

The Croft (RCH) Limited

The Croft (RCH) Limited

Inspection report

Hooke Hill
Freshwater
Isle of Wight
PO40 9BG

Tel: 01983752422

Date of inspection visit:
17 July 2019
22 July 2019

Date of publication:
23 August 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Croft (RCH) Limited is a residential care home that provides accommodation and older people and adults living with a mental health condition. The service is registered to accommodate up to 21 people. At the time of our inspection, there were 16 people living at the service.

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

Medicines were not always managed safely. Poorly completed records of when 'as required' medicines had been administered placed people at risk of not receiving medicine when required or receiving doses too close together. Medication stock records did not reflect the amount of medication in stock. Therefore, we could not be assured that medicines administration records (MAR) were completed correctly or that people received their medicines as prescribed.

Recruitment practices were not safe as some recruitment checks for new staff had not been completed. Therefore, the service could not be assured that staff recruited were of good character or suitable to work at the service. There were sufficient numbers of staff available to people. Staff had the time they required to provide people with responsive and effective care in a relaxed and unhurried way.

Some people's care records did not contain detailed risk assessments and risk management plans. However, when discussing people's specific risks with staff they were aware of risks and able to describe action they would take to mitigate and manage risks.

There were quality assurance procedures in place, however, these were not always robust in certain areas of the service. They had not clearly identified where improvements were required to address the concerns we found.

People were happy living at The Croft and told us they felt safe. All people said they were well supported by staff who understood their needs. Appropriate safeguarding procedures were in place to protect people from the risk of abuse. Staff knew how to report concerns and were confident that anything they raised would be taken seriously by management. Infection control risks were managed appropriately.

The management team were open and transparent. They understood their regulatory responsibilities. People and staff felt the management team were open, approachable and supportive. Everyone was confident the manager would take the necessary action to address any concerns promptly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated as Good at the last full comprehensive inspection, the report was published in July 2019.

Why we inspected

The inspection was prompted in part due to concerns received about management of medicines, staffing levels and skills and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

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

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this report.

Enforcement

We have identified breaches in relation to Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Croft (RCH) Limited

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

The inspection was completed by three inspectors and an inspection manager.

Service and service type

The Croft (RCH) Limited 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.

At the time of the inspection the service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, this manager had stepped down from their position and was currently in the process of deregistering with the Care Quality Commission. Therefore, the services nominated individual had taken over the role of manager. A nominated individual is responsible for supervising the management of the service on behalf of the provider. Throughout this report the nominated individual is described as 'The manager'.

Notice of inspection

We did not give notice of our inspection.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also reviewed information we had received from the local authority, safeguarding team and healthcare professionals.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, a provider's representative, the manager, the deputy manager and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Good. At this inspection this key question has now deteriorated to Requires improvement.

This meant 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.

Staffing levels and recruitment; staff training

- Since the last inspection, completed in May 2019, seven staff members had left the service including one of the registered managers. This resulted in 10 new staff members being employed in very quick succession. We viewed recruitment records for four of the new staff employed and found that some recruitment checks had not been completed. All four files viewed showed that disclosure and barring service (DBS) checks had been completed, before staff members commenced working at The Croft, however, references and full employment histories had not been obtained. Therefore, the service could not be assured that staff recruited were of good character or suitable to work at the service.
- The recruitment issues found were discussed with the manager who acknowledged these areas were lacking but felt that it was vital that staff were in place to help ensure people's needs could be met. The manager also told us that they had considered using 'agency care staff' but when these were used previously it had a negative impact on the people living at the home and resulted in some people having increased anxiety. Following the issues raised at the inspection the deputy manager reviewed the recruitment files and discussed with new staff their past employment history. The deputy manager also agreed to follow up on the missing references.

The failure to ensure the safe and appropriate recruitment practices were followed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient numbers of staff available to support people. Staff were observed to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way. All staff spoken to agreed they had sufficient time to spend with people.
- People confirmed there was enough staff available to them to provide the support they required. People's comments included, "Staff have a lot of patience. They give you a lot of time, as much as you need", "[Staff] help you when you need it", "Always there for me day and night. If I wake up in the night, they are there to help me get a drink, listen to me if I have concerns" and "Staff provide emotional and practical support for me when I feel anxious."
- Staffing levels were determined by the number of people using the service and the level of care they required. The manager told us, they observed care and spoke with staff and people to ensure that staffing levels remained appropriate.
- Staff told us they received an induction when they started working in the home, which included a period shadowing more experienced members of staff. A staff member said, "During my interview, I did an

observation of the shift so that I could get to know people and how things worked. When I started, they didn't push me to do anything until I was confident and ready."

- New staff had commenced the care certificate which is a formal introductory qualification to care which new staff are expected to complete within the first 12 week of employment. A staff member said, "When I started, we discussed what training I needed to complete, and they set me up on the e-learning site straight away. They are going to arrange for me to do my level 3 as well." Although formal training had not been fully completed for the provider's mandatory training, required staff had been given adequate information to safely perform their role during the induction period.
- Staff told us they felt supported in their roles by the manager.

Using medicines safely

- Medicines were not always managed safely.
- Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. However, on reviewing records of when PRN medicines had been signed as given on medicines administration records (MAR), the reasons these were given, including time of administration was not always recorded. This placed people at risk of not receiving medicine when required or receiving doses too close together. This was discussed with the senior carer and manager who agreed to discuss this with staff and implement a daily auditing system to help ensure that these were recorded appropriately.
- On completion of medicine stock checks during day one of the inspection it was found that some medication stock records did not reflect the amount of medication in stock. This meant that we could not be assured that medicines administration records (MAR) were completed correctly or that people received their medicines as prescribed.
- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance.
- A medicine audit was completed weekly, which was followed up by a more detailed medicine audit being completed monthly. These were completed to help identify any concerns in relation to the management of medicines. These audits had failed to identify the concerns found at the inspection.
- Clear information was available to staff about how people preferred to receive their medicines. For example, one person's medicines record stated, 'I am happy to take my medicines one at a time from a spoon. I don't mind if I take it with juice or water.'
- Safe systems were in place for people who had been prescribed topical creams.
- People were supported to manage their medicines independently, where appropriate. Risk assessments were in place to ensure that where this was done, it was done so safely and with the appropriate level of support.
- The concerns noted by the inspectors in relation to the management of medicines were discussed with the manager and senior carer who agreed to discuss these concerns with staff and review the daily auditing system in place to help ensure that people received their medicines safely and as prescribed.

Assessing risk, safety monitoring and management

- At the time of this inspection we found that some people's care records did not contain detailed risk assessments and risk management plans. This meant that risk assessments did not always provide staff with clear information about what the risk was and actions they should take to mitigate the risk. This was discussed with the manager who provided us with evidence that they were working on improving risk assessment and management plan records. Additionally, risk assessment and care planning training had been arranged for staff to complete on 7 August 2019. When discussing people's specific risks with staff they were aware of risks and able to describe action they would take to mitigate and manage risks.
- The manager had plans in place to complete a 'mini WRAP' (Wellness, recovery, action plan) and crisis

plan for all people living at the home. WRAP is a tool that can aid a person's recovery using the recovery approach and is a way of monitoring wellness, times of being less well and times when experiences are uncomfortable and distressing. It also includes details of how a person would like others to support them at these different times.

- Staff at the home completed hourly observations for all people. These were completed to check people's wellbeing and safety. If a person showed signs of relapse or increased risk, the level of observation was increased. We found that hourly observations were referenced in people's care notes. Where increased observations were required staff recorded these using a monitoring chart or the 'antecedent, behaviour, consequence (ABC) monitoring tool' to help develop a better understanding of people's behaviours.
- Equipment such as, hoists, were serviced and checked regularly. Environmental risk assessments, general audit checks and health and safety audits were completed. However, these did not cover all potential risks associated with the client group. For example, risk assessments were not in place when people chose to smoke in their rooms and ligature risks within the environment had not been considered. This was discussed with the manager who agreed that action would be taken to address these issues.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency. These were updated in a timely way.
- Contingency plans were in place, which helped to ensure that people were provided with consistent care and support in the event of an emergency or disruptive condition.

The failure to ensure the safe and proper management of medicines and to ensure that risks to people were managed and mitigated was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- New staff recently employed by the service had not received safeguarding training at the time of the inspection. However, this training had been arranged. Although this training had not yet been received, staff members spoken to were aware of action to take in the event of suspecting abuse and knew how to contact CQC or the local authority safeguarding team.
- People told us they felt safe and secure living at The Croft. One person reported, they always felt safe, even when others had not been as mentally well. Another person told us they "feel safe and find the environment containing and comforting."
- There continued to be robust processes in place for investigating any safeguarding incidents. We saw records which confirmed that where abuse was suspected, action had been taken immediately and thoroughly investigated. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.

Preventing and controlling infection

- The home was clean, tidy and odour free. Domestic staff were employed within the service and staff completed regular cleaning tasks in line with set schedules.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as disposable gloves and aprons were available throughout all areas of the home. Staff were seen using these when appropriate.
- Attempts had been made to help ensure that there was a dirty to clean flow for laundry to prevent cross contamination. For example, following the laundering of people's clothes these were stored outside the laundry room away from dirty washing. At the last inspection we found that clean bedding was stored in an open shelving area near the washing machine, which was an infection control risk. This continued to be the case, however, the manager told us that they were currently sourcing appropriate professionals to complete the work required.

Learning lessons when things go wrong

- Where incidents occurred, these were documented within people's care records, including any follow up action taken to prevent a reoccurrence. However, the provider did not have a robust system in place to monitor accidents and incidents, or to identify any patterns or trends. The impact of this was minimised due to the small number of people being supported, which meant that staff were in regular contact with people and were aware of their welfare. We discussed this with the manager, who reassured us they would implement a process to identify any themes and trends.
- Staff were given information about any incidents that had occurred during the handover between shifts. This meant that staff could provide support to people that recognised any impact on their wellbeing.

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 remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Since the previous inspection, there had been a number of changes to the management team within the service. The nominated individual had taken over the role of manager and a new deputy manager had been appointed. A nominated individual is responsible for supervising the management of the service on behalf of the provider.
- The manager and staff all demonstrated an in-depth understanding of each person's needs and the level of support they required.
- There were quality assurance procedures, which included audits of care plans, cleaning records, medicine administration and stock, environmental audits and training. However, these were not always robust in certain areas of the service. For example, the completed medicines audit had not identified all the issues found at the inspection and environmental risk assessments had not covered all potential risks associated with the client group. When these issues were discussed with the manager it was clear that they were aware of areas that required improvement in relation to the overall running of the service and were working to address these.
- During the inspection, we received a detailed action plan which outlined where improvements were required across the service and what action the provider planned to take.
- Policies and procedures were in place to aid the smooth running of the service. Policies in place included, safeguarding, whistleblowing, complaints and recruitment. However, these policies were not always followed. For example, in relation to recent recruitment practices. The manager assured us that this would be addressed.
- Management and staff were clear about their roles and requirements and communicated effectively to ensure people's needs were met and changes or concerns were shared.
- The manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- People told us they enjoyed living at The Croft and felt it was well run. People's comments included, "Everything is brilliant", "I Feel comfortable here" and "I have what I need."
- There was an open and transparent culture within the home. People and staff were confident about

raising any issues or concerns with the management team. The previous performance rating was displayed in the reception area of the service. The manager was open, transparent and honest with us about the recent concerns raised and acknowledged that work needed to be done.

- The manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.
- Staff felt well supported by the management team, which enabled them to deliver effective care and support. Staff comments included, "I always get the help I need [from the management team]", "I am confident to talk to [the manager] about any issues", "I always see [the management team]. It's a lovely atmosphere here. It's about being there for the people who live here and being helpful for them" and "I raised something with [the manager] in the past and they sorted it straight out."
- The manager had a clear vision for the service and was aiming to move towards providing care and support to 'adults of working age' and provide a rehabilitation, recovery and wellbeing focused service. The manager said, they aimed "to make care plans more personalised, which recognise individual residents' strengths and rehabilitation needs." They added they, "want to ensure residents use their time meaningfully and get out into the community and would like to get to the point where people who are well enough are out often, link with skills groups." One person living at the home had recently started to attend community groups and was being encouraged by staff to link in with a community-based rehabilitation group for people wanting to get into work.
- Many people living at The Croft had a complex history. Throughout the inspection, it was clear that management and all staff were understanding and committed to providing care for each person in a person-centred manner, which took into account their health conditions and history.

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

- The manager sought feedback from people about the service in a range of ways, which included annual quality assurance surveys and one-to-one discussions.
- Residents' meetings and staff meetings were held regularly. Meetings were used to provide information, such as planned improvements to the environment, activity ideas and changes to the menu. Minutes were kept and showed that where issues or suggestions were raised, action was taken. For example, the service had implemented a 'You said, we did' board following residents' meetings. This displayed where people had raised suggestions and what action had been taken.
- Staff demonstrated a genuine passion for their roles and worked well as a team. They told us they enjoyed working at The Croft and felt valued.

Continuous learning and improving care; working in partnership with others

- The manager expressed a commitment to improving the service for the benefit of those using it.
- Incidents that occurred were well recorded within people's care plan which evidenced that action had been taken. However, this current process was not robust in identifying themes and trends to allow timely investigations, potential learning and continual improvements in safety. The manager agreed that action would be taken to address this.
- The manager and staff worked with social care professionals, health care professionals and the local authority to develop the service and improve the quality of care provided. Staff followed guidance provided by external healthcare professionals to ensure people received good overall care.
- Staff had developed links to other resources in the community to support people's needs and preferences. Staff encouraged people to become active members of the community and supported them to attend community groups. A person said, "The Croft staff and my social worker have been great. They have helped me to get out, use a bus, and attend community support groups." They added, "The Croft have chased mental health service for me and helped me to try and access a service."

- The manager attended regular meetings and forums with the local authority and health and social care professionals. They also used training opportunities to enhance their understanding and implement best practice in the care sector. For example, they described their plans to implement new tools and documentation systems.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the safe and proper management of medicines and to ensure that risks to people were managed and mitigated.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that safe and appropriate recruitment practices were followed.</p>