

# Teignmouth Care Limited

## Croft Lodge

### Inspection report

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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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Croft Lodge is a residential care home that was providing personal and nursing care to 22 people aged 65 and over at the time of the inspection, it is registered to provide support for 24 people. 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:

- People were not given the option of a bath or shower daily, preferences regarding this area of personal care were not captured. The service acted to remedy this the day after the inspection.
- People were supported by staff who knew how to identify and report any safeguarding concerns. Some risk information was not captured in relation to specific health concerns such as diabetes. The service remedied this the day after the inspection.
- People told us they were content living in Croft Lodge and were supported by staff they knew and liked. There were enough staff to meet people's needs. Two people said there were some new staff they wanted to get to know more.
- Medicines were managed safely. We gave some feedback on how guidance for 'as needed' medicines could be improved and this was actioned promptly.
- People were supported to have choice and control in their lives. Staff asked people for consent and the service was acting within the principles of the MCA.
- People's needs were assessed but not all care plans had been completed on the electronic care planning system.
- Staff had been through robust recruitment procedures and were supported through supervision and training to effectively meet people's care needs.
- The manager was open and honest and knew what areas the service needed to improve and had a plan for this. Relatives told us they had seen an improvement in recent months. Staff told us they were listened to and feedback was actioned quickly.
- People were supported to move safely and staff enabled people living with a disability or dementia to navigate their environment with discreet support.
- People enjoyed the food, were given choice, and regularly offered drinks.

Rating at last inspection:

This service has not yet been inspected or rated under the current provider.

Why we inspected:

This was a planned inspection based on our schedule.

Follow up:

We will continue to monitor the service and liaise with the provider and local authority. We will re-inspect the service in line with our inspection schedule, or sooner if we receive information of concern.

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was completed by one adult social care inspector.

#### Service and service type:

Croft Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The manager running the home had started the process to put in their application for registration at the time of the inspection. Registration as a manager with the Care Quality Commission means that the registered manager 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:

We gave the service 48 hours' notice of the inspection visit because we planned to inspect on the weekend and needed to have access to various confidential records.

#### What we did:

Before the inspection we looked at notifications we had received about the service, these tell us about significant events in the service such as an injury or allegation of abuse. We also spoke with healthcare professionals who had worked with the service.

During the inspection we spoke with four people, and five relatives. We met with the manager and gathered feedback from five further staff.

We looked at care records for five people and files for safeguarding, complaints, accidents and incidents, audits and quality assurance, and four staff files including training records.

We saw two people's rooms and spent time in the dining room where we observed the lunchtime meal. We walked through the service observing the environment.

We observed medicines being administered and looked at the storage arrangements and medicine administration records for four people.

We requested information after the inspection and this was sent to us promptly.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse:

- Staff and the registered manager could tell us what signs of abuse were for the people they supported and where and how they would report any concerns.
- Staff had attended training on safeguarding adults.
- Safeguarding concerns were recorded and reported in line with the service's policy and investigated by the manager. The service was in the process of changing the way they recorded incidents after staff had fed back the form used did not capture all the information pertaining to incidents.

Assessing risk, safety monitoring and management:

- Staff had a good insight into what risks people faced. Where risk assessments were in place they were robust. However, there were some gaps in risk information and history. For example, there was not clear instruction for staff on how to support people with diabetes. By the next day, interim risk assessments had been put in place for people with diabetes to help mitigate this risk.
- Regular environmental checks were undertaken to ensure the environment was safe. Maintenance issues were followed up promptly.

We recommend the service review the risk assessments for all people living in the service to ensure there is clear instruction for staff on how to support people to mitigate risks.

Staffing and recruitment:

- There were sufficient numbers of staff to meet people's needs. People and relatives told us there were enough staff. Staff were visible in communal areas and told us there were enough of them to meet people's needs.
- New staff underwent a robust recruitment process including application, interview, and references stages. Each new staff member had a criminal record check to see if they were suitable to work in a care setting.

Using medicines safely:

- Medicines were administered by staff who had attended training and were competency checked.
- Staff we observed administering medicines were patient and gentle and waited for people to swallow their medicine before recording it had been administered.
- Medicines were stored safely and receipt and disposal of medicines was in line with the service's policy.
- Stocks of medicines matched recorded amounts.
- The guidance for medicines people required as and when needed was not sufficiently detailed. For people with medicines that might make them feel calmer or change their behaviour, there was not a description of how staff should offer support to the person before administering it.

We recommend the service review all protocols in place for medicines to be given as required and ensure they contain information and instruction for staff on what support to offer before administration.

- After the inspection the service sent us evidence that all these protocols had been reviewed and updated.

Preventing and controlling infection:

- Infection control equipment was available to staff to prevent the spread of infection. We saw staff wearing gloves and aprons when appropriate and washing their hands.
- The service was clean and free from malodour. There were staff employed specifically to keep the service clean and well maintained.

Learning lessons when things go wrong:

- The manager gave us examples of where the service had learned lessons from incidents and accidents.
- Falls and incidents information was collated and there was an effective system for working out any trends which enabled the manager to identify where a change needed to be made. For example, an extra staff member was added on to the rota when the service identified there were more falls at a particular time of day.



# 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.

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

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

- People's needs were assessed before coming into the service.
- Best practise guidance was on display for staff to refer to, and in care plans where appropriate.

Staff support: induction, training, skills and experience:

- Staff said they felt supported by regular supervision and were given opportunities to develop their skills.
- Staff had received training relevant to people's needs. Relatives told us they had seen lots of new faces in the staff team recently but staff seemed suitably experienced. One person said, "They seem to know what they are doing."

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

- The food looked and smelled appetising on the day of inspection. People told us they enjoyed the food, they said "I like it" and "There's plenty of it."
- Jugs of water and squash with cups were out in communal areas so people could help themselves to drinks or point to or ask for one, when they felt thirsty. Staff were offering warm and cold drinks regularly to people. People's fluid intake was monitored and the total fluid each person had in a day was tracked and followed up on if it was below a specified target.
- There was a choice of meals available. If someone did not like the food on offer they could request something different. There were food items in the kitchen that people had requested specifically.
- People who required adapted cutlery and crockery had this in place and food was suitably fortified for those at risk of eating enough to maintain their health.

Supporting people to live healthier lives, access healthcare services and support:

- Timely referrals were made to GPs and community nurses for people with emerging health needs.
- People's weights, bowel movement and fluid intake were monitored so that staff could identify early signs of people becoming unwell.
- The service worked with district nurses, dentists, GP's and opticians to meet people's health needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was acting within the principles of the MCA.

- Staff asked people for consent before delivering personal care.
- The manager and staff understood the principles of the MCA.
- Applications for DoLS were appropriately made.
- We asked for further evidence of best interests decision making to be sent to us after the inspection and this showed that after a mental capacity assessment, the best interests process was followed.

# 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.

Good: 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:

- Staff interactions with people were kind and caring.
- We saw one staff member gently guiding a person with advancing dementia to the communal lounge, prompting them subtly so they were reassured about where to go without being given obvious directions.
- People all told us staff were caring. They said, "The staff are a lovely lot" and "They are caring."
- People's religious preferences were recorded. There was nobody in the service actively practising a faith.
- Staff spoke about people fondly saying, "They are like my family" and, "I spend more time here than I do at home so I know residents and they know me."

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

- Staff gave people options regarding their care, such as where they wanted to go, what they wanted to eat, where they would like to read their paper, and how they wanted their cup of tea.
- People told us they were happy to feedback their views to the manager and could go to residents' meetings if they wanted to.
- People said they felt listened to. Some people could not remember if they had seen their care plan; one person said they were not interested in the paperwork being shown to them as they had the care they needed.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to retain their independence. One person said, "I'm much more mobile since I came here. I didn't think I would be walking again."
- People were provided with adapted equipment so they could be more independent for longer.
- Confidential records were stored securely.
- People told us they were treated with dignity and respect.

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met.

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

- Some people had not been asked how often they liked a bath or shower. One person did not have a bath or shower for the whole month preceding the inspection, and three people only had a bath or shower once during the month preceding the inspection. We fed back to the manager that regarding bathing and showering the service was not providing person centred care. The day after the inspection the service sent us information to show they had asked every person in the service how often they would like to bathe or shower and their preferences relating to this.
- Not all care plans were complete. There was a plan to update the electronic care planning system with full care plans by the end of April. Completed care plans were detailed and contained preferences regarding food, how some aspects of personal care should be delivered and detail about life histories.
- One positive behavioural support plan was highly detailed and gave specific instruction on what to say to a person when they became confused to minimise their distress.
- The service organised activities for people during the day including quizzes, bingo, arts and crafts and external entertainment such as singers came into the service. People told us they would like to get out more and were looking forward to day trips when the weather was warmer. The manager told us the service was in the process of agreeing with a local community centre the use of their adapted minibus so they could support people on day trips.
- The service used technology to keep people connected to families and outside communities. Each room had access to Wi-Fi if people wanted to use the internet, and the service had purchased tablet devices for people to use. People were offered support to Skype relatives and this offer was on display in the home.
- Accessible information in large print format was available.

Improving care quality in response to complaints or concerns:

- People and relatives told us they would feel comfortable raising concerns.
- The service had a complaints policy and this was on display in communal areas.
- The service had received one recent complaint; the complaint had not been responded to in line with the service policy. We discussed this with the manager who was aware of this and planned on responding to complaints personally in future to prevent reoccurrence.

End of life care and support:

- Where discussions had taken place with people regarding their end of life wishes, these were recorded.
- Staff told us they would benefit from further end of life training. The training matrix showed staff had not attended end of life training. The manager told us this was being booked.

# 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives told us they were contacted if their family member became unwell or were involved in an incident.
- There was an open attitude from the management team, they explained the shortfalls of the service and their plans for improvement.
- The manager had a vision for the service but emphasised the importance of "getting the basics right." This showed an understanding of what needed to be done to promote a service that had high quality care at its centre.
- Staff told us the recent changes in management were positive and staff morale was looking up as there was clear accountability now.

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

- There had been a management restructure in the month before the inspection. Staff were now clear on their roles and who had overall responsibility of the service. There was a clear structure in place.
- Not all care planning information was on the electronic system used to record people's needs; people had a basic needs assessment and most risk assessments were in place. The service had a timeframe for completing these. However, we would expect all records relating to people's needs and risk assessments to be up to date and complete.
- There was a quality assurance process in place to review key aspects of the service, such as medicines, care plans, training and health and safety. The manager had insight into what the service did well and its areas for development. They could identify where we might find issues and during the inspection were open about the areas for development in the service.
- The manager was clear about when a notification needed to be made to the CQC.

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

- People were asked for feedback at meetings and on a day to day basis.
- Relatives said they were listened to and their feedback welcomed and taken on board.
- People were treated with respect and the service was working towards an equality agenda. Staff attitudes towards dementia and physical disabilities meant people were given opportunities to navigate their environment in a supportive way so they did not feel restricted or lost.

- Staff told us they were listened to and if they needed anything it was provided. A staff member gave us an example where they requested new flooring a person's bedroom. This had been quickly actioned and improved the atmosphere of the room and enable personal care to be given more safely.

Continuous learning and improving care:

- The management team were in contact with other local care providers to share best practise and explore ideas for improvements.
- The provider was working with local authority quality services who were supporting them to make changes to improve the quality of care across their group of homes.