

Croft Residential Limited

The Croft Residential Home

Inspection report

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Date of inspection visit: 8 and 9 December 2014
Date of publication: 13/02/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 8 and 9 December 2014.

This is the first inspection of the service under this provider. The Croft Residential Home is registered to provide accommodation, nursing or personal care for up to 24 people. At the time of our inspection 24 people were using the service. People using the service have care needs related to old age.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern.

We looked at staff rotas and observed there were a suitable amount of staff on duty with the skills,

Summary of findings

experience and training required to meet people's needs. People and their relatives told us they felt confident that the service provided to them was safe and protected them from harm.

We saw that medicines management within the service was on the whole effective. However, some people would benefit from a review of their prescribed 'as required' medication in line with best practice guidelines.

Staff had access to a variety of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. Staff told us the manager was keen for them to undertake training in addition to the standard level of training they were routinely provided with.

People's nutritional needs were monitored regularly and reassessed when changes in their needs arose. We observed that staff supported people in line with their care plan and risk assessments to maintain adequate nutrition and hydration.

We found that two people in the service were subject to a Deprivation of Liberties Safeguard (DoLS). Staff were able to give an account of what this meant when supporting these people and how they complied with the terms of the authorisation.

People felt staff were responsive when they needed assistance. We observed staff interacting with people in a positive manner and using encouraging language whilst maintaining their privacy and dignity. People were encouraged to remain as independent as possible.

It was evident that the registered manager promoted a culture in the service of putting people's needs at the centre of decision making and shaped the service accordingly. People were consulted about all aspects of the planning of their care and in relation to the activities they were involved in.

Activities within the home were centred on people's individual abilities and interests. On the day of our inspection a trip out to a local hotel had been organised, we observed that people were dressed smartly for the occasion and a clear sense of excitement about the event was observed.

People, relatives and visiting professionals spoke very positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to develop and understand their roles and responsibilities were in place.

The manager undertook regular reviews and analysis of systems in place at the service to ensure that quality and safety was being maintained. Spot checks were performed periodically by the manager in order to check that the care being delivered was safe and of high quality.

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 safe.

Medicines were stored, handled and administered correctly.

Risks for people in regard to their health and support needs were assessed and reviewed regularly.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Staff were knowledgeable about how to protect people from abuse and harm.

Good



Is the service effective?

The service was effective.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

People were provided with the nutrition they needed. We saw people had a variety of nutritionally balanced food on offer to them.

The registered manager and staff were fully aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS).

People were supported to access specialist healthcare professionals in a timely manner and in the environment that best suited their needs.

Good



Is the service caring?

The service was caring.

People and their relatives were complimentary about the staff and the care they received. We observed staff interacting with people in a kind and compassionate manner.

Information about the service was available for people. This included how to make a complaint and how to access independent support or advice.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good



Is the service responsive?

The service was responsive.

People were actively involved in planning their own care. We saw that care was delivered in line with the person's expressed preferences and needs.

Activities offered within the service were planned in consultation with people using the service.

Visiting times were open and flexible enabling people to maintain links with family and friends.

The service provided written information to people on how to make a complaint. People and their relatives told us they felt able to report any concerns or complaints directly to the manager.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People, their relatives and visiting health care professionals all spoke highly about the effectiveness and approachability of the manager.

Staff received regular supervision and used this as an opportunity to discuss their development and training needs.

People, their relatives, staff and the registered manager all told us the provider was apparent and supportive. .

Quality assurance systems including feedback from a variety of people and stakeholders of the service were routinely undertaken.

Good



The Croft Residential 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 of The Croft Residential Home took place on 8 and 9 December 2014 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we looked at and reviewed the Provider's Information Return (PIR). This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also looked at notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

During our inspection we spoke with five people who used the service, three relatives, one member of kitchen staff, three care staff, the registered manager and the owner. We observed care and support provided in communal areas and with their permission spoke with people in their bedrooms.

We reviewed a range of records about people's care and how the service was managed. These included reviewing the care records for three people, looking at the staff training records, two staff recruitment records, three people's medication records and the quality assurance audits that the registered manager completed. We looked at some policies and procedures which related to safety aspects of the service. Prior to our inspection we contacted several healthcare professionals who had regular contact with the service to obtain their views about the care provided by the service; we spoke with or received feedback about the service from three of the professionals we contacted.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person said, “I never have to worry, the staff always take care of us, I personally feel very safe and secure”. A relative told us, “I never worry about mum since she has been here”. Health care professionals we made contact with prior to our visit told us that they felt the service was safe. During our inspection we observed interactions between staff and people and saw they were friendly and relaxed. Staff had received training in regard to how to keep people safe including how to protect them from harm and abuse. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us, “We are always able to discuss any concerns we have with the manager”. The registered manager showed a good understanding of how to keep people safe and protect them from harm.

We found people were not restricted in the freedom they were allowed and observed that they were protected from harm in a supportive respectful manner. One person told us, “I get help when I ask for it and staff take me anywhere I want to go”. For example we observed that staff asked each individual how they wished to be supported before assisting them. We observed that the same level of support and assistance was provided to people who chose to spend time in their own room; thus ensuring their safety whilst respecting their choices.

Staff had completed and regularly reviewed assessments in respect of any risks to people with relation to their personal health and support needs. These referred to the individual’s abilities and outlined activities where assistance may be required in order to reduce any related risks and avoid harm. Staff we spoke with were clear about the potential risks for people using the service when supporting them with the activities of daily living. For example we saw that an assessment had identified a recent increase to the risk of falls for one person; they were being nursed in bed to maintain their safety.

Records in regard to incidents or accidents were comprehensive with any learning outcomes or changes to practice in the service that had occurred clearly documented. The manager told us that they call all the staff together for a meeting to provide any feedback from incidents or when changes to practice were to be implemented. One staff member told us, “Everything we

report or have concerns about is addressed by the manager”. Staff told us that changes to practice following incidents or accidents were shared with them by the manager. This meant that on-going learning and changes to practice to protect people were promoted.

We spoke to five people who all told us they felt there were enough staff on duty to keep them safe and meet their needs. One person said, “They come to me quickly if I call for help or use my buzzer”. Relatives told us they had no concerns about staffing levels and that staff provided care in a patient, non-hurried manner. We saw that there were sufficient numbers of staff available to meet people’s needs and keep them safe. Another person told us, “Staff are so patient and take time to listen to you properly”. A relative said, “We are very happy with the amount of staff around and the level of social interaction my father gets”. Staff told us they felt that there were enough staff on duty throughout the day and night to meet people’s needs.

We found that an effective recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support the people who used the service. We looked at two staff files and they contained the relevant information including a Disclosure and Barring Service (DBS) check and appropriate references, this helped to ensure that these staff were safe to work with people who used the service. Staff we spoke to told us that recruitment practice was good. They told us new employees were interviewed, had proper checks completed, an induction and training provided to them.

We reviewed how medicines were obtained, stored, administered, handled and disposed of. We looked at the Medicine Administration Records (MAR) for three people. We observed that medicines were provided to people in a timely manner. One person said, “They are very good here, I can ask for my pain pills and they get them to me straight away”. The option for self-administration had been offered to people we spoke with, but they told us they preferred to have their medicines administered to them. We found that records were completed fully and no unexplained gaps were seen. Medicine storage cupboards were secure and organised. Medicines for disposal were kept in a suitable container and disposed of safely. Arrangements were in place to ensure that checks on medicines stock levels took

Is the service safe?

place each month. Records of medicines administered confirmed that people had received their medicines as prescribed by their doctor to promote and maintain their good health.

We found that supporting information for the safe administration of medicines was not always available. We looked at three people's records that were prescribed medicines to be given 'when necessary' or 'as required' for pain relief; these records lacked any supporting information that enabled staff to make a decision as to when it was appropriate to administer such medicines. Staff told us they would supply as required medicines when the person expressed pain or asked for them. However staff were unable to provide specific information about the area

of the body, diagnosis or complaint the medicines were prescribed for. We further noted that one person had been given their 'as required' medicines every day for an extended period but this had not been reviewed with the prescribing doctor. A further two people were prescribed 'as required' medicines and had not needed to have these administered for an extended period. People's medicines should be reviewed to ascertain if a medicine is no longer needed or to investigate why a medicine was needed to be given so often and if the provision of a regular dose would be most beneficial. The manager told us they would speak with the prescribing doctor as soon as possible and schedule a review of people's medicines where appropriate

Is the service effective?

Our findings

People, relatives and health care professionals we contacted prior to our inspection were complimentary about the abilities and skill of staff within the service. One relative said, “They know when my father is unwell and are straight on to the GP and then on the phone to us”. A second relative said, “Most of the staff have been here for a number of years and so know mums needs really well, I know they have regular training”.

We spoke with staff about how they were able to deliver effective care to people. They told us the provider offered a range of training in a variety of subject areas that were appropriate to the people using the service. We saw that in addition to the standard mandatory training on offer, a large number of staff had or were in the process of completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further their knowledge and skills. A staff member said, “The manager encourages us to undertake extra training to improve our knowledge about people’s health conditions”. Another stated, “I sit and talk to the person, this gives me a wealth of information about them and how best to support them”. Health care professionals we contacted told us they felt staff were efficient in delivering quality care to people.

Staff told us they received regular supervision and had an annual appraisal with the manager or a senior member of the care team. These processes gave staff an opportunity to discuss their performance and identify any further training they required. One staff member stated, “In supervision we go over any concerns I have or plan any training I want to do”.

The registered manager and staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Records showed that people’s mental capacity had been considered as part of their initial assessment. We observed that people’s consent was sought by staff before assisting or supporting them. DoLS had been authorised for two people who used the service at the time of our visit. We saw that staff were aware of and were complying with the conditions applied to the authorisation.

We reviewed the records that related to decisions reached about not attempting Cardio Pulmonary Resuscitation (CPR) for an individual. We looked at two records and they clearly demonstrated how the decision was made, who was involved in and responsible for making the decision and when the records should be reviewed.

We shared lunch with people using the service. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we could see for ourselves that people could choose what they wished to eat and could ask for alternatives to the menu items. One person told us, “The food is lovely and home cooked”. Another said, “You can tell we like the food from all the empty plates”. People told us they were consulted at residents meetings about the menu. One person commented that the chef had approached them individually to discuss their likes and dislikes. A relative told us, “Mum has a poor appetite; staff spend time encouraging and trying to tempt her with alternatives”. We saw that meals were nutritionally balanced and were appetising, with extra portions available and freely offered to people. We met with kitchen staff. They told us that any specific dietary needs or changes to people’s nutritional needs were communicated to them by staff on a daily basis or as changes occurred to people’s needs. Staff we spoke with knew which people were nutritionally at risk. We observed that people, who chose not to have meals in the dining room or may require staff assistance, received their meal in a timely manner. This meant the staff were meeting people’s individual needs in respect of nutrition.

Discussions with staff, relatives and health care professionals confirmed that people’s health needs were identified and met appropriately. Records showed people were able to access a range of healthcare appointments including chiropodists and opticians both visiting the service and outside in community, whichever suited their needs best. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people’s changing health needs. One person told us, “Staff are very quick on the medical side when you are not well”. One relative said, “When mum was ill they contacted the GP straight away and rang me every hour to keep me updated”. Health care professionals who visit the service were contacted prior to our inspection; they were complimentary about staff’s responsiveness to maintaining and improving people’s health. For example we received feedback from one healthcare professional who confirmed

Is the service effective?

that staff reported any concerns about personal or health care needs promptly. They commented that staff also acted upon any recommendations they had made. This further supported our findings that people were supported to maintain good health.

Is the service caring?

Our findings

People spoke highly about the caring attitude and kindness shown to them by staff. One person told us, “Staff are so patient and kind to me”. A relative said, “The staff are excellent, they always go the extra mile to make mum happy”. Another said, “Staff have hugged mum and loved her as well as looking after all the basic needs she has”. We observed staff displaying kindness towards people and had a clear understanding of each individual's needs when they interacted with them. For example, we saw one person was feeling anxious so a staff member held their hand, walked with them and spoke with them in a calming manner; it was clear to us that the person responded well to such reassurance. This supported our finding that staff provided supportive action to relieve people's distress.

We saw that staff encouraged people to remain independent by asking them what level of support they needed and what they were able to do for themselves. People told us that staff respected their privacy when assisting them and would encourage them to try to do as much for themselves as possible, but were there to support them when they needed help.

People's cultural needs were routinely considered as part of their initial assessment. People and their relatives told us

they were able to access the community or request religious representatives to visit them to continue to observe their chosen faith, for example Holy Communion. One relative told us, “Staff organise regular visits from the priest”.

People told us that they were provided with a ‘Service User Guide’ in their room. The guide covered a range of issues, including how to make a complaint or access advocacy services. People told us they were aware of the guide and had referred to it or read it whilst using the service. Staff we spoke with knew how to access advocacy services for people. This meant that people had easily accessible information in regard to independent advice and support.

People told us staff respected their dignity and their right to privacy. One person told us, “Staff always treat me with respect”. One relative said, “My mum is always spoken to and treated with the utmost respect”. We observed that staff knocked on people's doors and waited to be asked to enter before doing so during our inspection. People were able to lock their bedroom door from the inside if they so wished, which further promoted their right to privacy. Staff demonstrated they knew each person's individual likes and dislikes and we observed people being supported to make choices in a dignified manner.

Is the service responsive?

Our findings

Care plans were developed with people's involvement and were centred on their views and wishes. One person told us, "We look in our care plans and they say how we want to be cared for". A relative stated, "Every time a care plan is changed the staff inform me". One staff member said, "People's care is paramount, it's the most important thing". We observed that people's care was delivered in line with their care plans. Regular review and update of these plans was evident when people's needs had changed.

Staff were knowledgeable about each individual's needs, their personal history and preferences. Care records contained a wealth of information about people's family, work and personal history. One relative told us, "Staff just take such an interest in dad's life". We saw that people's rooms had been personalised and displayed items that were of sentimental value or of interest to them. People were asked to choose the decoration for their bedroom and this was completed to their wishes. The provider employed a dedicated activities coordinator; people and their relatives all spoke highly about this staff member. A relative described them as, "They are amazing – mum goes out with them every week, to tea rooms or garden centre's which she has always loved visiting". Another relative stated, "The activities person is excellent and visible".

Through our discussions and observations on the day of our inspection, we saw that people were actively encouraged and supported to access community activities and leisure services. Photos displayed showed people involved in a variety of trips and outings. On the day of our unannounced inspection 20 of the 24 people using the service were being taken to a local hotel for a Christmas meal. Staff, relatives and the provider also attended this event. There was a clear sense of excitement observed about the trip out and people were cheerful and smiling on their return later in the day. One person said, "I had the loveliest time". This supported our findings that people had to access the local community, reducing the potential for them to experience social isolation.

Visiting times were open and flexible for relatives and friends of people. A relative told us, "When my mum was unwell, we stayed here with her for hours sometimes; staff provided food and support to me and the rest of the family". Flexibility of visiting times is an important factor for people in maintaining links to family and friends during their stay and avoiding social isolation.

People told us they felt comfortable raising concerns or complaints with the manager. Leaflets were available in the foyer and in people's rooms to refer to should people wish to complain. The information included contact numbers for external agencies whom people could raise complaints with. People told us they would in the first instance speak to the manager and felt their concerns would be listened to and acted upon. One relative told us, "The manager's door is always open if I want to raise any worries or issues I have". A relative said, "I have never needed to make a complaint but know the manager would deal with it if I did, they are so accommodating here". The service had received one complaint since our last inspection. Complaints were documented with actions taken clearly outlined and any responses were made in a timely manner. No one we spoke with during our visit had had cause to complain.

People and their relatives were encouraged to express their views. The manager undertook an individual session twice annually with each person using the service in order to gain their opinion and assess the quality of service being delivered; action plans were developed as necessary and reviewed by the manager, to ensure improvements occurred. People told us meetings were arranged for them on a regular basis for them to contribute their thoughts and ideas about how the service is developed. Relatives we spoke with had been asked to complete questionnaires or alternatively had attended the meetings to provide any feedback or ideas they had in respect of the quality of the service.

Is the service well-led?

Our findings

Since our last inspection the home had undergone a change in management and ownership. People told us the manager was visible and approachable. Positive feedback was received from everyone we approached in regard to the abilities of the manager. One person told us, “The staff and home are managed well”. A relative stated, “The manager is very professional”. We observed people, relatives and staff informally approaching the manager for support and advice throughout our inspection.

The manager spoke passionately to us about their role in providing people with a quality service and that they were keen to continually develop and improve the service. People and their relatives told us they felt involved in shaping the service by attending meetings, completing questionnaires and having regular communication with the manager or staff. The service had received numerous compliments in the form of cards and letters from people and their relatives. One person told us, “If I can’t be at home, then this is the only other place I would want to be”. A relative told us, “It’s the most wonderful place in the world”. People told us they would recommend the service to others.

Processes were in place to gain feedback from people who were involved in or had experience of the service. We saw that the manager met regularly with each person using the service and sent out questionnaires to their relatives and stakeholders, as part of the services quality assurance processes. This meant that documented feedback from people who had experience of the service was shared and analysed as a means of quality assurance.

Positive comments were received from staff about the management and leadership of the service. They told us they could approach the manager for support at any time and felt certain that any concerns would be acted upon. The manager told us she felt fully supported by the provider and met regularly with them to discuss service developments or issues arising. One staff member said, “The new manager is the best thing that has ever

happened to the place”. A relative said, “They work as a team here, almost like a family really”. Another relative told us, “We have met the new owner and been given their mobile contact number”.

Staff were aware of the whistle blowing policy and told us they would report any concerns to the manager in the first instance. Staff we spoke with said the manager encouraged them to question practices openly and directly with them. Staff received regular supervision and an annual appraisal. Staff told us these sessions allowed them to discuss their performance, development needs and helped them to understand what was expected of them. One staff member told us, “I get a lot out of supervision”. The manager told us the provider was supportive in respect of them accessing identified training for staff. Staff were clear about the arrangements for who to contact out of hours or in an emergency. There was a list of numbers for staff to refer to at such times. This supported our findings that responsibility and accountability within the service was clear and transparent.

The manager understood their legal responsibilities for notifying us of deaths, incidents and injuries that occurred at the home or affected people who use the service. We reviewed the notifications we had received from the service prior to our inspection and saw that they were submitted in a timely manner with detailed information regarding incidents that had occurred.

We found that the manager periodically performed “spot checks”. Staff we spoke with confirmed that the manager completed regular checks. Health care professionals we contacted prior to our inspection commented that the service was monitored closely by the manager and that they seemed keen to ensure the on-going quality of the care provided to people.

We saw that a system of internal auditing of the quality of the service was in place which covered a number of elements of the service, for example people’s finances and the environment. Where omissions or areas of improvement were identified an action plan was developed. The manager told us they undertook checks to ensure previous actions had been achieved. This meant that the provider regularly reviewed their systems and processes to measure their effectiveness.