

The Croft (RCH) Limited

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## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Croft (RCH) Limited is a residential care home that provides accommodation and care for older people and younger adults living with a mental health condition. The service is registered to accommodate up to 21 people. At the time of our inspection, there were 17 people living at the service.

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

Department of health best practice guidance on the prevention and control of infections, specifically Covid 19, were not always followed. This included the correct use of personal protective equipment and safe visiting arrangements.

Recruitment practices were not safe as some pre-employment checks for new staff had not been completed. Therefore, the service could not be assured that staff recruited were of good character or suitable to work at the service. There were sufficient numbers of staff available to people. Staff had the time they required to provide people with responsive and effective care in a relaxed and unhurried way.

Some aspects of medicines were not always managed safely. Medicines stock levels were checked and did not always correspond to records held. Therefore, we could not be assured that medicines administration records (MAR) were completed correctly or that people received their medicines as prescribed. There was a lack of specific individual detail as to when 'as required' (PRN) medications should be given meaning people may not receive these consistently as prescribed.

People told us they were happy living at The Croft and that they felt safe. They said staff treated them well.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires Improvement (published 24 August 2019) and there were two 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 enough improvement had not been made/sustained, and the provider was still in breach of regulations. The service remains rated requires improvement.

### Why we inspected

We received concerns in relation to staff use of personal protective equipment (PPE) and safeguarding. As a result, we undertook a focused inspection to review these and the previous breaches of regulation relating to staffing and medicines.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not

change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We have found evidence that the provider needs to make improvements.

#### Enforcement

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 continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches in relation to safe recruitment and infection prevention and control at this inspection. We issued warning notices telling the provider they must make improvements. The provider has told us they have taken the necessary action to keep people safe.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Croft RCH on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Requires Improvement** ●

# The Croft (RCH) Limited

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider was ensuring safe infection prevention and control procedures, that people were safeguarded correctly and to check that action had been taken in respect of previous breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

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. 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

We contacted the service immediately before we arrived. This was because we wanted to assess any risks prior to entering the home.

Inspection activity began on 23 November 2020 and was completed on 3 December 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection such as action plans they have submitted and notifications. Notifications are information providers are legally required to send us. We sought feedback from the local authority. We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included multiple medication records, recruitment records for three staff members and staffing rosters. We spoke with the registered manager and a member of the provider team. We viewed communal areas of the home, medication storage room, and two bedrooms. We observed staff supporting people in communal areas of the home.

#### After the inspection

We continued to seek clarification from the service to validate evidence found. We spoke with four staff members and two people who lived at The Croft. We also spoke with one relative and three health and social care professionals who had regular contact with the home. We viewed a range of records relating to infection prevention and control, safeguarding and medication sent to us by the registered manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check concerns we had received in relation to the use of personal protective equipment (PPE) and safeguarding. As a result, we undertook a targeted inspection to review these and the previous breaches of regulation relating to staffing and medicines.

We will assess all of the key question at the next comprehensive inspection of the service.

### Staffing and recruitment

At the previous inspection in July 2019 we found that all necessary pre-employment checks had not been completed prior to staff commencing employment at the home. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- We viewed recruitment records for three recently employed care staff and found that some recruitment checks had not been completed. All these staff were working in the home. None of the recruitment files viewed showed that all necessary checks had been completed. For one staff member neither the DBS or references of previous employment in a care environment had been requested. The DBS is a check employers can make to see if staff have a criminal record or are included on lists of staff unsuitable to work with vulnerable adults. For the remaining two staff DBS checks had been completed however full references were not available. Therefore, the service could not be assured that staff recruited were of good character or suitable to work at the service.
- The recruitment issues found were discussed with the registered manager and a director of the company. They agreed to suspend one staff member from the duty roster until pre-employment checks had been completed and to follow up on the missing references for the other two staff members.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient numbers of staff available to support people. Staff were observed to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way. All staff spoken to agreed they had enough time to spend with people. They gave examples of having time to

support people to go to local shops or ensure activities were offered.

- People confirmed there was enough staff available to provide the support they required. One person said, "Yes, there's enough staff, someone is always around if you want any help." Another person said, "They will help me get to the shop and play some games with us." A relative told us there always seemed to be enough staff and added that staff seemed to know how to look after people.
- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager told us, they observed care and spoke with staff and people to ensure that staffing levels remained appropriate. In addition to care staff, catering and housekeeping staff were also provided.
- Staff told us they would undertake extra shifts when required to ensure adequate staffing levels were maintained. This meant people were cared for by staff who they knew and who had got to know them.

### Preventing and controlling infection

- We were not assured that the provider's infection prevention and control procedures would ensure people, staff or visitors were protected from the spread of infection. During the inspection we saw staff were not following the most recent department of health guidelines for the safe management of Covid 19 within care homes.
- All staff within the home, including those not providing direct care, should wear a moisture resistant (surgical style) mask. We saw a staff member in the kitchen was not wearing any mask. There was an opening (large hatch) to the lounge/dining room from the kitchen and we saw kitchen staff working with items which would be passed out into communal areas. We saw people and staff in this area approaching the hatch to the kitchen. A member of care staff was wearing a fabric mask. We were told the staff member was unable to wear a moisture resistant face mask for health reasons. However, the registered manager was unable to provide a risk assessment detailing how the staff member and people were protected from the risk of airborne infections which would not be fully prevented by a fabric mask. Prior to the inspection a visiting health professional had found not all care staff were wearing face masks.
- When touching or at risk of touching service users, such as when working with people in communal areas, staff should have worn moisture resistant masks, disposable gloves and aprons. However, we saw staff making close contact and touching people. They were not wearing disposable gloves or aprons.
- The failure to correctly follow government best practise guidelines placed people at risk of infection. Following the inspection, the registered manager told us staff were now following the correct procedures.
- Best practise guidelines for visitors to the home were also not being followed. These would ensure that all visitors, family members and professionals, would have their temperature taken and visits to individual service users would not occur in communal areas where others may also be placed at risk.
- When we arrived at the home no staff member offered to check our temperature. Two external health and social care professionals also said their temperature was not checked on arrival at the home.
- We were informed of an incident which had occurred when a relative was visiting a person in the main communal lounge dining room. Other people were in this room at the same time as the visitor. The failure to follow best practice guidelines for visitors has placed staff and service users at risk of catching an infection.
- Following the inspection, the nominated individual told us about arrangements being made to create a visiting room which would ensure that visitors would no longer need to enter the main part of the home and visits could be undertaken in a safer way. They were reviewing the guidelines for safe visiting to ensure they were compliant with these.
- We reviewed the provider's policies and records relating to Covid and infection control. We identified ways which the homes policies could be improved as these did not cover all areas required. The registered manager updated these and sent us new versions to review.
- The provider was accessing testing for people using the service and for staff. Discussions with the registered manager showed that should a positive result be returned from testing then staff or people would



be isolated for 14 days.

- Staff told us they had completed training in the correct use of PPE and were being tested for Covid 19. However, one staff member said this had only occurred when they had been on duty on the days of testing so had not been tested each week. We discussed this with the registered manager who was unaware the staff member had not attended for testing each week and agreed to be clearer with staff about testing expectations.

The failure to ensure best practise guidance was implemented for the prevention and control of infection placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said they had been supported by staff to keep safe when they left the home such as to go to the local shop. They told us they had been provided with new masks and disposable gloves each time they went out and were reminded to wash their hands when they returned to the home. People also told us they had received swab tests for Covid 19.
- Systems were in place to ensure the home was clean and housekeeping staff confirmed they had all necessary equipment to complete cleaning to a safe standard. They told us there was greater emphasis on cleaning frequently touched areas of the home such as door handles and hand rails as part of reducing the risk of cross infection within the home. A sanitising machine was also available and used within bedrooms and communal areas.

Systems and processes to safeguard people from the risk of abuse

- Care and housekeeping staff told us they had completed safeguarding training and were clear about the actions they would take if they were concerned that a person may be at risk.
- People told us they felt safe. They told us how staff made them feel safe and that they were looked after by staff they could trust. A relative echoed these views saying they "Had no worries (about their loved one's safety)."
- One external health or social care professional said they felt people were safe and gave us examples of how the service worked to ensure people's legal rights were protected including advocating on behalf of people when required.

Using medicines safely

At the previous inspection in July 2019 we found that not all aspects of medicines management were safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and although we identified further improvements which could be made the service was no longer in breach of Regulation 12 for medicines management.

- We undertook a stock check of some medicines. We found the medicines remaining in stock did not correlate to those recorded as carried over/received into the home and administered to people. The registered manager subsequently completed further medicines stock checks and told us they believed incorrect stock levels had been recorded onto medicine administration records when these were carried forward from preceding records.
- Some people were prescribed 'as required' (PRN) medicines. There was some guidance for staff about the PRN medicines however, this lacked specific detail as to when these medicines should be administered. This placed people at risk of not receiving PRN medicines consistently when required. For example, a person was

prescribed a laxative to be administered as a PRN medicines. There was no detail as to what may prompt staff to administer this. Following the inspection, the registered manager rewrote the person's PRN guide providing the additional information required.

- During the inspection the registered manager adjusted the medicines storage fridge temperature as records showed this was often recording a slightly lower than the recommended safe temperature for the safe storage of medicines.
- In other respects, medicines were appropriately managed. There were safe systems in place to ensure staff administering medicines had received training and were competent to administer medicines safely. Systems were in place to ensure medicines were available for people (obtained from pharmacies), stored securely and disposed of when no longer required (returned to pharmacy).
- Systems were in place to enable people deemed competent to administer some of their own medicines. We were told they were provided with secure storage facilities within their bedrooms. Where people were prescribed topical creams, systems were in place to ensure staff knew which creams should be used, where these should be applied and that these would not be used beyond their safe to use dates.
- People told us they received their medicines as prescribed and could request as needed medicines, such as for a headache, when required.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services and others were not protected against the risks associated with the prevention and control of infection.  Regulation 12 (2)(h)

### The enforcement action we took:

We have issued a warning notice telling the provider they must make improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures had not been operated effectively to ensure all necessary pre-employment checks were completed before staff commenced working at the home. This placed people at risk of harm.  This was a continued breach of Regulation 19 (2)

### The enforcement action we took:

We have issued a warning notice telling the provider they must make improvements.