

Farrington Care Homes Limited

The Croft Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection was carried out on 29 and 30 September 2015. The first day of the inspection was unannounced.

The Croft Care Home is a two storey detached property, close to the centre of Whalley. There are 26 single bedrooms, some with en-suite facilities. There are two lounges, the main lounge is on the ground floor and has an adjacent quiet area. The second lounge is smaller and is located on the first floor. There is also a separate dining room. A small passenger lift provides access to the first floor and a stair lift is available. There are garden areas and lawns, garden furniture is provided. A small number

of car parking spaces are available in the grounds. The service provides accommodation and personal care for up to 26 older people and older people living with dementia. At the time of the inspection there were 25 people accommodated at the service.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At a previous inspection on 22 January 2014, we asked the provider to make improvements in relation to the safety and suitability of the premises. We received an action plan from the provider indicating they would meet the relevant legal requirements by July 2015 and this action has been sufficiently completed.

At the last inspection on 24 July 2014, we asked the provider to take action to make improvements in relation to care and welfare of people and assessing and monitoring the quality of the service. We received an action plan from the provider indicating they would meet the relevant legal requirements by 30 November 2014. We found sufficient action had been completed.

During this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the provider not having proper oversight of the service and showing that they had reviewed the quality monitoring processes.

You can see what action we told the provider to take at the back of the full version of this report.

The people we spoke with indicated satisfaction with the care and support they experienced at the service. Their comments included: "I like it here and I'm happy" and "I think this place is as near to home from home as you can make it."

Relatives told us of their satisfaction with the improvements at The Croft, their comments included, "I think they have turned a corner" and "Things have improved, It's much better."

We asked relatives for their views on the delivery of care, their comments included: "They are looking after (my relative) properly," "I have no concerns about the care" and "As far as (my relative) is concerned I have no issues at all."

People had mixed views on the availability and numbers of staff on duty; following the inspection the registered manager told us action had been taken to increase

staffing levels. However, we have made a recommendation on ensuring there were sufficient staff, including the processes for monitoring and adjusting the staffing arrangements.

There were some good processes in place to manage and store people's medicines safely. We found some improvements were needed; therefore we have made a recommendation about the management of medicines.

People made positive comments about the quality, and variety of meals provided at the service. We found various choices were on offer. Drinks were readily accessible and regularly offered. We therefore made a recommendation about supporting people at mealtimes.

People said they liked the accommodation at The Croft and they had been supported to personalise their bedrooms. We found progress was ongoing to refurbish and up-grade the bathing facilities and other areas of the service. However we made a recommendation on making sure the refurbishment continues and meets the appropriate standards.

People spoken with had an awareness of the service's complaints procedure and processes. They said they would be confident in raising concerns. We found records were kept of the complaints and the action taken. However we noted the services own processes were not always followed. We therefore made a recommendation on the management of complaints.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff confirmed they had received training on safeguarding and protection.

We observed people being supported and cared for by staff with kindness and compassion. People told us the staff were kind and caring.

We saw people were treated with dignity and respect and people told us consideration was given to their privacy. Healthcare needs were monitored and responded to. People had individual care plans, however some were lacking in information. We therefore made a recommendation on the care planning process.

We observed examples where staff involved people in routine decisions and consulted with them on their individual needs and preferences. Staff spoken with

Summary of findings

described how they involved people with making decisions and choices. Discussion meetings were held and people had opportunity to complete satisfaction surveys.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found appropriate action had been taken to apply for DoLS and authorisation by local authorities, in accordance with the MCA code of practice and people's best interests.

People were keeping in contact with families and friends. Visiting arrangements were flexible. Arrangements were in place to provide suitable activities and entertainment.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service. Systems were in place to ensure staff received regular training, supervision and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found there were sufficient staff available. Staffing arrangements needed ongoing review, to ensure there were always sufficient on staff duty to respond to people's needs.

We found there were some safe processes in place to support people with their medicines. However, some medicine management practices could be improved.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Processes were in place to maintain a safe environment for people who used the service.

Requires improvement



Is the service effective?

The service was not always effective.

People were provided with a choice of nutritious food. However, we found people were not always given appropriate support to eat their meals.

Processes were in place to train, support and supervise staff in carrying out their roles and responsibilities.

We found the bathing facilities were in the process of being up-graded. This needed to continue to provide more suitable facilities for people.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Requires improvement



Is the service caring?

The service was caring.

People made positive comments about the caring attitude and kindness of staff. During our visit we observed some respectful and considerate interactions.

People said their dignity and privacy was respected. People were supported to be as independent as possible.

Staff expressed an awareness of people's individual needs, backgrounds and personalities.

Good



Summary of findings

Is the service responsive?

The service was not always responsive.

People were satisfied with the personal care and attention provided at The Croft.

Arrangements were in place to find out about people's individual needs, abilities and preferences. Action was being taken to promote a more personalised and responsive approach to care planning and care delivery.

People had opportunities to take part in social activities. People were supported to keep in contact with families and friends. Visiting arrangements were flexible.

Systems were in place so that people could raise concerns or issues about the service. However some progress was needed to make sure complaints were properly managed.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. However, we found there was a lack of oversight and review of the service from the owners.

We found there was an open and friendly atmosphere at The Croft.

People made some positive comments about the management and leadership arrangements at the service.

There was a registered manager in post who expressed a commitment to develop the service and described the action taken to make improvements.

Requires improvement



The Croft Care Home

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.

The inspection was carried out on 29 and 30 September 2015. The first day of the inspection was unannounced. The inspection was carried out by two adult social care inspectors. There was also an expert-by-experience who took part in the inspection. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

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

We also reviewed the information we held about The Croft, including statutory notifications received from the service, complaints, safeguarding information and previous inspection reports. We contacted community professionals including: local authority contract monitoring teams and a GP practice.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spent time in the company of the people who used the service. We observed how people were cared for and supported. We spoke with five people who used the service and six relatives/friends. We talked with three care assistants, the cook, laundry assistant, the handy person, gardener and the registered manager. We also spoke with a visiting health care professional.

We looked round the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service.

Is the service safe?

Our findings

The people we spoke with indicated they felt safe at the service. Their comments included, “I feel safe here because there are people to look after me,” “It’s a safe home and staff look after you. If I was worried about anything I’d speak to the manager. I think she would try and put things right.” One visitor told us, “My relative is safe in here; I’ve no qualms about anything. She is handled safely and it is always with two carers.” A visiting health care professional told us, “I have never seen anything of concern.”

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. At our last inspection we found there were several areas in need of attention. We looked around the service and found action had been taken to make improvements. A new hand rail and access ramp had been fitted to the front entrance and more secure garden fencing provided. We found one garden bench was very unstable; however the registered manager took immediate action for this to be removed from the grounds. A new kitchen had been fitted and action had been taken to make safe the areas we had identified as in need of attention.

We spoke with the maintenance team who explained the process in place to identify and attend to matters requiring attention. We found health and safety checks were carried out on a regular basis. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, fire extinguishers and call points. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out.

There were accident and fire safety procedures available. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

We found the service to be clean and free from unpleasant odours. One person using the service told us, “The home is very clean, there’s not a spot of dirt anywhere. It’s kept very clean.” A relative said, “I think it’s very clean in here, cleaners are around and staff also clean up areas such as the lounge and dining room, (my relatives) room is always kept clean and the bedding is regularly changed.”

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding

procedures with staff and the registered manager. Staff spoken with expressed an understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protecting adults. Staff had also had training on positively responding to behaviours. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There were safeguarding information leaflets produced by the local authority on ‘keeping people safe.’ We discussed some of the previous safeguarding concerns with the registered manager. We were told of the action taken to ensure safeguarding and protection matters were appropriately managed and alerted to the local authority.

We looked at how the service managed staffing levels and the deployment of staff. During the inspection we found there were sufficient staff on duty. However we did receive comments from some people using the service that staff were often busy. They told us, “Sometimes I think the staff are a bit short handed and I’ve had to wait for attention once or twice” and “Sometimes they are busy but they will always come back to me.” One relative said, “Sometimes some residents have to wait for help because staff are busy.” However, another relative who visited regularly told us they had no concerns about staffing levels and that things had improved. Care workers spoken with considered there were mostly sufficient staff on duty at the service. A visiting healthcare professional explained that they called in at various times and said, “There are always enough staff around.” Information within the Provider Information Return (PIR) showed an increase in staffing levels as matter for improvement at the service.

We looked at the staff rotas, which indicated processes were in place which aimed to maintain consistent staffing arrangements. One care worker commented, “They always try to get cover when staff ring in sick and the manager will help out.” The registered manager explained the course of action for arranging staff cover. However there were no defined procedures to direct this response, which meant there was a lack of clarity from the providers on maintaining safe staffing arrangements. We found processes were in place to monitor and review staffing levels at the service; however we noted this did not take into consideration the layout of the building and health and general safety matters. We noted that after eight

Is the service safe?

o'clock in the evening there were only two staff on duty, which meant people may not be safely supported with their night time needs, however following the inspection the registered manager told us arrangements had been made for an additional care worker to be on duty until nine pm.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. However we found no records had been kept of the applicant's response to interview questions, which meant information was lacking to verify this part of the assessment. The registered manager agreed to ensure such records were kept. The required character checks had been completed before staff worked at the services and these were recorded. The checks included an identification check, a physical and mental health review, clarification about any gaps in employment and obtaining written references from previous employers. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the way the service supported people with their medicines. People spoken with said, "I'm on medicines, staff give them to me regularly," "Staff give me my medicines regularly and on time, they are always given to me by a senior carer" and "I get my medicines at the right times, staff give me a drink to help me to take them."

We were told no one was self-administering their medicines. Although the service had a process in place to assess, record and plan for people choosing to self-administer their own medicines, each person's preference and ability to manage or be involved with their medicines was not routinely risk assessed. This implied there was an assumption people could not manage or be involved with their own medicines.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. There was a MDS (monitored dosage system) for medicines. This is a storage device designed to simplify the administration of medicines by placing them in separate compartments according to the time of day. All the records seen of

medicines administered were complete and up to date. The MAR (medicine administration records) provided clear and detailed information on the prescribed items, including a description of the medicines, dosage instructions, a photograph of the person and a body map diagram for use with any topical creams.

We found it was the provider's policy not to stock 'over-the-counter-remedies,' with all medicines being prescribed by the person's GP. This meant people could experience some discomfort, by not having timely access to items for treating minor ailments.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These are important to ensure staff were aware of the individual circumstances this type of medicine needed to be administered or offered. We did note one prescribed item was without a specific protocol; however the registered manager took action in respect of this matter during the inspection.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There were systems in place to check aspects of medicine management practices on an ongoing basis.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available for prescribed items. Staff responsible for administering medicines had completed medicine management training and further training was being arranged, this had included a practical assessment of their skills and competence. However, the registered manager said her own competence had not been assessed for some time and therefore agreed to take action in response to this matter.

We looked at how risks to people's individual safety and well-being were assessed and managed.

Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations. We found individual risks had been assessed and recorded in people's care records. The assessments included, moving and handling, behaviours and the use of bed rails. One relative told us, "They know what they are doing and

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handle (my relative) carefully.” The assessments we looked at reflected risks associated with the person’s specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. However, we found some of the risk assessments had not been signed and dated and one person’s risk assessment had not been reviewed and updated in response to their current behaviours. The registered manager agreed to action in respect of this matter.

We recommend the service update their processes and procedures for monitoring, reviewing and maintaining sufficient staff levels.

We recommend that the service consider current The National Institute for Health and Care Excellence (NICE) guidance on medicines management and take action to review and update their practice accordingly.

Is the service effective?

Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at the service. Their comments included: “I like it here and I’m happy” and “I think this place is as near to home from home as you can make it.”

We looked at how people were supported with their healthcare needs. One person told us they had regular attention from the district nurses and another explained they had recently seen their GP. One relative told us, “Staff can call on a special triage type nurse who can prescribe or they can call on a doctor, my relative has had attention from both these professionals.” Another relative said, “They are very good about getting the GP and nurses.” Arrangements were in place for people’s healthcare needs and general well-being to be monitored. Records were kept of people’s general condition, daily living circumstances and the care provided. Records had been made of healthcare visits, including GPs, the chiropodist and district nurses. We spoke with a visiting health care professional who made positive comments about the service and told us, “They are very good, they seek our advice and work with us.”

During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. One person told us, “The girls ask me what I want to wear.” People indicated they could get up and go to bed when they chose and could also spend time in their rooms. One comment was, “I’m happy with the times staff get me up and when I go to bed, staff ask me if I’m ready to get up or go to bed.” A relative said, “I think my relative does have choices in her day to day living.” Staff spoken with expressed an awareness of people’s ability to make decisions and choices. People’s capacity to make their own decisions and choices was considered within the care planning process. However we found there was a lack of information in some care records to show how people and their relatives had been consulted and involved with decisions. We also noted some people had not signed in agreement with their care plans.

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 the 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 or authorisations to deprive a person of their liberty were being met. There was information to demonstrate action had been taken, to apply for DoLS and authorisation by local authorities in accordance with the MCA code of practice. We noted there copies of completed applications in people’s care records. The service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS.

We looked at how the service supported people with their nutritional needs. People made positive comments about the meals provided at the service. They told us, “The food is not bad at all,” “The food is very good,” “The food is lovely” and “The food here suits me.” People said they were offered choices, they said, “I have a choice of hot or cold meals at lunchtime” and “Staff give us a choice.” We observed people being made aware of the menu options and their choices provided. At the time of the inspection new menus had been devised and were due to be introduced. The registered manager said menus incorporated people’s known preferences and further options. Consideration had been given to offering nutritional balanced meals. We noted fresh fruit was available for people in the lounge.

Processes were in place to assess and monitor people’s nutritional and hydration needs. Nutritional screening assessments had been carried out. People’s weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP’s and dieticians were liaised with as necessary.

People were offered various drinks throughout the day and we saw there were jugs of cold drinks available in the

Is the service effective?

lounge. One person told us, “Staff will give me a drink whenever I ask for one” another commented, “You get plenty to drink.” A relative said, “Drinks are always given, juices and cups of tea are on offer.”

We observed the meals service at lunch time. We noted the dining tables were set with table cloths, drinks, paper napkins and condiments. The meals looked plentiful and appetising. We noted people enjoying the mealtime as a social occasion. We observed several examples of people being sensitively supported and encouraged by staff with their meals. However, we noted some instances where people were not always effectively supported. This included a situation where staff left a person requiring assistance with their meal, without support for almost 10 minutes.

We noted one person was provided with adapted cutlery to enable them to eat their food independently. However we saw two examples where ‘plate guards’ could offer people more effective support with their meals.

Due to space restrictions, we observed that a person had to stop eating their meal to enable another person to leave the dining room. Also, one person who had finished their meal and wanted to leave the dining room, could not move away from the table until another person had left. We discussed our observations fully with the registered manager who acknowledged our concerns and agreed to review and amend the meal time service.

We looked at how the service trained and supported their staff. One visitor told us, “I do think staff have the skills and understanding to support my relative,” another said, “I think there is a good skill mix amongst the staff.” Arrangements were in place for new staff to complete an initial ‘in-house’ induction. This included an introduction to the service’s policies and practice. The registered manager confirmed processes were in place for new carers to complete an introductory training in care to a nationally recognised standard (The Care Certificate). We noted Care Certificate training packs were available at the service and the registered manager said consideration was being given to enabling existing staff to complete this induction programme as ‘refresher training.’

Staff spoken with told us about the training they had received and confirmed that training and development was ongoing at the service. The registered manager explained the arrangements in place to deliver the ongoing training

programme, in consultation with an appointed training provider. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. The training programme included, dementia awareness, challenging behaviour, dignity and respect, first aid and moving and handling. The service supported staff as appropriate, to attain recognised qualifications in health and social care. Carers had a Level 2 or above NVQ (National Vocational Qualification) or were working towards a Diploma in Health and Social Care.

Staff spoken with said they had received one to one supervision and ongoing support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. The registered manager told us staff appraisals were due to be carried out within the next six weeks. This should help identify any shortfalls in staff practice and identify the need for any additional training and support.

We looked around the premises and found improvements had been made and were ongoing to improve the accommodation. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of ‘home’ and ownership. There were bathrooms which were in need of upgrading to provide more accessible and suitable facilities. However, the registered manager showed us a report following a visit from the providers in August 2015, which indicated the bathrooms and toilets were to be improved. Although there was decorating programme at the service, we did note some bedrooms were in need of re-decoration, to provide more comfortable and pleasant environment. The registered manager indicated this matter was in hand. We also noted that whilst efforts had been made to provide a ‘homely’ environment, there was a lack of adaptations and signage to support people living with dementia.

We recommend that the providers continue to upgrade and adapt the facilities at the service, seeking advice from appropriate sources, in accordance with current legislation and guidance.

We recommend that the providers seek advice and guidance from reputable sources, about effectively supporting people during mealtimes.

Is the service caring?

Our findings

At our last inspection we found the manner, attitude and response from staff had not always been helpful and considerate. At this inspection, the people we spoke with made positive comments about the staff team and the care and support they received. They told us, “The staff are very generous, they are kind and I have a laugh with them,” “Staff are very kind. I've never come across unkind staff” and “The staff are very friendly and I can talk to the manager and she will listen.” Relative’s comments included, “The staff are kind and caring. They seem fond of my relative and always have a smile or kind word for her” and “Staff are kind to (my relative) and they make me welcome.”

People indicated their dignity was respected. One person told us, “Staff do treat me with respect. They ask me nicely when they are helping and need to do something.” A visitor said, “Staff are kind and speak respectfully to my relative.” We observed some positive and respectful interactions between people using the service and staff. People were spoken to in a respectful and friendly manner; we saw examples of people being cared for considerately by staff.

There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with gave examples of how they delivered care and how they treated people with dignity and as individuals. One carer told us, “We treat people sensitively and respectfully, we always explain things and involve them.”

We observed people spending time in the privacy of their own rooms. One person told us, “They do knock before they come into my bedroom.” People’s bedroom doors were fitted with suitable locks. Staff described how they promoted privacy within their work, by making sure doors were closed and enabling people to receive telephone calls in private. They also explained how they promoted independence, by encouraging people to do things for themselves. The service had policies and procedures to underpin a caring ethos, including on the promotion of dignity, privacy, confidentiality and equality and diversity.

People were encouraged to express their views and opinions during daily conversations. One person told us, “I do think staff listen and do things how I like them to be done.” Although some people we spoke with didn’t recall attending any meetings, we found residents/relatives meetings had been held and the manager indicated further meetings were being planned. Discussion meetings were useful for helping to keep people informed of proposed events, offering people the opportunity to be consulted and make shared decisions.

There was a notice board in the hallway, which was used for sharing information such as details of forthcoming events and activities. However, we noted there were no details of local advocacy services, which meant people may not be aware of their rights to this. There was a brochure/guide to the service which provided an overview of the services and facilities available at The Croft.

Is the service responsive?

Our findings

At our last inspection we found people had not always had their personal care needs effectively responded to. At this inspection we found improvements had been made with care delivery. People told us, “Staff maintain my personal cleanliness to a good standard” and “The staff look after you.”

We asked relatives for their views on the delivery of care, their comments included: “They are looking after (my relative) properly,” “I have no concerns about the care” and “As far as (my relative) is concerned I have no issues at all. Personal care is all okay at present.”

We found arrangements had been made for staff to be assigned designated responsibilities for care delivery on each shift. This meant the supervision and delivery of care could be more effectively managed and monitored. We found processes including ‘handovers’, staff meetings and one to one supervisions had been used to make improvements in the delivery of care. We received information from a local GP practice, indicating that the doctors and district nurses had no areas of concern at The Croft.

We looked at the way the service assessed and planned for people’s needs, choices and abilities.

The manager described the processes in place to assess people’s needs and abilities before they used the service. The assessment involved gathering information from the person and other sources, such as families, social workers and relevant others. One visitor commented, “When my relative first came here staff did ask me about her likes and dislikes.” We looked at the care files of three people and found they included records of their initial assessments.

We found each person had an individual care plan. We looked at three care plans and found adequate progress had been made in developing the care planning process to support the delivery of care. Care plans included risk assessments and care plans on the specific areas of need often associated with older people. They included scope for information to be sought and recorded on people’s background histories, preferred routines, likes and dislikes. There were care plans in response to identified needs and

preferences, with directions for staff to follow on meeting the needs. There was good information recorded on liaising effectively with other agencies. Care staff spoken with confirmed they were aware of the content of the care plans.

We did note there were some gaps in the information, such as personal profiles were not always fully completed and some entries had not been signed and dated. The name of the ‘keyworker’ had not always been added. Some instructions in care plans were not specific, an example of this was ‘keep (the named person) occupied,’ but there were no clear explanation on how to do this. However it was apparent the registered manager was continuing to further develop care plans, to include further details around people’s needs and preferences. We found an audit of the care plans was in the process of being completed. We noted the PIR identified the introduction of person centred care records and training on care planning, as an intended improvement during the next 12 months. We also noted staff had been given direction on appropriate record keeping at the last staff meeting. Processes were in place to monitor and respond to changes in people’s needs and circumstances. We saw arrangements were in place to review care plans monthly. There were ‘handover meetings’ to discuss monitor and review people’s individual’s needs and preferences.

People were mostly satisfied with the range of activities provided at The Croft. They told us, “There are activities here. We have bingo and skittles and sing- a-longs. Entertainers come in and they’re not bad at all” and “We have games afternoons here and quizzes.” Some people also told us they had been supported to sit in the garden. There was an activity diary, which provided an indication of the activities held. Staff spoken with told us various activities were offered each afternoon. A carer said, “Someone is appointed each day for activities, we have plenty of games available, we have singers visiting and quizzes.” During the inspection we observed activities taking place, including dominoes and hand massage. The registered manager told us of the activities for people living with dementia, which included ‘activity blankets’ and ‘memory boxes.’ We observed staff sitting chatting pleasantly with individuals. A visiting health care professional commented, “They do spend time with people.”

We found positive relationships were encouraged and supported. People told us of the contact they had with

Is the service responsive?

families and friends. One person who used the service told us, "All my relatives visit me and they are made welcome by staff." The relatives we spoke with indicated they were always made welcome at the service. A relative said, "It's better now, when I visit my heart sings." They gave us examples of the service contacting them with relevant information. They explained how they remained involved with aspects of their relatives care and support. Information included in the PIR, described family involvement with care planning as a plan for improvement at the service.

We looked at how the service managed complaints. People indicated they would feel confident if they had concerns, or wished to make a complaint. One person told us, "I have no complaints. I know the manager and would speak to her if I had a complaint. It's her job to find out what's gone wrong and it's her job to put it right." The registered manager regularly sought people's views on their care and had made arrangements for herself or the deputy manager time to be available at set times each month, to meet with people should they wish to discuss any concerns. The registered manager expressed a commitment to resolve any matters quickly. A relative said, "Staff are approachable and if I had a concern I would voice it."

The complaints procedure was on display in the service and was included in the guide to the service. The

procedure provided directions on making a complaint and how it would be managed, including timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We reviewed the service's log of concerns and complaints and noted there had been several complaints within the last 12 months. We noted the records included 'minor concerns' which indicated people had been confident to express their views and their complaints had been taken seriously. The records included a summary of the concerns and with an indication of the action taken in response. However, we noted the service had not all ways followed their own recording processes, to fully demonstrate how the complaints were investigated and if the complainant was satisfied with the outcome. We noted the area manager had not consistently reviewed and 'signed off' the complaint's management process.

We recommend that the service seek advice on nationally recognised evidence-based guidance, when designing, delivering and reviewing people's care.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints.

Is the service well-led?

Our findings

People who used the service made some positive comments about the management arrangements at The Croft. Their comments included, “The home has a good manager. She is supportive and approachable” and “Staff give me the impression they are happy here. I think the home is well managed.”

We found an area manager had visited the Croft a regular basis. The registered manager told us she felt supported by this arrangement and the six monthly one to one supervision meeting. Although we were told the provider/directors had visited the service, this arrangement had been informal and unstructured. There was a report following a visit on August 2015, this had been completed by the registered manager. There was no information to show the provider/directors had read and agreed with the findings of the report. There were no governance audits or reports available from senior management/directors within the organisation.

We were told of proposed improvements, including the progression towards providing a dementia friendly service. However there were no time-scaled action plans to inform and direct these proposals. There were no strategic plans in place from the providers, to demonstrate a programme of ongoing refurbishment and development. There was no business/development plan available from the provider to demonstrate there had been a corporate analysis and evaluation of the service, in response to the findings of audit systems and consultation surveys. This meant the provider was not fulfilling their responsibilities in ensuring they had oversight of the service and in making sure the audit and governance systems remain effective.

Processes were lacking in supporting an effective and accountable approach to monitoring, evaluating and strategic planning of the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found some aspects of management were unsatisfactory and people lacked confidence in the effective operation of the service. At this inspection we found sufficient progress had been made in the day to day running of the service. Relatives told us of their satisfaction with the improvements at The Croft, their comments included, “I think they have turned a corner”

and “Things have improved, It’s much better.” Prior to the inspection we received information from the local authority contract monitoring team. They told us they had last visited to review the service in November 2014 and they currently had no concerns. However, we found further developments were needed around some key areas; we have therefore made several recommendations for improvement.

We found action had been taken to introduce more comprehensive and regular audits of various systems and practices, including: infection prevention and control, medicines management, health and safety, equipment and services, staffing levels and food safety. We saw copies of the completed audits during the visit and noted plans had been devised to resolve any identified shortfalls. Information included within the PIR indicated the service was progressing with monitoring and auditing systems to improve quality assurance processes.

There was a manager in post who had been registered with the Care Quality Commission since September 2013. The registered manager expressed a commitment to develop the service and described the action taken to make improvements. At the time of the inspection, the registered manager had enrolled upon a nationally recognised qualification in care management. Although we had received some mixed opinions on the management and leadership of the service, most people made positive comments. Two relatives said, “I think it’s a well-run home and the manager is good at her job” and “The manager is definitely approachable, she knows what she is doing.”

People indicated there was an open and friendly atmosphere at the service. There were systems and processes in place to consult with people who used the service, relatives and staff. One visitor told us, “I had a questionnaire about six months ago and there are regular residents/relatives meetings.”

The registered manager said there was an ‘open door policy’ at the service, to promote ongoing communication, discussion and openness. People using the service, relatives and staff had opportunity to influence the service by participating in meetings. There was also a suggestion box in the entrance hallway. We found a survey had been carried out with people using the service and their relatives in May 2015. The registered manager said the responses

Is the service well-led?

had been reviewed, and responded to accordingly. However the overall findings were yet to be evaluated and it was not clear how people's responses were to be incorporated in the service's quality assurance processes.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. The two care staff service spoken with indicated the service was well organised and managed. They confirmed that three monthly staff meetings were held. We looked at the record of the last meeting held and noted various matters had been raised and discussed, in particular around ensuring care was safely and effectively delivered. One member of staff told us, "We can make suggestions; they listen to us and follow things up."

There were clear lines of accountability and responsibility. If the registered manager or deputy was not present, there was always a senior member of staff on duty with designated responsibilities. There were clear lines of accountability and responsibility. If the registered manager or deputy was not present, there was always a senior member of staff on duty with designated responsibilities. A relative commented, "No concerns with staff they seem to have settled down at present."

Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns. The registered manager had made arrangements for a copy of the 'whistle blowing' to be included with the staff rota. This would ensure staff were familiar with action to take should they have any concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to demonstrate overall responsibility for the service and had not evaluated the audit and governance systems to ensure they were effective. Regulation 17(1)(2)(f)