

Autism Care (UK) Limited

The Croft

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

The Croft is a residential care home providing personal care for up to a maximum of six people who live with a learning disability and associated needs. There were five people living at The Croft at the time of the inspection.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the safe and well-led key questions the provider was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. For example, support was person-centred and focused on developing people's life experiences in a safe way. There was a positive culture amongst staff that was inclusive, and people were supported to maintain relationships.

Day to day leadership and oversight within The Croft had been effective in identifying and addressing shortfalls. However, the provider's wider governance systems continued to be ineffective at responding to and resolving identified issues in a timely manner.

People were supported by staff who were trained and understood how to help them stay safe.

There were enough staff to meet people's assessed needs and medicines were administered safely.

We were assured measures were in place to prevent the spread of infection to both people and staff.

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 inadequate (published 11 February 2021) and there were breaches of regulation. 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 three regulations. The provider remains in breach of one regulation.

This service has been in Special Measures since 11 February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 19 October 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Croft on our website at www.cqc.org.uk.

Enforcement

We have identified a continuing breach in relation to the provider's monitoring and improvement of the quality of the service at this inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Croft

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 included checking the provider was meeting COVID-19 vaccination requirements. 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.

Service and service type

The Croft 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We communicated with three people who used the service about their experience of living there. People who used the service who were unable to talk with us used different ways of communicating including Makaton, pictures and body language. We observed their interactions with each other and with staff. We also spoke with the registered manager, the service manager and five support workers.

After the inspection

We continued to seek clarification from the provider to validate evidence we found regarding maintenance and refurbishment of the environment.



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 inadequate. At this inspection the rating has changed to requires improvement.

People were safe and protected from avoidable harm. However, more time was needed to ensure improvements were embedded and sustained. We have rated the safe key question as requires improvement as we need to see consistent good practice over time.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of staff were deployed to meet the needs of people who used the service at all times. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staffing levels were sufficient to ensure people's assessed needs could be met.
- Records showed people's commissioned hours of support had been provided. People were supported to engage in planned activities and routines such as visiting family.
- Since our last inspection a housekeeper and chef had been appointed. This meant support workers were able to focus on people's care and social needs.
- Recruitment and retention of permanent support workers remained an issue for the provider. However, the registered manager had retained the use of consistent agency workers in order to mitigate high vacancy rates. A permanent member of staff told us, "They're [agency workers] helpful; they know people well; they're like part of the team."
- Staff had been required to provide proof of identity when they started work. In addition, the provider had completed checks with the Disclosure and Barring Services to ensure staff were safe to work with people living at the home.

Preventing and controlling infection

At our last inspection the provider had not taken effective steps to manage the infection control risks in the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- The provider's approach to visiting was in line with government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained to identify and report abuse. Staff demonstrated their understanding of safeguarding systems when we spoke with them.
- Records showed potentially abusive incidents had been safely managed and reported, including notifications to CQC as is legally required.

Assessing risk, safety monitoring and management, Learning lessons when things go wrong

- Risks associated with people's care had been identified. Assessments and management plans were in place to minimise risks associated with, for example, choking, financial exploitation and bathing.
- Care records were reviewed regularly to ensure they reflected people's needs and risks and could be updated in a timely way.
- Lessons were learned from events within the home. A new recording system meant lessons learned and improvement actions were clearly recorded following an accident or incident. We saw an example of this in which staff had identified the use of different facial expressions supported a person to remain calm when they became upset.
- Records showed, and staff told us lessons learned were communicated to them effectively.

Using medicines safely

- Medicines were safely stored and administered.
- Staff had received training in how to administer medicines in a safe way. Staff were assessed every six months to ensure they continued to administer medicines safely. Staff followed good practice guidelines when administering medicines.
- Staff ensured people's behaviour was not controlled by the excessive and inappropriate use of medicines. Staff followed the principles of STOMP (Stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

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 inadequate. At this inspection the rating has changed to requires improvement.

This meant the provider's service management was inconsistent. However, leadership and culture within the home supported the delivery of person-centred care.

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

At our last inspection the provider had failed to ensure robust systems were in place to identify areas for improvement and monitor the quality of the service.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Systems to manage refurbishment in the service in a timely manner were not effective. The provider did not have a clear action plan with timescales in place for the refurbishment of the two bathrooms.
- Staff had made every effort to maintain the appearance of the home. However, we saw one bathroom had stained flooring and raised plasterwork on the outside wall indicating potential damp issues. Another bathroom had black staining around the window.
- In addition, staff told us some parts of the cooker were not accessible for thorough cleaning. This issue had been highlighted to the provider by the registered manager. Following the inspection visit the provider had organised a deep clean of the cooker. However, this did not resolve the issue of debris continuing to build-up in the longer term.

We found no evidence that people had been harmed. However, the provider's systems remained ineffective in responding to and resolving identified issues.

- The registered manager had completed audits related to the day to day running of the service. Records showed actions had been taken to address any shortfalls highlighted. This was in line with the conditions of the service's registration.

At our last inspection the provider had failed to ensure there were effective systems in place for maintaining the safety of the building. This was a breach of Regulation 15 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

Regulation 15.

- The provider had ensured enough maintenance staff were available to respond to issues in a timely manner. This meant day to day maintenance within the service had improved. .
- We saw examples of damage to fixtures and fittings being repaired in a timely manner. In addition, a bathroom which had been out of order for some time had been made safe for people to use in the short term. However, as mentioned above some parts of the environment still required refurbishment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Continuous learning and improving care

- Since our last inspection a new registered manager had been appointed who was responsible solely for the management of The Croft. This meant they had more effective management oversight and were able to focus on service improvements.
- The registered manager had promoted learning from incidents and had made improvements to infection prevention and control and staffing arrangements.
- Staff told us the registered manager had driven improvements in the culture within the service and promoted an open and inclusive approach to care.
- The registered manager had identified the need to expand people's choices for meaningful activities and offer them new opportunities for social engagement. For example, we saw a person who rarely engaged with peers had been supported to take part in a social activity to help increase their links with others.
- Staff demonstrated commitment and motivation to improving the care people received. A member of staff told us, "We work as a team and feel well supported."

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

- The registered manager had been open and transparent when things went wrong and had taken action to address shortfalls in the service provision. They demonstrated their understanding of the duty of candour principles.
- The registered manager had identified the need to improve communication with people's relatives and had plans in place to facilitate this, such as supportive meetings.
- The registered manager worked with local professionals, such as GPs, social workers and psychiatry services to improve people's quality of life.
- Staff told us they felt supported by the registered manager. They told us she was approachable and responded quickly to any issues or ideas for improving people's care they raised.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure robust systems were in place to respond to and resolve identified issues within the environment.</p>