Brancaster Care Homes Limited

East Croft Grange

Inspection report

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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

This unannounced inspection took place on 21 March 2017. The last comprehensive inspection for this service was in March 2015. At that inspection, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating was Requires Improvement. We found that staff supervision and development was not being done in enough depth to allow for individual and team development and that assessment and care planning lacked sufficient depth to give staff effective guidance on care delivery. There was also no planned dementia care strategy in place, audits, records, and quality monitoring were not up to date and the service culture was not person centred.

A focused inspection in November 2016 found that improvements had been made to staff training and development and staff were being supervised, trained and developed appropriately.

At this inspection, we reviewed actions the provider told us they had taken to gain compliance against the breaches in regulations identified at the previous inspections. During this inspection, we saw that significant work had taken place to improve and evaluate the assessment and care planning systems in the home and to develop a person centred approach to care and support. The service had developed its dementia strategy and we could see evidence of where this had been applied with the home. Records and documentation in the home was well organised and up to date and records of quality monitoring checks and consultation with people who lived in the home was evident.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The registered manager had notified the CQC of any incidents and events as required by regulation.

East Croft Grange is a period property that has been extended and adapted to provide accommodation for up to 31 older people. There is a self-contained unit called the Garden Unit that accommodates people who are living with dementia. This part of the home has its own secure garden area for people to use. The home is located in a residential area of Harrington and is near to the town's amenities. Accommodation is in single rooms and all rooms, with the exception of two, had ensuite facilities. The home has well kept grounds for people to use and there is parking areas for visitors and staff.

People living in the home told us that they felt safe living there and one told us, "They [staff] look after me fine, it's a grand place". No one we spoke with made any negative comments about living there. Relatives we spoke with told us they were "very pleased" and "more than satisfied" with the care being provided. People living and visiting the home spoke highly of the registered manager and the deputy manager told us they were happy with the care and treatment given to them.

People had a choice of meals and drinks and they told us the food was "very good" and that they enjoyed

their meals. People were asked for their feedback about the food and menus .The environment of the home was welcoming and the communal areas had been arranged to make them homely and relaxing and to support the needs of people living with dementia. We found that all areas of the home used by the people living there were clean and tidy.

People who lived at the home told us about the range of organised activities that went on in the home for them to attend if they wished and that they were supported their own interests. There was a broad programme of organised activities for people to take part in if they wanted to and this promoted good community access.

The staff we spoke with were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home. Staff working in the home had received training and supervision relevant to their roles and this helped to make sure they had the knowledge and skills to provide the care and support people needed. Training included supporting people at the end of their lives and staff had done the 'The Six Steps' palliative care programme.

There was a system for logging comments made about the service and the care received. We looked at the most recent and how they had been managed. We could see that enquiries were thoroughly carried out so the matter could be resolved to the complainant's satisfaction.

Quality assurance and audit systems were being used to monitor and assess the service's performance. People who lived in the home were asked for their views of the service and their comments had been acted on.

The service followed the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

The service worked with local GPs, district nurses and health care professionals and external agencies to provide appropriate care to meet people's different physical, psychological and emotional needs. Feedback from health and social care professionals visiting the home was wholly positive.

Medicines were being correctly administered and stored and we saw that accurate records were kept of medicines received and disposed of so they could be accounted for. There were systems in place to assess people's individual personal care needs and any risks that needed to be addressed. We saw evidence that people's needs were regularly assessed so they continued to receive appropriate care and treatment.

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.

There were sufficient staff on duty to support people and staffing was kept under review.

Staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Risks to people had been identified and risk assessments were centred on the needs of the individuals.

Records were kept of medicines received and disposed of so all could be accounted for.

Is the service effective?

Good

The service was effective.

Staff working in the home had received training and supervision relevant to their roles and to make sure they were competent to provide the care and support people needed.

Staff knew the people who lived there well and worked with other agencies and services to help make sure people got the support they needed to maintain their health and care needs.

There were systems in place to assess people's individual personal care needs and we saw evidence that people's needs were regularly assessed so they continued to receive appropriate care.

People were having their individual needs and preferences assessed to promote their best interests in line with legislation.

People had a choice of nutritious meals, drinks and snacks.

Is the service caring?

Good

The service was caring.

People told us they were happy living at the home and felt that they were well cared for. We saw that the staff treated people in a kind and respectful way and engaged positively with people. This supported people's wellbeing.

We saw that staff in the home attended to care needs promptly and people's privacy was being promoted. People were able to follow their own faiths and see personal and professional visitors in private to maintain relationships with friends and relatives.

Staff demonstrated good knowledge about the people they were supporting, for example detailed information on their backgrounds, their likes, dislikes and preferred activities.

Is the service responsive?

Good

The service was responsive.

Assessments of need and individual preference had been undertaken and care plans developed to identify people's health and support needs.

Care plans and records showed that people had their personal care needs assessed and the management of their care planned with them.

The care plans had been reviewed and updated to respond to any changes in need

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good

The home was being well led.

The registered manager communicated a clear vision and purpose about the development of the service.

Staff told us the management was approachable and they felt supported, valued and listened to by the registered manager and provider.

People who lived in the home were asked for their views of the service and their comments had been acted on.

Quality assurance and audit systems were being used to monitor and critically assess the service's performance and to help drive a culture of improvement.

East Croft Grange

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 checked 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.

We inspected the home on 21 March 2017. The inspection was carried out by an adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we went around the home and looked at all areas used by the people living there and spent time speaking with and observing people. We were able to see some people's bedrooms, bathrooms, and the communal bathrooms. We spoke with nine people who lived there, observed the care and support staff provided to people in the communal areas of the home and at meal times. We looked in detail at the care plans and records for seven people and tracked their care. We spoke with seven relatives who were visiting during the inspection.

We spoke with seven members of care staff, including laundry and maintenance staff, the registered manager and the deputy manager for the home. We were able to speak with two health and social care professionals as they visited the home.

We looked at records, medicines and care plans relating to the use of medicines in detail for people living in the home. We observed medicines being handled and discussed medicines handling with the staff involved. We looked at medication and records for nine people living in the home at the time of the inspection.

We looked at records that related to the maintenance of the premises, the management of the service and quality monitoring documents and records. We looked at the staff rotas for the previous month and at the recruitment records for seven staff working in the home. This included new staff. We looked at records of staff training and supervision.

Before our inspection, we reviewed the information we held about the service. We looked at the information

we held about notifications sent to us about incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the registered manager had made under Deprivation of Liberty Safeguards (DoLS).

The registered manager of the home had completed and submitted a Provider Information Return (PIR). This asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR provides an opportunity for providers to share information and evidence about their service. This is used by inspectors to help plan inspections. The information providers give is considered alongside all other sources of evidence, including inspection visits.

Good

Is the service safe?

Our findings

The people we spoke with who were living at the home spoke positively about their home and how they felt living there. One person told us, "It's really good here, they [staff] look after me and I can see my family lots".

We saw the environment was homely and comfortable for the people who lived there. The moving and handling equipment we saw in use, such as hoists, were clean and being maintained. Records indicated that the equipment in use in the home had been serviced and maintained under contract agreements and that people had been assessed for its safe use.

We looked around the home and saw that all areas used by the people who lived there were clean and fresh. Relatives and visitors we spoke with commented on the cleanliness of the home. We were told by one relative, "It's always clean, very clean and you can always find a member of staff". Another relative told us, "It's very welcoming, very clean- no smells and well looked after". The home had four domestic staff, one of whom was the domestic supervisor who monitored and checked that the cleaning schedules had been completed properly.

We spoke with visiting health and social care professional during the inspection. We were told that "There is always enough staff around, in the day rooms and available to come with me".

We saw that staff had easy access to protective equipment. We saw staff using this equipment appropriately when delivering care and at meals. The service had procedures and guidelines for staff to work to about managing infection control.

Maintenance records showed safety checks and servicing in the home including the emergency equipment, water temperatures, fire alarm, call bells and electrical systems testing. Maintenance checks were being done regularly and records had been kept. We could see that any repairs or faults had been highlighted and addressed. These measures helped to make sure people were cared for in a safe and well maintained environment.

Relatives told us that staff were available when they were needed. We were told, "There's always plenty of staff when I have been in" and "I see the carers spending time with people". Another visitor told us, "There always seems to be enough staff around and we know [relative] is safe with them".

Staff told us about the training they had received on safeguarding adults and the training records confirmed this. All the staff we spoke with knew the appropriate action to take if they believed someone was at risk of abuse. The staff we spoke with were confident that the management team would follow up any concerns they might raise and that take action to make sure people were kept safe. All staff received this training, including kitchen, domestic, laundry and maintenance staff.

We saw there were sufficient staff on duty during the inspection. We also looked at the rotas to see how staff were being deployed within the home. We requested a month's staffing rotas and for the week of the

inspection. We could see there were sufficient care and ancillary staff during the day and night to provide care and support to people and keep the environment safe for people. Staff were being supported by two domestic staff, laundry staff, kitchen and maintenance staff and a full time activities coordinator. The registered manager and/or the deputy manager were also on duty across the week. Staff we spoke with confirmed that they passed on information about any changes and additional needs at staff handovers at each shift.

There were six care staff on duty on the day of the inspection, one of whom was a senior carer, four on the residential wing and two on the Garden wing. On night duty, there were three staff, one of whom remained on the Garden wing. There was an on call system to access management support during the night and outside normal working hours.

We saw that rotas were planned to allow staff to attend training and to complete care planning and administrative tasks without compromising staff levels on duty. There were sufficient staff to support people to go out of the home for walks, attend appointments and to join in with local community events. Although we did not see a formal dependency tool in use we saw in care plans that people's levels of need and risk were kept under constant review and the staff levels were put in place to meet the level of need or risk. There was a stable staff team in the home who were able to tell us about the needs and personal preferences of the people they were supporting.

Risks to people's individual safety and well-being were assessed and managed by means of individual risk assessments and risk management strategies. This helped to make sure guidance was in place for staff on how to minimise risks to people's wellbeing and safety. Everyone living in the home had individualised risk assessments in their care files covering areas such as, mobility, personal care, mental health, risks of choking, nutrition, falls, the use of bed rails and moving and handling. Each risk assessment offered an overview of the person's risk, triggers and the assistance required

We looked at the risk assessments in place concerning fire safety and how people would be moved in the event of a fire. There was an overall fire risk assessment for the service in place and that fire drills were done regularly. We saw there were clear notices for fire procedures and fire exits were kept clear. Accidents and incidents were being recorded and where possible action taken to prevent reoccurrences. We saw the service had contingency plans in place and personal emergency plans for people living there should people ever need to be moved to a safer area in the event of an emergency.

We checked the recruitment records for five new staff members. We saw that safe recruitment procedures were in place to help ensure staff who were employed were suitable for their roles. This included making sure that new staff had all the required employment background checks and references taken up.

We looked at the way medicines were being managed and handled in the home. We found that medicines were being safely administered and records were kept of the quantity of medicines kept in the home. Medicines storage was well organised and regular stock checks were done. This helped to prevent any accumulation of medication and reduced the risk of errors occurring. Clinical room and refrigerator temperatures were monitored and the records showed that medicines were stored within the recommended temperature ranges. This helped to make sure that the medicines were in good condition for use.

We counted a sample of six medicines, compared them against the records and found the medicines tallied. Training records indicated that staff who carried out medicines administration had received training in line with the registered provider's medication policy. Charts were used for the recording of the application of

creams. We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored, administered and recorded correctly.

Good

Is the service effective?

Our findings

The staff we spoke with were able to tell us about the needs, interests and personal preferences of the people they were supporting. People told us the staff who supported them knew how they liked to be supported and always checked with them how they wanted to be helped. People who lived at East Croft Grange told us, "The food is nice", and "The food is really good". Another person said, "The food is good, almost too good, I've put weight on".

A relative said, "[relative] likes their cup of tea and biscuits, she won't eat much now but they [staff] do try". There was a dish beside them with a variety of biscuits broken into smaller pieces to make it easier for the person to eat them. Another relative said "They [staff] are very good with [relative], we can go and make her a drink or get her a snack whenever we want"

We saw that the lunch time meal was a relaxed occasion and staff spoke with and encouraged people as they served or helped them with their meals. We saw that care staff assisted people in an unhurried way and also prompted and encouraged people, where appropriate, with their meals and drinks. A staff member on the garden wing told us "At lunch time everyone who wants to comes to the dining room, some might want to stay in their rooms, there are only two people who need to have assistance. One of our gentlemen is poorly….if more people needed some help then someone would come from the main unit to help them".

We saw there was a choice of food at all mealtimes in the home and people were asked what they wanted. In the residential part of the home, the day's lunch choices were up on a large blackboard. Meals were plated individually for people and were served by kitchen staff from the kitchen servery.

We looked at a sample of people's care plans and saw people living in the home had nutritional assessments in place and specific dietary needs were stated and catered for. We saw that people had their weight monitored for changes so action could be taken if needed. We saw that advice had been sought from the dietician or the speech and language therapist (SALT) if a person needed additional support and the information received was included their care plans.

We looked at staff training records and the training programmes in place for all staff. There was an ongoing programme of staff training in place that was being kept under review. We spoke with staff members who confirmed they underwent a formal and structured period of induction and orientation when they began work. Training records indicated that all staff were being given the opportunity to do a range of training in addition to that required by legislation. Staff confirmed they were having regular supervision and appraisal and that they could speak with senior staff "About anything, at any time" if they needed to.

We spoke with visiting health professional during the inspection. They told us that the home had been able to come and take part in training the service had provided. This had been training on dementia awareness by an external agency using a 'dementia bus. Those attending went through exercises to show them the world from the perspective of people living with dementia. We were told it "Really did make you so much more aware and was a very high standard". Staff also told us about having this training and how "It really

made me think" and "Everyone looking after people with dementia should do this, it was eye opening and sad at the same time".

We saw that people could move freely around the home and there was signage in place to support people living with dementia. This provided visual information and prompts to help people to know where facilities like toilets were and to orientate themselves within the home. We could see that a good standard of dementia awareness training had been provided for staff to help with understanding the condition and how they could support people in the home who were living with dementia.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).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 when this is in their best interests and legally authorised under the MCA. The application 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Information around who held Power of Attorney for a person was being recorded so staff knew who had this in place. Powers of Attorney show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and may be for financial and/or care and welfare needs.

We saw in care records that people who had capacity to make decisions about their care and treatment had been supported to do so. Some people were not able to make some important decisions about their care or lives due to living with dementia. We looked at care plans to see how decisions had been made around their treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a particular decision. Staff had received training on the MCA and DoLs and those we spoke with understood the principles of the act and guidance.

Good

Is the service caring?

Our findings

We spoke with people living in the home about how they were cared for and how staff supported them to live as they wanted. People who lived in the home commented positively about how staff cared for them. We were told, "It's nice here" and "I am happy and settled here".

Relative's also commented positively about the care and support provided, one said to us, "They let us know if anything is wrong and we can come and visit come when we like". Another told us," We are very happy with [relatives] care, you couldn't do anything more than keep [relative] comfortable and they do, we are very satisfied with that". Other relatives told us. "People are always well turned out here, hair done, nicely dressed and attention to the things we all do, like putting your watch and jewellery on and wearing your make up" and "The staff are wonderful, I have no worries".

We looked at letters and survey responses sent to the service by people's relatives, giving their view of the service received. The views expressed were wholly positive. These included people sending "heartfelt thanks" and "sincere gratitude". Other comments included, "Management and staff are dedicated to the residents care" and " A wonderful place, the staff are enthusiastic and caring.

During lunch we found there was good interaction between staff and people living there and a lot of good humour and laughter. We saw that the staff took the time to chat with people and took up opportunities to interact and include everyone in general chatter and discussion. We saw that people who could not easily speak with us were comfortable and relaxed with the staff that were helping them. A staff member said "I always think you have to look to look after people like they were your own".

People confirmed to us that their privacy and dignity were respected and said they were always asked how they wanted to be looked after. People told us that they could have visitors when it suited them. We saw that staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. Some people needed pieces of equipment to help them maintain their independence. We saw that the staff knew which people needed pieces of equipment to support their independence and provided these when they were required. We noted that staff gave clear explanations to people when they were using equipment or being assisted with mobility and in such a way that protected their dignity.

Bedrooms we saw had been made more personal with people's own belongings, such as photographs and ornaments to help people to feel more at home and this was encouraged so that people had familiar things around them. All bedrooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to and see their relatives in private. One person told us, "My sister comes in regular".

We found that a range of information was available for people in the home to inform and support their choices. This included information about the providers, the activities and outings offered, and information about support agencies such as advocacy services that people could use. People living there told us they

were able to follow their own faiths and beliefs. They told us that they could attend religious services inside and outside the home if they wanted to and that they could see their own priests and ministers as often as they wanted to.

Staff we spoke showed they cared about people and strived to provide the care that people wanted at the end of life. We found an example of how staff had worked with others to make sure one person's cultural and spiritual needs were respected in a caring and compassionate way. The registered manager and staff had worked with others to made sure that the support and facilities were quickly available when they passed away to make sure their religious needs were met.

We found that care staff had received training on supporting people at the end of their lives and had done the 'The Six Steps' palliative care programme. This was a programme aimed to enhance end of life care and support. The registered manager had plans to implement the Gold Standard Framework (GSF) in End of Life Care. The focus of this framework is to promote high quality end of life care, proactive planning, more advanced care planning and reduced hospital deaths where people wanted to stay in their home at the end of their life. This was to help staff to continue to improve the quality of care at the end of life for people living in the home.

The district nursing service and the person's GP also worked with the home to provide the right care and treatments at the end of a person's life. We saw that people had plans in place stating their preferences should their health deteriorate or at the end of life. This included where they wanted to be cared for.

Good

Is the service responsive?

Our findings

People that we spoke with who lived at the home told us that their daily routines in the home were flexible depending on what they wanted to do. Information on people's preferred social, recreational and religious preferences were recorded in their individual care plans along with life stories and background information. Staff we spoke with had a good understanding of people's backgrounds and lives and this helped them to give support and be more aware of things that might cause people to worry or upset them. One person living in the home told us, "The staff are wonderful, I have no worries". Other people living in the home told us, "I please myself what I do, that's grand" and "I choose what I do, I can please myself".

Relatives made positive comments about how care was planned and provided and that they felt involved in their loved ones care. A relative said to us "Oh it's grand, I came in tears when [relative] was in hospital, I didn't know what to do but they [home] went up to the hospital and sorted it, they discussed everything with us both" and also "I get a cup of tea and a cake when I come in". Another relative said, "[Relative]has only been in since February and they [care staff] have been marvellous with [relative] ,I am going to take [relative] out for the first time today, so I am just checking if it's okay,I don't want them to think [relative] has disappeared" and also "I have no worries at all about this place".

The service had a complaints procedure that was available in the 'service user's guide' for people living there and visitors to refer to. There was a copy of the guide in all the bedrooms. We looked at the home's complaints log and could see that enquiries had been carried out thoroughly so the matter could be resolved. We noted that complaints were also used positively for learning to see what the service could do better next time. A relative told us "I have only ever had one thing wrong and I took that up with the manager and it was sorted immediately, I have no worries at all".

Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. This helped to give staff a more complete picture of the individuals they were supporting. We saw that staff responded appropriately when people became distressed. We observed this in one of the sitting rooms when two people became upset with each other. A staff member was very quick to move between them with cheerful comments and distraction asking "Do you want to go for a walk, let's go for a walk" and moved one service user away without further incident.

We spent time in the communal areas of the home. We observed the activities organiser playing 'name that tune' bingo with a group of people during the inspection and also a group of people taking part in an armchair exercise class. In the main building after lunch service users were having an afternoon sherry with their activities. In the residential part of the home, some people went out with staff out to attend the local community 'Tuesday Club' a short distance away. We spoke with people as they returned and they told us how much they enjoyed this. People also told us that they were planning to invite the other club members into the home for some of their in house entertainments.

People who lived at East Croft Grange told us about the organised activities that went on in the home and that they were asked what they wanted on the programme. The programme was clearly displayed for

people to refer to. This included manicures, ball games, board games, dominoes, skittles, baking, jigsaws, musical entertainers, trips to the Royal British Legion, trips to the theatre and reminiscence sessions and memory boxes. We were shown photographs taken during events and parties in the home and people said they was plenty for them to do if they wanted to, although they said they did not feel they had to join in if they did not want to. One person told us, "We have 'One Fine Day' tomorrow" [singing group]; we are looking forward to it".

On the Garden Wing where people were living with dementia we saw the corridor was decorated as a coastal scene with tactile materials to provide interesting items for people to look at, touch and to take away and use. There was a padded lighthouse, beach huts with touchable handles, buckets and spades, anchors, padded 'waves' and an illuminated sun. . There was also gentle background noises of the waves and seabirds. The hand rails were covered with hats, 'fiddle' sleeves, bags, cuddle toys and other touchable objects. Another corridor had local photographs and false 'windows' out onto local scenes. Clear signage and visual prompts helped people find their way about the unit and to orientate themselves. Some bedroom doors were painted as front doors and had photographs and/or large names to help people locate their own bedrooms more easily. The atmosphere on the Garden Wing was calm and relaxed.

Assessments of individual needs and risks had been undertaken on both units to identify people's care and support needs. Where they were able, people had signed and agreed their plans and had been involved in reviews with their social workers. Care plans had been developed that detailed how people's needs and preferences should be met and what action to take to reduce identified risks.

Care plans for people's needs were focused upon the needs of the individual. We saw that care plans were being reviewed and updated to show where people's needs had changed so that staff knew what kind of support people required. For example, changes in a person's weight that needed to be followed up with other agencies. A staff member said, "Sometimes people can't tell us if they are poorly so we have to be watchful".

Records indicated that people had access to health care professionals to meet their individual health care needs. The care plans and records that we looked at showed that people were being seen by appropriate professionals to help meet their particular needs. We saw records in the care plans of the involvement of the district nursing team and mental health team, the GP, optician, chiropodist and social services. We spoke with visiting health and social care professional during the inspection. Their feedback was positive about how the service worked with other services and agencies to make sure people received the care and treatments they needed.
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Good

Is the service well-led?

Our findings

People who lived in East Croft Grange said they knew the registered manager of the service and saw them or the deputy manager every day to talk with. Everyone we spoke with told us that they felt that they were being involved how in how they wanted things done in their home. We saw during our inspection that the registered manager and deputy were accessible and spent time with the people who lived in the home and engaged in a positive and informal way with them.

Relatives we spoke with expressed great confidence and regard for the registered manager and the deputy. We were told, "They are always available for families, they are genuine people". We were also told by a visiting relative that their family member had used other homes for respite care but in comparison they "Rated this home very highly" and would recommend it to others.

We found that he management team promoted a culture of openness and transparency and staff confirmed this. We were told by staff, "This is a happy place to work, you can talk to [registered manager] any time, no problem" and also "It's a good place to work, the morale is good now and I enjoy coming to work". Staff told us they could discuss developments and put forward ideas at their staff meetings and at supervision.

We spoke with visiting health and social care professional during the inspection. We were told that the service was "open and transparent" in its dealings and that they had not received any negative feedback from families about the service. We were told that the service worked well with other agencies and that the care provided was of a high standard. We were told that the registered manager "led by example".

Records we reviewed showed the service used a range of quality assurance and monitoring systems to monitor and also update practices. Care plans and medication audits were done regularly and a drugs check. The registered manager also carried out spot checks such as, checking that call bells were accessible, charts up to date and also to see and check on the night staff. We saw that the registered manager had made checks on the premises and environment .There were also regular visits from the regional manager and the nominated individual to check on the quality and the monitoring was being done.

Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. Records showed that incidents were analysed and the results communicated to staff along with any required actions. Appropriate notifications required under legislation had been submitted to CQC.

The people who lived in the home had been asked to give individual feedback about the service and to make sure they knew who to talk to if they were unhappy about something. Satisfaction surveys were done at least annually and this included relatives, staff and health and social care professionals who came into contact with the home. The results were collated for sharing with everyone in the home and relatives. Where a matter had been raised by a person living there, for example, about ideas for the menu or activities, the suggestions had been had been followed up.

We looked at the most recent survey results and found they were very positive and indicated the service was highly regarded by those using it and their families. Feedback about the service was welcomed and suggestion boxes were placed in the home so people could give feedback anonymously if they wished to. One comment made was "With [registered manager] at the helm East Croft has improved in all aspects" and also "Management and staff are always helpful and dedicated to the resident's care".

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We found there was a clear management and organisational structure within the home. The staff we spoke with were aware of the roles of the management team and of their own responsibilities. They showed a commitment to providing a good quality service for the people they supported.