff had been supported with personalised thank you cards from the providers, vouchers and branded goods such as keyrings and pens and bonuses. There were regular team building events such as meals out, an interactive Alice in Wonderland day and paintballing. They were also trying to include residents on these days.
- There were numerous incentives for staff to make them feel valued such as monthly bonuses. This month it was for no absences that month and for arranging an activity for people. For example, the chef was organising a fish and chip evening and another staff member a trip to the beach for ice cream.
- People, relatives and staff consistently expressed great confidence in how the service was managed. All the comments we received from people and relatives were complimentary. For example, "Overall as her family we believe she is getting looked after well", "The staff are lovely and compassionate. [Person's name] loves it at Croft Lodge" and "The other day the chef came by. He was cooking beef stew that evening by popular demand – a bit hot for stew he thought – but that was what residents had asked for. He was off to make the stew, the dumplings and make fresh bread rolls to go with it". Visitors said, "I am always offered a cup of tea or a cold drink whenever I visit. All visitors are offered a drink whilst visiting. You are always welcomed and made to feel very welcome"
- Effective communication systems were in place to ensure the whole of the staff team were involved in daily decisions. One member of staff told us, "Croft Lodge is a great place to work. The management are very supportive and always there for you, they keep you updated and ask for any ideas you might have. The care staff work so hard, especially when there's not enough of them, they pull together putting the residents first, showing love and care." Other staff had left Croft Lodge to try other avenues of work but had returned due to the supportive atmosphere.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Continuous learning and improving care

- The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care.
- There were systems in place to learn lessons when things went wrong, and these were shared with staff in team meetings and one to one supervision meetings. Supervisions were excellent, used a standard format and tracker. This meant any previous issues could be followed up.
- The staff training, supervision and support systems enabled staff to progress within their roles, and to achieve their full potential. There was a shared commitment to all staff working cohesively with one shared goal. For example, taking on champion roles and organising activities suggested by staff in any role.
- Robust systems to review, audit and analyse data and other records ensured quality standards remained high. Processes were in place to ensure oversight and scrutiny of the care being delivered.

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

- Effective quality assurance systems were used to continually monitor all aspects of the service. These were overseen by the registered manager and the provider who was very involved. Audits could be accessed remotely. Any areas identified for improvement had action plans put in place with timescales for completion. We saw the actions identified had been completed within the timeframes. For example, training team leaders to carry out effective care plan reviews and training staff as 'train the trainers' for moving and handling. Culture audits were also completed looking at peoples' experiences at Croft Lodge such as inclusiveness, mealtime experience and whether the home was dementia friendly.
- Staff were observed to deliver consistent good quality care and support for people, tailored to their needs. Staff told us about people's likes and dislikes, and support needs, without referring to care plans which ensured effective outcomes for people. The registered manager often undertook spot checks including night shifts to check competence.
- Staff understood their roles and responsibilities and had clear lines of accountability. The staff support systems ensured all staff received regular training and supervision and we saw staff wellbeing was high on the provider's agenda.

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

- Effective systems were used for people, relatives and staff to feedback on all aspects of the service they received. For example, staff had regular meetings and daily interactions with the registered manager, and heads of departments. The Friday staff memo started with a riddle to ensure staff replied and read the memo. Communication was excellent and showed caring and thoughtful language to support staff. A comfort area had been built for staff on their request.
- Regular meetings were in place for people and relatives and on an informal basis. We saw areas of discussion included activities, staff recruitment and menus. We saw suggestions were actioned such as refurbishing the dining room, lounge and outside spaces to make them safer and more accessible. People were able to spend their day as they wished. For example, one person liked to get up very early and another person liked a very early lunch, and this was accommodated. Some people were also able to use the self-catering kitchen.
- There were regular staff surveys where their views were acted on, for example a better place to have a break. One staff member commented, "I think the management team is the strongest it's ever been, and despite the pandemic, there has been a steady flow of improvements."

Working in partnership with others

- The service worked closely with other organisations in education, health and social care. For example, they had set up a volunteer scheme with a local school.
- The registered manager and staff enjoyed good working relationships with people's GP, community nurses and other health professionals such as chiropody and dental services. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, timely prescribing and skin integrity support.
- There were many examples of health professionals sending positive comments about Croft Lodge which were shared with staff. For example, the local hospital called to give thanks to the staff team for the excellent information sent in with the patient. A GP commented they could see how hard the staff worked and was sharing with others how much the staff put into the care of people at Croft Lodge.
- The community nurses had raised an issue regards to a person with diabetes. However, the service records were excellent and showed the service had repeatedly asked for support with their medical condition that had turned out to be affecting the person's diabetes management. There was clear information about how the person preferred to manage their own condition which was not always in line with medical advice.