

Auckland Care Limited

Crofton Lodge

Inspection report

21 Crofton Lane
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Tel: 01329668366

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 11 April 2017 and was unannounced.

Crofton Lodge provides care and accommodation for up to 10 people who are living with a learning disability or mental health condition. On the day of the inspection nine people were living in the home.

The service did not have a registered manager at the time of our inspection. The previous registered manager had cancelled their registration in February 2017. A person was employed to manage the service on a day to day basis and they had plans to make an application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management of medicines was not always safe. Records and auditing procedures had not been effective and temperature checks of medicines storage did not consistently take place.

People told us they felt safe at the home and staff had a good understanding of their roles and responsibilities in protecting people from abuse. They knew what to look for and the action to take if they were concerned.

Staff were aware of risks associated with people's care and knew the action to take if the risks presented. Staffing levels were sufficient to support people safely and in a calm, professional manner. Recruitment processes were in place to make sure only workers who were suitable to work in a care setting were employed. Staff received training and supervision to make sure they had the skills and knowledge to support people.

People were supported to be independent and valued members of the community. They were supported to make informed decisions and choices. They had access to health professionals when they needed it and enjoyed their meals. They were supported by staff who knew them well, were kind, caring and proactive in their support approaches.

Support plans provided guidance to staff and people were involved in the development of these. The manager was aware that these required updating and was working through these at the time of the inspection.

Systems and processes were in place to monitor and assess the service, and to drive improvement. A plan was in place to address maintenance concerns as the home was not always well maintained. However at times action plans lacked clear direction and timescales. We have made a recommendation about this. People and staff spoke positively about the manager who was described as approachable and supportive.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines were not consistently well managed due to ineffective recording and auditing procedures.

Staff and the management team understood their responsibilities in safeguarding people from harm. People were kept safe through risks being identified and appropriately managed.

There were sufficient staff to keep people safe. Staff were recruited safely.

Is the service effective?

Good 

The service was effective.

Staff received support and training they needed to work effectively with people.

Staff supported people to make informed decisions.

Where people needed support with specialist diets this was provided and staff accessed other professionals to ensure support provided was appropriate for people's needs.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind and caring.

People, or their representatives, were involved in decisions about their care and support.

Staff demonstrated an understanding of respect, privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People received personalised care and support, which was responsive to their current and changing needs.

A system was in place ensuring any complaints were dealt with appropriately and in a timely manner.

Is the service well-led?

The service was not always well led.

The service did not have a registered manager.

Systems and processes were in place to monitor and assess the service, and to drive improvement. However actions plans lacked clear direction and timescales.

Requires Improvement 

Crofton Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 11 April 2017 and was unannounced. This was the first inspection of the home since it became registered.

One inspector carried out the inspection. Before the inspection we looked at our own records such as any notifications of incidents which occurred (a notification is information about important events which the service is required to tell us about by law). Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to identify and address potential areas of concern. Before the inspection we also requested feedback about the service from six health and social care professionals. Two provided us with feedback.

During the inspection we spoke with three people, four staff, the manager and the service manager. The service manager provided line management to the manager.

It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We looked at care records for three people and the medicines records for four people. We looked at recruitment, supervision and appraisal records for four staff and training records. We also looked at a range of records relating to the management of the service such as activities, menus, accidents and complaints, as well as quality audits, policies and procedures.

Is the service safe?

Our findings

People felt safe at the home and their relatives confirmed they were safe. We observed people were comfortable and happy when being supported by staff. Staff treated people as individuals and people and their relatives were confident they could raise concerns with the manager and that action would be taken to address their concerns. Both external professionals told us they felt the service provided was safe.

We checked the stock of medicines against the records held. The manager told us how staff audited the stock on a weekly basis. The audit had been completed the day before our inspection and highlighted no concerns. Of the four people's medicines we checked we found discrepancies in stock for three of these. The stock checked appeared to show that a number of medicines were missing. In addition we found for the fourth person that a medicine had been administered on two occasions which appeared to have been stopped by a doctor. However due to a lack of records relating to this medicine the manager was unable to clarify this at the time of the inspection. At the time of the inspection the manager and service manager confirmed they were unaware of any discrepancies and as such were unable to explain these. We referred these concerns to the local authority responsible for the safeguarding of adults at risk. The manager and service manager took immediate action to investigate this matter and concluded that our findings regarding the potential missing medicines were due to inaccurate recording, inappropriate auditing and a need for further training. The service manager confirmed action they had taken to address the reasons, including additional training for staff and further structured auditing. They advised these actions would be shared across all of the provider's services.

Medicines were stored in locked cupboards in people's rooms or in a locked trolley in a locked room. The temperature of the medicines fridge was checked daily; however, we noted that the temperature of the trolley or cupboards was not checked. This meant the provider was unable to confirm that the medicines were being stored at safe temperatures, in accordance with the manufacturers' guidance.

The management of medicines was not always safe. Records and auditing had not been effective and temperature checks of medicines storage did not consistently take place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were prescribed medicines to be given when required (PRN) and there were protocols in place for their use. Medicine administration records (MAR) showed these had been administered appropriately. The dosage given and time they were administered were recorded. Staff had completed training in the safe administration of medicines and competency assessments had been completed to ensure they were safe to administer medicines.

The manager knew what actions to take in the event any safeguarding concerns were brought to their attention. Staff had undertaken training in safeguarding to keep people safe. Staff were able to describe the types of abuse they may witness or be told of. They knew how and when to report any safeguarding concerns within or outside the service. People knew how to report if they felt unsafe and were confident staff would protect them and take action if this was needed. Safeguarding concerns were raised and reported by management to the local authority and the Care Quality Commission (CQC) had been notified of these

concerns. The provider undertook suitable investigations and took appropriate action to protect people from harm.

Risk assessments were contained within people's support plans. The support plans provided clear guidance to staff to ensure they knew what to do to keep people safe. Incidents and accidents were recorded and monitored and this information was used to assess the support that was provided to people. Where people displayed behaviours that may present a risk to themselves and others, plans were in place to guide staff. Staff had received appropriate training to support them to understand how to work proactively with people who displayed behaviours that may present challenges. This training also included strategies to support people and keep them safe. Where people were living with physical health conditions, appropriate plans were in place to guide staff about these and the support people needed, including restricted fluid intake; additional support and supervision to reduce risks of choking. The service involved other professionals for support and advice where needed. Due to some choices made by people they were encouraged and supported to access other professionals to manage any risks associated with these choices.

There were enough staff to meet people's care and support needs. The manager told us about the core staffing levels at the home. This was set at a minimum of three staff on duty during the day. Some people who lived at the home had additional support hours to help them achieve what they wanted and these were provided. Staff said there were enough of them on duty to meet people's needs at any one time and people felt there were enough staff to support them when they needed it. During our visit we saw that staff were available to provide support promptly and when people needed this.

Recruitment records showed that appropriate checks had been carried out before staff began work. Candidates were required to complete an application form and were subject to an interview. Following a successful interview, recruitment checks were carried out to help ensure only suitable staff were employed, including reference requests and Disclosure and Barring Service checks. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff confirmed they did not start work until all recruitment checks had taken place. People could be confident that the provider's recruitment processes supported their safety.

Is the service effective?

Our findings

People expressed their satisfaction living at the home. They said they felt supported by staff who knew them well. They said they liked their home and wouldn't want to change anything.

The manager recognised that supervision sessions with staff had not taken place as regularly as they would have liked to. They confirmed that only four of eleven staff had received a supervision session. They confirmed no appraisals had been completed but were planned for June 2017. They had planned to address this and ensure that all staff received supervision at least six weekly. Staff said they felt very supported by the manager. They said they did not need to wait for a supervision session to raise any issues or concerns as they could do this at any time. Staff felt communication at the home worked well and supported them in their role. The service manager confirmed that staff new to a caring role would be required to complete the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The manager told us, and staff confirmed, that they were encouraged and supported to complete a vocational qualification in health and social care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Training was available in various subjects including health and safety, fire safety, safeguarding, mental capacity and Deprivation of Liberty Safeguards. In addition, training was also available in dementia awareness, management of behaviours which may present challenges, diabetes and epilepsy. Staff demonstrated a sound understanding of the people they supported and how they effectively met their needs. They spoke positively about the training available to them and demonstrated a sound knowledge of subject areas such as safeguarding and the Mental Capacity Act.

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.

Staff understood the importance of always assuming a person can make their own decisions, even if staff considered these to be unwise. They sought permission from people before providing support and where complex decisions were needed, mental capacity assessments had been completed. Staff understood that if a person was deemed to lack capacity they needed to ensure best interests decisions were made with the involvement of an appropriate representative for the person. We observed people being supported to make their own decisions throughout our inspection.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and staff were aware of their role and responsibility in relation to DoLS. Staff ensured they supported people to maintain their independence and described practice which was least restrictive. People were able to come and go as they chose to. Where needed DoLS applications had been made to the supervisory bodies.

People told us they enjoyed the food at the home and were able to choose what they wanted to eat. People were supported to maintain their independence and were involved in planning, preparing and cooking their meals. Access to takeaways and meals out were available when people chose this.

Where there were concerns about people's ability to eat and drink safely, advice had been sought from speech and language therapists (SALT) and incorporated into people's care plans. People were independent in making their own drinks and we saw that people had access to the kitchen to make drinks when they wanted to.

People's health needs were met. Staff and people confirmed they had regular access to healthcare services including GP and mental health teams. One person was supported to attend specialist appointments throughout the week to manage their health condition. Staff knew about people's health needs and the support they needed regarding these.

Is the service caring?

Our findings

People told us staff were kind and caring. They said staff respected their privacy, dignity and the decisions they made.

We observed positive and caring interactions between members of staff and people. Staff spoke to people in a kind and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance and provided this in a positive manner.

Interaction between people and the staff was relaxed and friendly. Conversations were free flowing with lots of jokes and laughter. People approached staff for assistance when they required it. People were comfortable talking with us about their lives within the home and were proud of what they had accomplished.

Staff knew about the people they were supporting. They knew what people liked and disliked and gave us examples of how they supported people differently, dependent upon their individual needs. People were encouraged to do as much for themselves as possible. They were supported to make informed decisions and choices.

People were supported to develop their skills and be valued members of the community. One person told us, with the support of the manager, how staff had helped them to gain a charity licence with the local council and they spent some of their time raising money for charities of their choice. Another person, with the support of the manager, told us about a work programme they had been supported to engage in. They told us they were enjoying this and it was helping to build their confidence.

People knew about their care plans and felt able to tell staff about what they wanted and how they preferred to be supported. This was respected. Key worker meetings were in place for people to meet with their allocated key worker to discuss their support and any changes they may want. A keyworker is a member of staff given a lead responsibility to work with a named person.

Staff confirmed and we saw that they encouraged people to do as much for themselves as possible and would respect their dignity and privacy. They knocked before entering a person's room and informed them what they are going to do before supporting them.

Is the service responsive?

Our findings

People told us they were looked after well. They had no concerns about the support they received and felt staff understood their needs and the support they wanted.

Staff had a good knowledge of the people they cared for. They were able to tell us about people's needs, likes and dislikes. Staff understood how people communicated and were able to use this knowledge and understanding to respond promptly to requests or signs of anxiety or discomfort.

Each person had an individualised support plan folder. These contained personalised information about the person's likes/dislikes, preferences and needs. Care records contained instructions for staff about the action they needed to take to ensure they met the person's needs. On occasion's care records were disorganised and lacked detail. For example, one person records contained a huge amount of information about their behaviours; however, it was difficult to establish their triggers and crisis management due to the layout and amount of paperwork. However, staff were knowledgeable of these. This person had a diagnosis of epilepsy and although this was managed well and they had been seizure free for years, the care records lacked information about how this could impact on them. For this person and one other who were at risk of choking, the records lacked detail about what to do in the event they choked. Staff gave us clear and detailed information about people's needs and the support they required.

The manager told us they were in the process of reviewing and developing care records, including support plans and other information such as health professional appointments. They were doing this to improve the information available about people's needs and support arrangements.

Communication books and handover meetings between shifts were used to communicate any information amongst staff about each person for that day. This included healthcare appointments, activities and additional requests for staff to review people's care plans and risk assessments.

It was clear that people were at the forefront of the manager and staff's thoughts. Staff worked proactively with people to plan ahead and reduce any anxieties that some situations could cause for people. The manager recognised how some people's needs were likely to change as they aged and was exploring assessment tools which would help them to ensure they accurately assessed people's needs.

Activities were personalised and people were supported to carry out the activities they enjoyed. People chose what they wanted to do each day and who they wanted to be supported by. Our observations confirmed staff responded to these requests.

People confirmed they had never needed to make a complaint about the service; however, they all knew how to do this and who to speak to. People told us they would talk to the manager and were confident if they had any issues the concern would be dealt with. A complaint procedure was in place and when a complaint had been raised these had been investigated and action taken.

Is the service well-led?

Our findings

People and staff told us they could access the manager at any time and were confident they were listened to and any actions needed were taken.

The service was managed by the manager who was not registered with CQC. They were supported by a deputy manager and support workers. The service manager provided support to the manager and visited the service regularly.

During our observations we saw that the manager and service manager took an active role in the daily running of the service and had a 'hands on' approach to supporting people and the staff. The manager and staff consistently described the ethos of the home as supporting people to be as independent as possible and to live their life as they chose. Staff we spoke with told us the manager and service manager were always available if they needed to speak to them. They said they were approachable, supportive and listened to them. All staff confirmed they felt listened to and able to make suggestions.

Staff told us during staff meetings they discussed any changes that were required. They said staff meetings gave them a formal opportunity to make suggestions. Records confirmed this.

Staff at Crofton Lodge support people who have complex mental health conditions and learning disabilities. As such, at times they could display behaviours which present challenges. We were told by the service manager and manager how this had impacted on the environment in terms of cleanliness and maintenance. We observed the environment in places was run down, not adequately maintained and unclean. For example, several bedroom carpets had multiple cigarette burns in them and several bedroom walls and skirting boards were stained with coffee. One shower room had mould stains. One person's bedroom window was broken and would not shut. The service manager explained the reason for this and advised that this had been repaired on two previous occasions. The home is a bungalow and therefore a damaged window that won't shut could present a safety and security issue. Records regarding the date this window was damaged, the cause and the request to repair this window were not clear. The person told us the provider had not repaired this as they wanted the person to pay for this, however the service manager advised us that there was a delay in repairing this as the supplier was required to order a new window. The service required maintenance work to be completed and whilst a plan was in place to address this, it lacked timescales for the work to be completed.

Systems were in place to gather feedback from relevant people including people who lived at Crofton Lodge. We were told "Chill and Chat" meetings took place on a Sunday, although these were only recorded once a month. Records showed people's involvement and their contribution to subjects relating to the home. Monthly keyworker meeting were in place to support people to contribute to their care planning and support. Annual surveys also took place to establish people's feedback. The last survey completed demonstrated positive feedback from relatives, other professionals and staff. People generally provided positive feedback only the result indicated areas that they also felt unsatisfied with. This included meals, meetings and feeling listened to. The service manager was unable to confirm if an action plan was in place

to address these concerns.

There was a system of localised audits including daily walk rounds by the manager, health and safety checks, infection control and financial audits. Medicines audits took place weekly; however we found these were not accurate and staff did not always carry these out appropriately. During the inspection, the manager and service manager implemented additional training and support measures for staff to ensure the accuracy of these in the future. The service was regularly audited by the service manager. The service manager told us the schedule for these would be changing to ensure the manager was auditing their own service and the service manager would then check against their audits. These audits included discussions with people and staff, review of the environment and service user records. Action plans were included in the service manager audits with timescales for completion and the person responsible. The last audit in March 2017 recognised the need to ensure all support plans and risk assessments were updated. Whilst the audit acknowledged this in the report it did not include this as an action to be completed. The manager had not documented an action plan to address the records although they were completing the work.

We recommend that the service seeks advice and guidance from a reputable source about effective quality assurance procedures to support the development of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was not always safe as records and auditing had not been effective and temperature checks of medicines storage did not consistently take place. Regulation 12(2)(g)