

Croft Carehomes Limited

The Croft Care Home

Inspection report

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Date of inspection visit:
26 September 2022

Date of publication:
19 October 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Croft Care Home is a residential care home providing personal care to people aged 65 years and over. The home can accommodate up to 29 people. At the time of our inspection there were 18 people using the service. Some people were living with dementia.

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

Systems in place to monitor the service were not always effective. Some audits had identified areas to improve and appropriate actions were taken. However, some issues identified during our inspection, had not previously been highlighted. For example, issues regarding infection control and monitoring of accidents and incidents. We have recommended that that provider reviews the accident and incident monitoring process.

People felt safe living at the home and told us staff cared for them well. Staff were knowledgeable about safeguarding people from the risk of abuse and knew what actions to take if required. People received their medicines as prescribed, by staff who were trained to administer medicines. Risks associated with people's care were managed safely. Maintenance and servicing of the building and equipment was done in a timely way.

People were supported by staff who knew them well and understood their needs. Staff were kind and considerate in their interactions with people. During our inspection we saw people were engaged in social stimulation. However, people told us there were times when there were limited activities. The registered manager had taken actions to address this prior to our inspection.

Staff felt supported by the management team and received appropriate training to carry out their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 June 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This was a focused inspection looking at the key questions of safe, effective, responsive and well led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Croft Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

The Croft Care Home is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Croft is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We inspected the home on 26 September 2022. We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers. We reviewed a range of records including three people's care records including multiple medication records. We reviewed a variety of records relating to the management of the service. We looked at two staff files in relation to recruitment and staff supervision and observed staff interacting with people.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure the safety and cleanliness of premises and equipment. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was still no longer in breach of Regulation 15.

Assessing risk, safety monitoring and management

- Statutory checks on equipment, such as Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 inspections, were carried out every six months and fire extinguishers were serviced and checked annually.
- The registered manager carried out water temperature checks in people's rooms, bathrooms, shower rooms, toilets, cleaning stores and the kitchen every month. A monthly record of the water temperatures was completed and up to date.
- Risks associated with people's care were identified and managed safely. People had risk assessments which highlighted ways to reduce risks.
- Risk assessments for the home were completed and up to date. They covered all aspects of the care home and they were reviewed every two years.

Preventing and controlling infection

- We were somewhat assured that infection control was managed throughout the building. Some cushion and chairs in the lounge areas needed to be cleaned more effectively.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visiting for people living in the care home.

Learning lessons when things go wrong

- We saw evidence that incidents and accidents were recorded and reviewed.
- Accidents and incidents were not always analysed to ensure trends and patterns were identified.

We recommend the provider reviews the accident and incident monitoring systems to show trends and patterns are identified and action taken to mitigate reoccurring incidents.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse.
- Staff received training in safeguarding and took action to protect people when required.

Staffing and recruitment

- The provider had an effective recruitment process in place to ensure that appropriate staff were employed to work in the home.
- Staff files were well organised with evidence of Disclosure and Barring Service (DBS) certificate numbers at the front of each file. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Through our observations and speaking with staff, we found there were enough staff available to meet people's needs in a timely way. One person said, "I haven't been here very long but there are always plenty of staff on. I have an emergency button for the night-time, but I haven't needed it."

Using medicines safely

- The provider had systems in place to ensure medicines were managed safely.
- The provider used an electronic system to manage the administration of medicines. Staff who were trained to administer medicines, demonstrated their knowledge of the system and process.
 - Some people were prescribed medicines on an 'as required,' required basis, often referred to as PRN. PRN medication records had clear guidance in place to ensure staff administered them safely.
- Medicines were stored safely and securely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care was planned and delivered in line with people's current needs.
- Prior to people using the service, a pre-assessment was completed which included aspects of personal care and specific needs the person had. This information was used to form the care planning documents.

Staff support: induction, training, skills and experience

- The provider ensured staff received training appropriate to their job roles.
- Staff told us they felt supported by the management team.
- Staff new to the home were supported through an induction programme and carried out shadow shifts alongside experienced care workers.

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

- People were supported to eat and drink and had plenty of options to choose from.
- We observed lunch being served and found staff were assisting people to eat, chatting and engaging with people throughout the meal.
- People told us the meals were good. One person said, "The food is great. We usually get two choices. Same applies to teatime. We have snacks and they [staff] are pretty regular at offering us drinks." Another person said, "The food is lovely. If you don't like what's on the menu, you can request something you want, and they accommodate you."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider took appropriate actions to ensure people received timely and appropriate care.
- We found people had been referred to appropriate professionals when required.
- People felt staff would take action if they needed a healthcare professional. One person said, "I am well looked after. They [staff] get the doctor if I need one."

Adapting service, design, decoration to meet people's needs

- The provider ensured signage was available to support people to navigate their way around the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff team were knowledgeable about the MCA and DoLS and had taken appropriate steps to ensure they were working within the principles of the MCA.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which met their individual needs and considered their preferences.
- People were supported by staff who knew them well. We observed staff interacting with people and found they were kind and considerate.
- People were complimentary about the support they received. One person said, "The staff care for us well." A relative said, "None of the staff give me the feeling that they don't want to be there. They work so hard for everyone and make it feel like a real home for people."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plan documentation included information about communicating effectively with people.
- During our inspection we saw staff responded to people's body language and recognised when people required support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- All staff were involved in ensuring social activities were provided for people.
- We saw people were involved in choosing how they would like to spend their day. Some people were engaging in watching a musical video, whilst others were happy participating in their own pastimes such as reading.
- Some people told us activities were limited. One person said, "There aren't any activities for me." Another person said, "There's not a lot to do, we just sit and watch telly." The registered manager told us they were in the process of recruiting an activity co-ordinator and was looking forward to being able to provide more social stimulation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and used this to develop the service.
- People and their relatives were generally happy with the home and felt able to speak with staff if they had any concerns. One relative said, "I can't say anything negative about the home. [relative] had her nails

painted for the first time in 85 years the other day and she was so pleased with them. She told me she is really happy here which makes me more at peace because she is happy, and I was so worried about her going in a home."

End of life care and support

- The management team and staff were knowledgeable about how to support people who were in receipt of end of life care.
- Staff told us they obtain information about people's wishes and how they want to be supported. Family members were also involved in planning this stage of their relative's care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained require improvement. 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.

Continuous learning and improving care

- The registered manager had a system in place to monitor the quality of the service. However, this was not always effective.
- During our inspection we conducted a tour of the home and found some areas needed a deep clean and some equipment had not been cleaned effectively.
- We saw people had access to outside space, but areas outside needed improvement.
- The process for monitoring and analysing accidents and incidents was not always effective.
- Following our inspection, the registered manager told us they had taken action to address these issues. However, these issues had not been identified as part of the auditing process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed staff interacting with people and found they were kind and caring and offered people choices.
- During the tour of the home we noted personal items such as hairbrushes and toiletries were stored in communal areas. The registered manager addressed this at the time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a team of senior care workers. The management team understood their duty of candour and legal responsibilities.

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

- The provider had systems in place to gain people's views and opinions.
- A recent survey had been completed and people had been complimentary about the service. Comments included. "Everyone is always happy and kind," "Never had a problem," "Excellent food." One relative commented, "We really appreciate everything you do for [relative]."

Working in partnership with others

- The management team could demonstrate they were working in partnership with others to meet people's

needs.