

Quality Care Homes Limited

Little Croft Care Home

Inspection report

42 - 44 Barry Road
Oldland Common
Bristol
BS30 6QY

Tel: 01179324204
Website: www.qualitycarehomes.ltd.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

About the service:

Little Croft Care home is a care home that provides nursing and personal care for up to 41 people, some of whom are living with dementia. The home was an adapted detached building.

At the time of the inspection 35 people were living in the home.

People's experience of using this service:

People were cared for safely. Any risks to their care were assessed and measures put in place to mitigate identified risks. The home was clean and tidy, and staff ensured people were protected from abuse or harm. Visitors were welcome at any time.

Staff were trained and were supported to fulfil their roles. People could be assured they were cared for by staff who had been recruited using safe recruitment procedures.

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. Staff were aware of the importance of gaining people's consent prior to carrying out care and support.

People received a varied menu of food each day and had additional choices according to their preferences. Staff knew the importance of maintaining people's hydration and encouraged plenty of additional fluids.

Staff were caring, kind and compassionate. People were complimentary about the staff and the care they received. Staff promoted and maintained people's independence by encouraging them to care for themselves, where possible. Advocacy services information was available and accessible to people.

People's care plans were adequately detailed and contained detailed information. People's communication needs were included within care records and staff knew how to communicate with them effectively. People knew how to complain. Complaints received were fully investigated and subsequent action was taken.

Staff felt they were valued and respected by the registered manager and the management team. The registered sought their involvement to improve and develop the home.

Rating at last inspection:

The last rating for this home was requires improvement (report published September 2018). There were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up

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

For more details, please see the full report which is on the CQC 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 safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Little Croft Care 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.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The home 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

The inspection was unannounced and took place on 10 October 2019. This meant the provider and the registered manager did not know we would be visiting.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. This included details about incidents the provider must notify us about, such as notifications about serious incidents. We sought feedback from the local authority and professionals who work with the home.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We met and spoke with five people living in the home and two visiting relatives. Some people were unable to fully express their views, so we spent time observing interactions between staff and people living at the home. We spoke with the registered manager, one manager, one deputy manager, and three care staff.

We reviewed a range of records. These included six people's care plans, medicines records, four staff recruitment files and staff training records. We reviewed records relating to the management of the home. We reviewed how quality assurance checks were completed

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.

At our last inspection in July 2018 people were at risk because the regulations relating to safe care and treatment were not being met. Following the inspection, the provider submitted an action plan to demonstrate how they would comply with the regulations. At this inspection we found the home had made improvements and the requirements of the regulations were now being met.

Assessing risk, safety monitoring and management. Systems and processes to safeguard people from the risk of abuse

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

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

- Since the last inspection risk assessments in relation to the risk of people going missing had been put into place. A full investigation had taken place and the home had worked closely with the local authority safeguarding team where lessons had been learnt. This had led to disciplinary action taken against staff.
- Regular checks of people were being carried during the day and the night time. Staff recorded people's presence and if they were awake or sleeping.
- The fire door where two people previously left the building had been adapted with a door release button in place. Fencing and a gate had been installed outside in the garden and placed just before the fire door. This meant if people were able to open the fire door they were safe within a secluded garden area.

Staffing and recruitment

- The deputy manager told us the number of staff on each shift was kept under review to ensure there were sufficient numbers of staff to meet the needs of people and to ensure their safety.
- At the time of our inspection we were told the provider was in the process of finding an alternative staffing calculation tool to the one which they were using. Staff calculation tools help providers to establish the number of staff required to meet the needs of people they cared for.
- There were staff present in communal areas and people could summon support through a call bell.
- Staff absence through sickness or annual leave were covered by the existing team where possible, to ensure consistency for people.
- Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the home.

Using medicines safely

- People told us they were happy with the way staff managed their medicines and always received them in a timely fashion.
- Medicines systems were organised. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had received training in the safe handling of medicines and supported each person to take their medicines in their preferred way.

Preventing and controlling infection

- The home was clean and odour free. Staff were aware of best practice in how to minimise the risk of infection. Staff used protective equipment correctly and ensured that they change it in line with infection control policies.
- Staff also knew how to minimise risks when there was an infectious outbreak in the home.

Learning lessons when things go wrong

- Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incidents reoccurring.
- Learning from incidents was reviewed with staff in supervision meetings and daily shift handover meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection in July 2018 people were at risk because the regulations relating to the need for consent were not being met. Following the inspection, the provider submitted an action plan to demonstrate how they would comply with these regulations. At this inspection we found the service had made improvements and the requirements of the regulations were now being met.

At our last inspection we found consent was not always sought from people in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found at the last inspection People who lacked capacity were not always protected against the risks of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 11 and 13.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Since the last inspection all staff had received further training in relation to the Mental Capacity Act and

had a good knowledge of the Act.

- Where people lacked capacity, we found that capacity assessments were in place. Best interest decisions were recorded within people's records. This was in relation to the use of senior mats, bedrails and leaving the building.
- Since the last inspection capacity assessments were being carried out using a computerised care records system. An action plan was in place which highlighted where further work was required. This related to adapting previous capacity records.

We found where people lacked capacity and were being deprived of their liberty that the appropriate authorisations were applied for and were being reviewed by the local authority.

- People were cared for in the least restrictive way.
- Since the last inspection the registered manager had received further DoLS training.
- The registered manager had a system in place which identified the number of people who had a DoLS authorisation in place and those awaiting a decision to be made.
- The staff and the registered manager were aware of their responsibility's in ensuring people were kept safe.

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

- Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by staff.
- Staff were aware of people's individual support needs and preferences. This helped ensure people received the care and support that was in line with their identified needs and wishes.
- The registered manager used a variety of online and other information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislation.

Staff support: induction, training, skills and experience

- The registered manager maintained a comprehensive training programme to ensure staff had the right knowledge and skills to meet people's needs effectively. One staff member told us, "We have lots of training opportunities and it is much better with the manager doing this in house".
- Since the last inspection the registered manager had also become the trainer. They had undertaken a train the trainer course to assess their competence.
- A training matrix was in place and showed when the staff had undertaken training and when this was due.
- New staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started working on their own. New staff also undertook the national Care Certificate which sets out common induction standards for social care staff.
- Staff told us that they felt supported in their work by the management team. The staff we spoke with confirmed they received regular supervision and attended regular staff meetings.
- We observed the staff worked well together as a team and offered each other support. A senior carer led the day shift at the time of the inspection which started with a handover. At the end of the shift we overheard the senior carer thanking the staff for all of their help and "For a lovely shift".

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

- People spoke positively about the food and drinks provided. People were offered a wide variety of freshly prepared meals.
- People received sufficient food and drink that met their dietary needs and requirements.
- If staff were concerned about a person's food and fluid intake they sought advice from professionals.
- We observed lunch which was a sociable and pleasant experience. People chose where they ate across a

variety of dining rooms, or in their room. Where people sat together they were enjoying their lunch in an atmosphere that was relaxed and sociable.

- Since the last inspection an evening snacks trolley was introduced. This contained nibbles, sweets, cakes and crisps for people to enjoy.

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

- People's care records contained information about their individual healthcare needs, and how they communicated should they have needed to go into hospital.

- The home worked with other agencies who provided support for people's on-going care needs such as the GP surgery, district nurses and the dementia wellbeing team.

- People were supported to have regular health checks including dentist, optician and hospital appointments.

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

- The communal rooms, corridors and bathrooms continued to be clean and fresh and well decorated.

- There was level access to the grounds and a secure patio with seating so that people could sit outside.

- People continued to be involved with the decoration of the home which included communal areas and bedrooms. Colour schemes for decoration of corridors were being discussed with people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and they were looked after. Throughout our inspection we observed kind and caring interactions between staff and people.
- People and staff had formed positive relationships based on trust and respect. Staff spoke with and about people in a kind, compassionate way.
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere.
- People's body language demonstrated that they were happy in the presence of staff and other people.
- The staff anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care.
- Complimentary letters and cards had been received. Comments included, "Small note to give you all the most enormous thank you" and "We want to thank all the kind and caring staff at Little Croft".

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

- People were supported to express their views and make decisions about the care and treatment.
- People were comfortable approaching staff and starting conversations either in the communal rooms or going into the staff office areas.
- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- Resident meetings were held where people had the opportunity to have a say in how the service was run. In a recent meeting one person had commented they had no complaints and they were happy with the quality of care provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People received personal care in their bedrooms or bathrooms behind closed doors.
- People were addressed by their preferred name.
- Staff encouraged people to maintain their independence. People's care records contained information about tasks people were able to do for themselves. Staff were aware of this information and supported people when necessary.
- People were supported to maintain relationships which were important to them. Visitors were welcomed and encouraged to continue to care for their relative when they wanted to.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection in July 2018 people were at risk because the regulations relating to person centred care were not being met. Following the inspection, the provider submitted an action plan to demonstrate how they would achieve compliance with these regulations. At this inspection we found the service had made improvements.

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

At our last inspection we found people's care records were not a true reflection of their needs. We identified gaps with the assessment of people's needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection the provider had introduced an electronic care records system.
- People's care plan had been reviewed and rewritten in a new format tailored to people's needs.
- Care plans were comprehensive and contained information about people's likes, dislikes and how they liked to be cared for.
- The system used prompted staff to enter information about the care given to people daily. An example included catheter care.
- People's daily records contained a log about how the person was each day and if they had accepted or refused personal care.
- If people refused care or their care needs changed this was reflected within their care records. The appropriate professionals were contacted for advice if people refused personal care. An example included, due to a dementia type illness.
- One person the home cared was bed bound due to illness. To ensure the person was best supported they were moved to a ground floor bedroom. The room had a patio door to the garden. This enabled the staff to keep a close eye on the person. To help the person settle and to stimulate her during the day fairy light were hung outside and inside.

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.

- People's communication needs were highlighted in their care plans. This included use of glasses and/or hearing aids and any support people needed.
- The deputy manager told us large print documents could be made available to people.
- Staff communicated with people in ways which were meaningful to them.

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 provided with a wide range of stimulating social and recreational activities that promoted their physical and emotional wellbeing. They were encouraged and supported to continue their interests, both within and outside the home.
- Since the last inspection the registered manager had purchased an interactive cat for people living with dementia. The deputy manager told us this had brought great comfort to people. He told us it had enhanced people's wellbeing.
- One person the staff cared for celebrated their 100th birthday at the home. Family, friends and other people living at the home were all part of the celebration.
- People were supported to maintain relationships with the local community. We were told 12 people attended a local school last Christmas where they had lunch with the school children.
- The home has a regular activity programme. People could choose if they wished to attend activities.

Improving care quality in response to complaints or concerns

- There were systems and processes in place to respond to complaints. A complaints policy was in place to support people's understanding of how to make a complaint.
- At the time of inspection there were no open complaints. We looked at past complaints and saw they had been managed and responded to appropriately. For example, where a relative had complained about not being notified about their loved ones fall in a timely manner, the registered manager took action to investigate this. An apology was also given.

End of life care and support

- Since the last inspection people's end of life care wishes were stored on an electronic system.
- People's end of life care records had been reviewed since the last inspection and updated to make them person centred. Further work was needed to ensure people's wishes were recorded. An example included, people's favourite music and if they wished to have this played.

At the time of our inspection the home were supporting one person with end of life care. The person had an end of life care plan in place. Professionals regularly visited the person.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in July 2018 people were at risk because the regulations relating to good governance was not being met. Following the inspection, the provider submitted an action plan to demonstrate how they would achieve compliance with these regulations. At this inspection we found the service had made improvements.

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

At our last inspection the provider had failed to carry out effective audits and drive forward improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection of Little Croft Care Home there had been changes made to the management team. One manager and one deputy manager now supported the registered manager instead of one. They each had their own individual roles and responsibilities. It was clear that the management team had a consistent approach and worked well together.
- The staff we spoke with praised the management team. Comments included, "Things are so much better here with the management. I feel I could go and speak to any of them" and I feel the home is well led. Lots of changes have been made and we are listened to.
- Regular audits were being undertaken by the management team. This included audits in relation to the building, people's care records, staff records and medicines. This helped to identify any shortfalls.
- The management team regularly audited people's food and fluid charts to check they were accurately recorded. People's daily food and fluid intake was totalled up at the end of each day.
- As part of the home's electronic care record system, the staff team had access to a tablet device. They were able to update people's daily records throughout the day. Care staff were able to access people's daily records to record people's wellbeing. This helped to minimise the risk of gaps within people's records.

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

- Staff understood the registered manager's vision for the home and they told us they worked as a team to deliver high standards. All staff knew their responsibilities and were keen to fulfil them. Morale was positive

at the home.

- The management team were committed and passionate about providing a personalised care for people living with dementia. They were very knowledgeable about the people they supported.
- People we spoke with were happy with the quality of care provided. One person told us, "I am happy here and things are going really well".

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

- Staff told us that the registered manager had an open-door policy and had created an open and honest culture. Relative's commented that staff were always transparent and kept them informed of everything.
- We found the registered manager and management team were open and transparent. They focused on the needs of the people and on their wellbeing and strived to give them the best quality of life possible. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People, relatives and staff were asked for their views of the home. Staff told us they were listened to by the management team and their ideas were used to improve the home.
- People and relatives were invited to meetings to share their feedback and to hear updates from the registered manager. We were told the meetings were a positive experience and that people were listened to.
- People and their relatives had completed a survey to capture their views of the home. The last survey was carried out in December 2018. Comments made included, "I felt comfortable and welcomed by the staff and residents" and "Since my relative moved in she is happy and well cared for. Feedback had been used to continuously improve the home.

Continuous learning and improving care. Working in partnership with others

- Quality audits were effective to identify areas that needed improvement. For example, some care plans were in the process of being updated further along with capacity assessments. Audit findings and completed actions were shared with the provider who checked required actions had been taken and improvements had been made.
- We were told the registered manager kept their knowledge of legislation and best practice up to date. For example, by attending local manager forum meetings.
- The management team worked with a range health and social care professionals to provide joined up and consistent care for people. This included the GP surgery, safeguarding team, dementia wellbeing team and district nurses.