

Croft Care Trust

The Croft Nursing Home (Barrow)

Inspection report

The Croft
Hawcoat Lane
Barrow In Furness
Cumbria
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Tel: 01229820090

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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

We carried out this inspection at The Croft Nursing Home (The Croft) on 8 January 2019. The inspection was unannounced which meant the provider was not expecting us.

We last inspected The Croft in July 2016. At that inspection the service was rated good in all five domains. At this inspection we found the service remained good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The Croft provides accommodation and long-term nursing care for up to 46 people with a physical or learning disability. This is for 23 people with nursing needs and 23 people needing residential care and support. People living at The Croft had a range of complex care needs and some required a high level of support with daily living inside and outside of the home.

The service had not originally been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We saw that people at The Croft were given choices in their everyday lives and their independence and personal development was well supported and participation within the local community was very actively encouraged. The service had gone to great lengths to find out what people wanted out of life and to take steps to achieve that.

The home is in its own grounds with easily accessible outdoor patio and garden areas. Accommodation is provided on the ground and first floor of the main building and there is a passenger lift to assist people to access the accommodation on the first floor of the home.

Within the grounds of the home there are four bungalows in the area called 'The Village'. Each of the four separate bungalow can accommodate up to five people. The adults living in the bungalows can live more independently. They are supported by care staff to go out into the local community, to attend work or day services and to undertake their chosen interests and hobbies. The home has a range of specialist equipment and facilities in both the main nursing home and the separate bungalows to promote mobility and independence for all the people living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

At this inspection we found the service had continued to maintain its high standards and had also improved the services and support offered. There was no evidence or information from our inspection and ongoing monitoring that demonstrated any serious risks or concerns. We found that staff and management at The Croft were constantly working to improve and develop their service to meet the needs and aspirations of the people who used it and their families. For example, the service was particularly skilled at enabling people to carry out person centred activities focusing on people's choice, independence, community inclusion and on healthy nutrition.

People who lived at The Croft told us they were happy and felt safe and secure living at the home. People and their relatives expressed great confidence in the staff skills and knowledge and about the effectiveness of the management team. Records showed the staff team completed a wide range of mandatory training and this was confirmed by staff members we spoke with. Regular supervision sessions and annual appraisals allowed members of the staff to discuss their personal development and training needs with their line manager.

Staffing levels were regularly monitored and kept at a consistently good staff to person ratio. People's individual dependency was kept under review so the service could be flexible to meet a person's changing personal and social needs.

Risk assessments had been completed, they were detailed and outlined the best course of action, to reduce the level of potential risk. This helped to protect people from harm. Risks in relation to people's care were assessed, understood and managed well. Staff worked very hard to manage risks, whilst not restricting people's opportunities. People were encouraged to lead active lives and were supported to participate in the local community as much as possible.

Staff undertook regular safeguarding training and understood how and when to report any concerns about abusive or poor practice. People's dignity was promoted and their privacy was always respected and we saw that staff approached people in a kind and friendly manner.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service worked within the law to support people who might lack capacity to make some of their own decisions. Discussions had taken place to involve people, relevant others and medical professionals in decisions made in any someone's best interest.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Records showed that people were fully involved in making decisions about how they wished to live. We observed the daily routines and practices within the home and found people were treated equally and their human rights were being protected.

The nursing home and bungalows were well maintained and had been extended to meet people's needs. All the areas of the home we saw were clean, hygienic and homely places for people to live. We saw that equipment in use had been regularly cleaned, serviced and maintained. We observed staff used personal protective equipment correctly and assisted and moved people in a safe and dignified manner.

Medicines management systems were safe and being well monitored. Staff had undertaken appropriate training in medicines administration to use the electronic systems that had been introduced to continue to improve medication management.

The service had a well established and thorough quality assurance system to meet their registration and commissioning standards and to support continuous improvement to the service. We found that The Croft constantly looked to improve and be innovative in moving the service forward. The Croft had maintained a programme of continued improvement and sustainability over several years to make positive developments for all the people who used the service.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

The Croft Nursing Home (Barrow)

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 comprehensive inspection took place on 8 January 2019. This visit was carried out by two adult social care inspectors from the Care Quality commission (CQC) 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.

We spoke with people about the service. This included four people who lived at the nursing home, five who lived in the village and three visiting relatives. We spoke with the registered manager who was also the chief executive officer, the deputy chief executive officer, the general manager, the home's clinical lead, the catering manager, two unit managers, six members of the nursing and care staff, a student nurse on placement, a member of laundry staff and a member of the board of governors. We observed how staff supported people who used the service to help us understand the experience of people who could not easily talk with us.

We looked at a sample of care plans and in detail at the care records of four people who lived at the nursing home and four who lived in the bungalows. We looked at their risk assessments and daily notes relating to their care plans. We looked at records relating to the management of the service. These included audit records, training records, policies and procedures and accident and incident reports. We looked at the recruitment records of all new members of staff employed since the last inspection and the induction and training records of staff who worked in the service. We looked at the records of medicines and we checked on the quantity and storage of medicines in the nursing home and bungalows. We also checked the buildings to make sure this was a clean, hygienic and a safe place for people to live.

Some people who lived in the nursing home and in the village had communication difficulties due to their physical disabilities or learning disability. However, we spent a lot of time in communal areas with people who used the service observing their daily routines, talking with them and observing any support being provided. This helped us gain a better understanding of the people's interactions with staff and the kind of care they received. We did not use the Short Observational Framework for inspection (SOFI) in the nursing home as this was not appropriate in this setting.

Before the inspection we reviewed information available to us about this service. We looked at information we had from those who commissioned the services and from the local authority. We also reviewed safeguarding information and notifications that had been sent to us. A notification is information about important events that the provider is required to send us by law.

The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a planning tool to collate all the information we held about the service prior to visiting.

Is the service safe?

Our findings

The service continued to provide safe care to people. Some people found it difficult to talk with us but others could share with us some of their experiences of living at the service. We asked people if they felt safe and we were told, "Yes, I do, the place makes me feel safe and the staff do." Another person who lived in one of the bungalows told us, "I think my property is safe, I can lock my room when I am out of it." A relative told us, "It seems very safe here, the new reception area makes a heck of a difference, it offers a quiet area for visitors and more space for the wheelchairs to manoeuvre."

People were protected from abuse because staff understood their roles and responsibilities in keeping people safe and how to pass on concerns to the right agencies to protect people. The staff members we spoke with had all done adult safeguarding training and training records confirmed this. The service had appropriate policies and procedures in use on safeguarding vulnerable adults and on whistleblowing and these had been reviewed to make sure they reflected best practice. Staff said they were confident the registered manager would take prompt action to safeguard people who used the service.

People were kept as safe as possible because potential risks had been identified and assessed. Each person had risk assessments in place to help them maintain their independence and follow their chosen lifestyle. Risks were routinely assessed and the care plans were designed to manage the identified risks whilst promoting people's choices and independence. Risk assessments had been completed to help make sure people could travel safely, spend time enjoying their leisure interests, attending available day services and work and learning life skills like cooking.

We saw some people had risks associated with complex behaviours and health conditions such as diabetes and epilepsy. These assessments were very detailed and included information about potential risks, ways to reduce risks and information about other agencies involved in their care and support. We could see in the care plans that people's behaviours were understood and staff planned for these to try to manage situations safely and appropriately, to recognise the triggers and de-escalate situations wherever possible.

The management put great emphasis on making sure the environment and care systems in the home were safe and appropriate. The home had two NEBOSH [National Examination Board in Occupational Safety and Health] trained staff members. NEBOSH training includes the main legal requirements for health and safety in the UK and the identification and control of workplace hazards. This helped the staff involved manage environmental risks to people promptly and more effectively and keep them safe.

People received their medicines safely and improvements had been introduced since our last inspection to make medication management as safe and efficient as possible. The home used an electronic system for medication administration (e-mar system). This system highlighted any oversights in medication management in real time, which meant that staff were prompted to take follow up action quickly, where required, and reduced the risks of medication errors. Significant work to improve systems around covert medications had also been done since the last inspection. This had been done working collaboratively with the community pharmacist and people's own GP's.

The home had systems in place through an external company to help make sure new staff were recruited safely. We discussed with the registered and general manager how they were making sure they always obtained a full employment history. They could provide evidence of how their processes had been improved so that this was done to make sure the system was robust. People who lived at the Croft could be involved in the recruitment process for new staff if they wanted to be and their views were sought during the probationary period.

People were supported by appropriately assessed numbers of staff with the right skills and knowledge to meet people's individual needs and keep them safe. The service had four learning disability nurses working in the home and mental health nurses. The service recognised that people who lived there often needed a high level of expertise to support them with their mental health needs and learning disability. They worked within the nursing and care team developing care plans with people to help make sure they got the medical care and personal support they needed to be able to live as independently and well as they could.

People and their relatives told us that there always enough staff around. One person who lived there told us, "I think they have enough now. I have a buzzer by my bed if I need anyone, there is always plenty of staff up there if you need one." We found the numbers of staff were kept under constant review, that staffing needs were flexible to meet people's needs and planned in line with people's dependency. This helped to make sure there were enough staff available for people to go out into the community and for people to follow individual leisure activities.

Is the service effective?

Our findings

The service provided effective evidence based care and support to people. People who lived at The Croft told us they thought the staff who cared for them were well trained and knew how to help them. One person told us, "Yes, they know how to hoist me and how to help me have a shower. Another person commented, "They [staff] come and see me and see what I need. If I needed one, they would call the doctor. They take me to the dentist and the optician. They all know what I need doing." One person told us, "I decide what I do, I dress myself, I decide what I am going to wear, I decide what I like to eat. No one tells me what I have to do." Relatives also had confidence in the staff and their skills. One told us, "The fact is, we can sleep at night, we aren't worried, we know they look after [relative] properly and [relative] is close by so we can visit every day."

People made positive comments about the food they received and told us, "We get a menu and we can choose what we want. If I don't like what is on the menu, I can choose something else" and also "They [staff] get my favourite foods to try to get me to eat." Another person told us, "The food is good; my favourite food is fish and chips and stew. I eat healthy food but I am struggling at the moment." Everyone had an up to date and detailed nutrition and hydration risk assessment and plan that identified any risks associated with poor appetite, dehydration and any swallowing problems. One person who lived in the nursing part of the home told us, "We get a menu and we can choose what we want. If I don't like what is on the menu, I can choose something else." We saw that people were always given a choice at all their meals, vegetarian options were always available and pictorial formats were used to help people choose what they wanted. We saw staff spend a long time with people sitting with them, encouraging them and trying different foods to help them find something they really wanted to eat.

Since the last inspection the service had improved how it safely supported people using the service who were living with dysphagia [swallowing problems]. All the menus in the home and the food provided corresponded to the International Dysphagia Diet Standardisation Initiative (IDDSI). This evidence based framework helped to make sure that safe and effective care was given to people, some of whom had complex nutritional needs and swallowing problems. All staff had been fully prepared and trained to support IDDSI, the use of the new products and practice involved to ensure people received the most effective support.

Records showed the staff team had completed a wide range of mandatory and additional training and staff members we spoke with confirmed this. The epilepsy specialist nurse had visited the service to provide the staff with person specific epilepsy management. The diabetes specialist nurse and dietician had also given training to help staff increase their knowledge in the management of diabetes. It was recognised by the service that as people living there grew older staff would need greater a deeper understanding of the conditions associated with aging. Extra training had been introduced for staff on supporting people to live with their disabilities and with dementia to help make staff better able to recognise any changes in a person's mental health indicating the need for more support with cognition.

All new staff had a thorough induction programme, which included being taken through key policies and procedures. Staff who were new to care completed the Care Certificate. The Care Certificate is a nationally

recognised qualification for care workers new to the industry. Regular supervision sessions and annual appraisals also allowed members of the staff to discuss their personal development and training needs with their line manager. The service had developed a link nurse programme with staff who had a interest in a specific area of care and maintained their, such as infection control. These roles are central in bringing best practice into a home, sharing knowledge and supporting staff to provide people with good care and treatment.

The service took nursing students on training placements and had been audited as an effective learning environment for student nurses by the Faculty of Health and Science within the University of Cumbria. Nursing staff supporting students had received training to mentor and support students coming to the home. This was to make sure that student nurses were being well supported during their placement and achieving their learning goals.

People's health needs were being effectively met. Support plans included information about people's past and current health needs and staff were familiar with this information. We saw that the service worked collaboratively with other agencies and made referrals appropriately. Information about joint work with agencies such as dieticians, speech and language therapy team (SALT), the tissue viability nurse, occupational therapists, physiotherapists and district nurses was clearly documented in people's care plans. At the service's request the community mental health team, the Access and Liaison Integration Service (ALIS), and psychiatrists were supporting one person through a very difficult period and help improve their quality of life as well as providing additional guidance for the staff to meet the person's needs. We could see that the service had regular review meetings with social workers and the Continuing Health Care Team.

There had been environmental improvements since the last inspection to meet the changing needs of the people who lived at the home. There had been the addition of large modern kitchen areas to two bungalows where people could hold their cooking sessions. Three additional bathrooms had also been installed with assisted baths and hydraulic hoist so that no matter what a person's bathing and mobility needs and preferences they had the right facilities to meet their needs and choice.

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 saw appropriate applications had been made and authorisations were in place to protect people's rights. Information was written in 'easy read' and large print formats so that it was easier for people to understand about their rights and how to plan for their future. Where people had difficulties in participating in the process of making decisions on care the service had clear procedures for assessing their decision-making capacities. This was to make sure that any decision taken on their behalf because of these difficulties was done in their best interest.

Is the service caring?

Our findings

We observed that staff treated people with kindness and compassion in their day-to-day interactions and support. People and their relatives told us that all staff were "very caring" and they were "kind". People told us, "They really try to care for me" and "They do all sorts for you. One relative told us, "You can't fault them [staff] at all. There is not one you can say I am not keen on that one."

We saw many cards and letters from families of people who had lived in the home who clearly appreciated the care and kindness shown to their relatives. One had commented on how good it was to see their relative smile again, another thanked the home's staff for their unfailing kindness and good humour. The comments we saw made it clear they found this to be a very caring service that went out of its way to meet family's needs as well as the people who lived there.

People's privacy and dignity was respected by staff and their independence was promoted. We saw that doors to bedrooms and bathrooms were kept closed whilst support was given. People told us that staff encouraged them to do things for themselves. One person told us, "I do a lot of things myself, if they [staff] help me they ask first." We saw that people's records were kept in a secure manner, which maintained confidentiality in line with data protection guidelines.

During our visit we saw that there was a relaxed atmosphere within the home and we observed that staff were respectful and friendly always. There was lots of laughter and friendly chatter going on and we saw that people were assisted in a manner that promoted their dignity and we saw that nobody was rushed when being helped. Staff we spoke with were fully aware of the support people needed and wanted and they had a good understanding of their specific needs and conditions. We saw situations where people did become distressed and saw that staff intervened and used appropriate techniques, including listening and distraction skills to help people deal with this. It was evident that staff understood the people's behaviours and conditions and had the right skills to sensitively manage such situations when they arose.

We saw many positive interactions between staff and people throughout the inspection and staff took every opportunity to engage with people even if only in passing. Staff would make eye contact with people and ask them how they were, did they need help with anything and chat with them. We saw that people's care records were written in a very positive and individual way and people made their own choices such as going to day service and work, where and how to spend their time and what hobbies and interests to take part in the outside their home.

The staff told us that people's individual lifestyle choices were discussed during the pre-admission assessment process to make sure they could support individual preferences and lifestyles. Staff also told us that everyone worked together to try to make sure that all those who lived at the home achieved a fulfilling life. The village at the rear of the nursing home was set out like real village with the four bungalows and helped give a feeling of a community that allowed people living in the bungalows the feeling of being independent but be within a supported environment.

We saw support was provided for people in maintaining important relationships with family and friends and being involved in family life. We saw examples of when people had been supported to attend events in the local community and be involved in family events that meant a lot to take part in. This included being supported to attend family weddings, visits to family members in their own homes and family funerals. The service's open policy on visiting, meaning there were no set hours between which visitors were allowed. Visitors confirmed they were always made welcome in the home.

The registered manager provided details to people and their relatives related to advocacy services. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes. This meant people could access advocacy if they required support and to have an independent voice.

Is the service responsive?

Our findings

We saw that the people who lived at The Croft had been involved in the development of their care plans and that these were private and personal documents. We asked people if they felt involved in planning for their support and how they wanted to live. One person told us, "Yes, they [staff] talk to me and ask me questions to get to know me." Others told us, "I have file in my room and they [staff] write in it every day and "My dad helped to write my care plan with me when I came here." Relatives told us they had been involved in developing care plans and in reviews with social services to check their relative was still getting the right care.

The feedback the service had received from the most recent quality and satisfaction survey showed they were meeting people's expectations of a person-centred care service. The registered manager told us they achieved this through using detailed needs assessments and care planning and from reviewing support with input from other agencies and disciplines.

We looked at the support plans of someone who had recently come to live there and spoke with them. We saw that before they had moved in they had been invited for visits, for meals and coffee with other people living in their bungalow to get to know them and the staff who would support them and the new surroundings. They had been asked how they wanted their room to look so it could be ready for them. This gradual introduction to their new home helped staff find out their likes and dislikes and what they wanted to do. Staff we spoke with were aware that they may be shy and encouraged them to join in whilst also recognising when they needed time to themselves.

People were being encouraged to develop life skills, such as food shopping, meal preparation cooking but at the same time they had plenty of opportunity to follow their own personal and interests. The service supported people with healthy eating and with learning independent living skills, such as meal planning and preparation, food shopping and cooking. The service had cooking and baking courses, run by the kitchen staff, to help people develop their cooking skills and to plan and prepare a meal. This helped them be more independent with such tasks and to understand the importance of the correct diet. One person told us, "They [staff] are showing me how to cook, I wash up and clean the kitchen, I do the fridge, give it a good clean." This helped them to be more independent We spoke with the unit manager of the village who told us, "The important thing is they are doing this for themselves and getting to enjoy what they make."

The service had two activities co-ordinators who arranged, in consultation with the people who lived there, a wide range of in-house activities, outings, trips and performances from outside theatre groups. There were planned activities, such as crafts to enable people to create something for themselves, making cards for all occasions, painting pictures and murals to decorate their home. The service had its own mini bus and adapted car, which were used for trips out. One relative said, "They are never still, always out at some club or other "and another said, "[Relative] goes out often, just been to the pantomime, likes going to the wrestling, does baking and crafts and has exercises to get their hand going."

The registered manager and staff had a good understanding of protecting and respecting people's human

rights so they did not face discrimination or being disadvantaged. Staff received training on the subject and got to know people well to gain a better understanding of individual lifestyle choices and how they preferred to be cared for and supported.

The Croft supported people with life-limiting illnesses and staff were skilled at providing an empathic approach to caring for people at the end of life. The service had already adopted and integrated into practice the well-established 'The Six steps to Success' palliative care programme, through training at a local hospice. This was to enhance staff's palliative care skills. The service had an end of life 'champion' who have a specific interest and in this area. The role of champion is central in promoting best practice in a service, sharing knowledge and supporting staff to provide people with good care and treatment. We could see how the staff had worked with district nurses, the hospice at home and the MacMillan nurse to provide joined up care and support for one person recently at the end of their life.

The service had taken steps to promote and improve the accessible information standard in the home by making changes to documentation to reflect this. Everyone's communication needs had been assessed and identified before being recorded in their care plans. All information for people and about the service was available in alternative and easy read formats for people, also in Makaton. The service also used the 'possum system'. Possum equipment helps people with severe disabilities interact with their environment by performing activities such as switching appliances on and off and operating a computer. Possum technology helps empower people and give them more control over their environments, helping them to be more independent.

The complaints procedure was displayed in easy read and written formats around the home. Discussion with the manager and staff confirmed that any concerns or complaints were taken seriously and addressed. There had not been any recent complaints but the service had received numerous compliments, donations and thank you cards with very positive and deeply felt feedback. Everyone who spoke to us said they could tell the staff if they felt worried about something. Relatives told us they knew how to raise a complaint and told us, "It is on the wall and there are forms available."

Is the service well-led?

Our findings

The service has continued to be well-led and demonstrated a very positive and forward thinking culture. There was a very experienced registered manager in post who had the training and skills required to effectively manage the service. 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.

A relative told us, "It is all very well organised, they [managers] know the residents here and (registered manager) gets involved with everyone on a practical level." From what relatives and staff told us and from our observations it was clear that the management team believed strongly in being "hands on" and being involved with and visible to the people who lived and worked at the service. People who lived in the home who could give us their view confirmed that they saw the registered manager every day and felt they could talk to them and one said, "I can tell them anything." The registered manager was well supported by a deputy and a general manager and all worked regular hours in the home to provide an effective, structured and accessible leadership team to the whole staff team

The service had a plan for its business and service development and this ensured the financial resources were available. The service plans highlighted the focus of improvements and how the service planned to move forward and maintain the improvements it had made and continue work that was underway. We found that the management team had given great thought and consideration to the long-term goals and aspirations of people who lived at The Croft. The service has a strongly embedded culture of striving to continuously improve people's quality of life and place people's wishes at the centre of the service. Staff spoke about their work with enthusiasm and spoke of working as a team to support the individual and their aspirations and rights. The management team also had commitment and a willingness to plan and go that extra mile if it meant people would progress and achieve their goals.

We saw a high level of commitment to the aspirations of the people who lived at The Croft demonstrated in a new and innovative project being developed in the local community. A shop had been purchased to convert into a sandwich/coffee shop for the people who lived in the village to work in and have a stake in. It was an imaginative project designed to significantly increase people's opportunities to take part in meaningful work, gain life experience and have greater community inclusion. The management team considered that everyone had the right to have the opportunity to participate in work and be part of their local community. The project had grown from people who lived in the village asking about doing voluntary work and growing their own produce.

There was land with the premises that some people who lived at the home wanted to use as allotments to start growing their own produce. These were realistic goals and ideas raised by people who lived at the home who wanted to gain confidence from working and volunteering and for others to have their own place to grow things for themselves. There was also flat above the shop that could be used for people who were looking to make the big step forward into more independent living with support from the service and other

relevant agencies. People were being kept informed on progress through their regular meetings. When this initiative has been fully implemented it should have a very positive impact on the quality of people's lives.

The service had a well established and thorough quality assurance system to meet their registration and commissioning standards and to support continuous improvement to the service. Since the last inspection The Croft had become an ISO 9001 Certified company. ISO 9001 is recognised worldwide as the international benchmark for quality within an organisation. To gain the certification, The Croft had to demonstrate dedication and commitment to meeting people's needs, operating efficient management processes and delivering consistent, good quality services providing nursing and residential care.

Monthly audits were conducted by the managers in the service within their departments and covered topics. This included meeting with the people who lived there and getting their ideas and experiences. Records were audited to make sure reviews had been done and plans updated, capacity and consent was monitored and nutrition, health and safety, the environment, medication practices, training and complaints were all audited. We found that any areas found in need of improvement were quickly identified and appropriately addressed with the person's responsible.

Staff told us that all managers listened to what they and the people who lived there had to say. There were clear lines of accountability and staff we spoke with understood their responsibilities in the provision of a high standard of care. They told us the management team operated an open door policy and they felt comfortable approaching any of the management team with any problems, concerns or suggestions. Staff told us they were well supported and listened to and one said they felt "exceptionally well supported." We spoke with all the senior and unit managers within the home who provided the effective day to day management to make sure best practice was well coordinated and embedded. It was clear they understand the importance of providing a positive example to staff and to make sure they were available to staff for guidance and support. The senior managers held quarterly meetings with the board of governors and the chairperson of the board carried out a weekly site visit and a monthly site audit.

Satisfaction surveys, in formats that suited individuals went to people, their families and visiting professionals to ask for their views on the service. We saw that where people who lived there had suggested it was acted upon. For example, people had asked that staff did not wear uniforms in their home as they thought it institutional, like a hospital. Following consultation, it was agreed that staff wore casual 'scrubs' at work, that were comfortable for staff, suited to moving and handling activities and easily cleanable. This helped people feel their home was like anyone else's with no formal way of dressing needed.

The provider had notified the Care Quality Commission of all significant events and accidents that had occurred in line with their legal responsibilities. Where concerns had been raised with them they had taken advice and shared information with the CQC and the commissioners of the service.