

The Croft

The Croft

Inspection report

Thorrington Road
Great Bentley
Colchester
Essex
CO7 8PR

Tel: 01206251904

Date of inspection visit:
04 July 2017
05 July 2017

Date of publication:
04 September 2017

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We inspected this service on 04 and 05 July 2017. The inspection was unannounced.

The Croft provides accommodation and personal care for up to six people who have a learning disability. The service does not provide nursing care. Five people were living in the service when we carried out our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Neither the registered provider or registered manager had a good understanding of current guidance and legislation in managing health and social care services. The registered provider did not have systems in place to monitor the quality of the service and identify where improvements were needed. This lack of oversight had led to significant shortfalls in the way the service was being managed and failed to identify potential risks to people living there. For example, we found windows without restrictors which put people at risk of falling through windows on the first floor or being able to leave the premises unnoticed on the ground floor. Radiators were uncovered next to people's beds which exposed them to the risk of burns.

The environment needed updating to create a more homely environment. Areas of the service were dirty and poorly maintained which placed people at risk of acquiring infections. There were insufficient hand washing facilities in the staff toilet and hygiene products, such as soap and toilet paper were not readily accessible to people using the service. People who used a hoist and sling to transfer from their bed to wheelchair were sharing slings. This placed them both at risk of acquiring infection where the same sling was being used following personal care and exposure to bodily fluids.

Peoples care plans and risk assessments need to be reviewed to ensure these reflect their current needs to protect them from harm, or the risk of harm occurring. For example, where a person had been diagnosed at risk of choking requiring their food to be pureed and thickening agent added to their drinks, this information had not been updated. Their risk assessment and care plans still referred to cutting their food up into small pieces. This placed the person at risk of choking if agency or new staff unfamiliar with the person read their care records. However, because existing staff knew the people really well they knew how to provide their care and responded well and quickly to their needs.

People were receiving their medicines as prescribed by their GP. The registered manager had revised the medicines policy and procedures, including reporting drug errors. They had implemented personal profiles files for each person containing important information about how they took their medicines and developed guidance for staff on the use of homely remedies and 'as required' medicines. However, further improvements were needed to ensure systems for obtaining; storing, administering and disposing of

medicines were safe.

Staffing numbers had not been assessed to ensure there were sufficient staff available to meet people's needs and to keep the premises clean. The recruitment of staff had not been carried out robustly to ensure staff were suitable and of good character to work with vulnerable adults.

Staff had access to training across a wide range of subjects. This was accessed via eLearning; however there was no process in place to test staff understanding of the training. For example, although staff had completed eLearning for the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), staff did not have a good understanding about this legislation and when it should be applied.

Moving and handling training had been provided through eLearning. This did not include practical guidance on how to safely move people using equipment. A senior member of staff and the registered manager were cascading this to other staff. Neither had completed the train the trainer for moving and handling or attended a recent refresher course, to ensure they were working in accordance with best practice and the most up to date safe moving and handling legislation.

The registered manager had understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who used the service by ensuring that if there are restrictions on their freedom and liberty these were assessed by professionals who considered whether the restriction is appropriate and needed. They had made appropriate DoLS applications to the local authority to ensure that restrictions on people's ability to leave the service were lawful.

People were provided with sufficient to eat and drink to stay healthy. People had access to health care professionals, when they needed them.

Staff were kind, caring and knew the care needs of the people they supported well. They offered people choices, for example, how they spent their day and what they wanted to eat. These choices were respected. People were supported to carry on with their usual routines and were able to choose what they wanted to do when they were at home. However, resources to run the service were held by the registered provider and were not always available. This resulted in people not having access to their own personal allowances, petty cash or transport to enable them to access the community.

People's privacy and dignity was in the main respected by staff, however two people were sharing a bedroom. This was a large room, with no dividing curtain for privacy. The registered provider confirmed the option of these people having a room of their own had not been explored. They agreed they would arrange a best interest meeting with both people, their families, including advocacy involvement to discuss if either person would like a bedroom of their own. An advocate is a person who represents and works with a person or group of people who may need support to make decisions about their lives, and defend and promote their rights.

We found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of the report.

"The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to

propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

Risks to people using the service were not being identified and managed.

Improvements were needed to the maintenance of the premises to protect people from harm, or the risk of harm occurring.

There were not enough staff to meet people's needs and keep the premises clean.

Systems to check staff were suitable to work in the service were not robust.

People received their medicines as prescribed by their GP; however improvements were needed to ensure systems for obtaining; storing, administering and disposing of medicines were safe.

Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staffs understanding of training provided was not tested to ensure they had understood the content of the course. Staff had not received training that gave them the knowledge and skills to meet people's specific needs, such as epilepsy.

People's capacity to make decisions about their care and treatment was assessed. Where people were deprived of their liberty for their own safety, this was done lawfully.

People were provided with enough to eat and drink to maintain a balanced diet. People had access to appropriate services which ensured they received on-going healthcare support.

Hospital passports designed to provide hospital staff with important information about people and their health when admitted to hospital had not been fully completed. Therefore

these did not provide accurate information if the person was admitted to hospital in an emergency.

Is the service caring?

The service was not always caring.

People's privacy and dignity was not always respected. Two people sharing a room had no means of privacy during personal care and the option for these people having a room of their own had not been explored

People's daily notes were not always written in a positive way. This showed a lack of respect and understanding by staff of how the person was presenting, and if there were underlying issues causing this change in their behaviour.

The service had no contacts with advocacy services to support people who may need help to make decisions about their lives, and defend and promote their rights.

Staff had developed positive relationships with people who used the service. The interaction between staff and people using the service was caring and friendly.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Because existing staff knew people's needs well, they received personalised care that was responsive to their needs. However people's care records did not accurately reflect their current needs and placed them at risk of harm if supported by staff unfamiliar with them.

People did not have access to their own personal allowances, petty cash or transport to enable them to access the community.

A new complaints system had been developed to show that complaints would be investigated and responded to. This had been provided in a format people using the service could understand.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was a lack of leadership and governance in the service.

Inadequate ●

Both registered persons were failing to manage the service in line with current legislation and best practice guidance.

The registered provider did not have systems in place to assess and monitor the service. The lack of oversight had failed to identify risks to people, insufficient staff, inadequate recruitment checks, poor cleanliness and maintenance of the premises.

Although staff felt there was an open culture in the service they were not clear about the vision and values of the service. Whilst people were receiving the care they needed, this was based on staffs knowledge of people, rather than being guided through training, supervision and management support.

Policies and procedures were out of date and did not provide guidance to staff in line with current legislation and best practice guidance.

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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.

This inspection was brought forward because of concerns shared with us by the local authority quality improvement team for North and Mid Essex following their visit to The Croft on 20 June 2017.

This inspection took place on 04 and 05 July 2017 and was unannounced. The inspection was carried out by two inspectors.

We reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

Before the inspection the registered provider should have been asked to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and the judgements in this report.

We spoke with two people who were able to express their views, but not everyone chose to or was able to communicate effectively and articulately with us. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We looked at records in relation to three people's care. We spoke with the registered provider, registered manager, one senior carer and one of the care staff. We looked at records relating to staff recruitment and training and how the registered provider monitored the quality of the service.

Is the service safe?

Our findings

Following the local authority quality improvement team visit they shared a number of concerns with us about risks to people's safety. This was confirmed during our inspection where we found risks within the service were not being identified, assessed or managed. For example, there were no window restrictors in place on either the first or ground floor windows. This placed people at risk of falling from height through the window openings on the first floor or being able to leave the premises unescorted through the ground floor windows. [Following our inspection the registered manager confirmed that window restrictors had been fitted to all windows on 07 July 2017.] Radiators throughout the premises were largely covered, however one shared bedroom had two uncovered radiators and exposed pipework next to people's beds. This posed a potential risk to these people sustaining burns if they had prolonged contact with hot pipework or the exposed surface of the radiators. Additionally, there was a steep stairs leading to the office, which posed a potential risk to both people using the service accessing these and staff carrying medicines up and down. The carpet on the stairs was ill fitting and threadbare on the majority of the steps, posing a tripping hazard.

The fire safety risk assessment for the premises had last been reviewed in 2015. The registered manager told us they had arranged for an independent company to review the fire risk assessment and this was scheduled for 11 July 2017. However, at their visit to the service on 20 June 2017 the local authority identified there were no individual Personal Emergency Evacuation Plans (PEEP) completed for people in case of a fire or emergency situation occurring in the service. At our inspection the registered manager showed us paperwork they had generated to complete the PEEP's but the assessments still needed completion. Two people using the service were wheelchair users and therefore it is essential that staff know how to evacuate people safely should a fire or emergency situation occur. The registered manager confirmed there were no contingency plans in place in the event of an emergency; such as power failure, however she was on call overnight and at the weekends. Staff confirmed this and said they were confident if an emergency situation arose the registered manager would guide them on what to do. One member of staff commented, "The registered manager is always available at any time, you always feel supported."

Although, individual risks to people had been assessed actions to address these were not always clear or coordinated. We found risk assessments did not contain sufficient information to guide staff unfamiliar with people using the service to meet their needs and keep them safe. For example, the risk assessment for managing and minimising risks to one person's safety during a seizure contained no information about what action staff should take. Staff told us the person had not had a seizure for many years, but the risk assessment did not have this information, it simply said to contact the registered manager and the GP in the event of seizure occurring. For the persons safety we would expect the risk assessment to instruct staff to phone 999. Although risk assessments for manual handling guided staff that they needed to use a hoist or handling belt there were no instructions given on the size of the sling, or how to use them safely.

The shortfalls in the management of risks were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Infection control risks had not been identified or managed to ensure people using the service and staff were

protected from acquiring health related infections. In the staff toilet the hand wash basin had no running hot water; other than a small boiler fitted to the wall. This did not produce sufficient hot running water for staff to thoroughly wash their hands. The remaining bathrooms and toilets accessible by people using the service had no soap, toilet paper, hand towels or gloves available. Staff told us this was because people would eat the soap, destroy the tissue paper or put the hand towels down the toilet, causing it to become blocked. No alternative arrangements had been considered to enable people to wash and dry their hands after using the toilet. Staff told us cleaning was part of their duties, however we noted the kitchen required a good clean. The kitchen tiles were stained, surfaces were sticky, and the waste bin had spillages down the front and sides of the bin. The wire plate rack on the draining board was dirty and mouldy. Missing cupboard doors needed to be replaced and the overhead strip light needed cleaning and the bulb replacing. Where two people used a hoist and sling to transfer from their bed to wheelchair they were sharing slings. This placed them both at risk of acquiring infection where the same sling was being used following personal care and exposure to bodily fluids.

The shortfalls in infection control were a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) 2014

We looked at how the service was staffed. Staff told us, and the duty roster confirmed there was three staff on duty across the day time hours and one waking night staff. However, these numbers included the registered manager from 8am to 2pm weekdays and the registered provider from 2pm to 8.30pm on a rolling rota. Taking either of the registered persons out of the staff equation to attend to the management of the service, left two staff to support five people, two of whom had complex health needs. The registered provider confirmed they had not carried out a review of staffing levels to ensure there were sufficient staff available to meet people's needs and keep the home clean.

Our observations of lunchtime on the first day of the inspection identified two staff were insufficient to support people to eat and enjoy their meal and there was a lack of coordination between the staff. One member of staff spent the lunchtime period preparing and serving meals, leaving the other member of staff (a senior member of staff) supporting two people who needed support to eat their meals and provide constant supervision to another person not to put too much food in their mouth at once. Whilst they made every effort to make the mealtime a pleasurable experience, it was obvious that they were finding the situation stressful. The senior failed to direct the other member of staff to assist with the meal, which would have made the meal a more relaxed and sociable occasion.

Six staff files examined identified safe recruitment processes were not sufficiently robust. Although, the files contained Disclosure and Barring checks to ensure staff had not been barred from working with people using social care services, we found references about staff's previous employment had not been requested despite having the contact details in their application form. One file contained no references at all. We also found the directors of the organisation were not in possession of a current DBS. One of the directors spent time working at the service with vulnerable people on a daily basis. Recruitment checks must be carried out robustly to ensure staff have the right skills and are suitable to work with people who use the service.

The shortfalls in fit and proper persons employed were a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) 2014

At their visit on 20 June 2017 the local authority identified poor medicines management. This was because medicines were not properly locked away, there were no protocols in place to guide staff on when to administer medicines prescribed on an 'as required' basis, and homely remedies were being administered without advice from health professionals. At our inspection we found the registered manager had already

taken steps to address these issues. They had revised the medicines policy and procedures, including reporting drug errors, and developed guidance for staff on the use of homely remedies and 'as required' medicines. They had also implemented personal profiles files for each person containing important information about how they took their medicines.

A check of the stock of medicines and medicines administered against people's Medicine Administration Charts (MAR) were accurate, indicating people were receiving their medicines as prescribed by their GP. However, further improvements were needed to ensure systems for obtaining, storing, administering and disposing of medicines were safe. For example, where medicines had started part way through a cycle, there was no system in place to ensure tablets were being dispensed in the same way. We saw that one member of staff had started a person's blister pack on week three, whereas another member of staff had started on week one. Although, the person had been given the right number of tablets this could lead to confusion, with the person having their medicine administered twice or not at all. Where medicines had not been administered no code had been used or an explanation recorded on the reverse of the MAR to reflect why these had not been given.

A box of Lorazepam with 11 tablets inside dated 08 March 2017 prescribed for a person using the service for occasions of extreme anxiety was found in the filing cabinet containing staff files. Although the cabinet was locked, these tablets were not accounted for; neither was there a protocol in place to guide staff what steps to follow before administering this medicine. The registered manager advised these medicines should have been returned to the pharmacy, as the persons medicines had changed. The registered manager confirmed they had no formal process in place for monitoring returns to the pharmacy, and advised they were in the process of implementing a returns book, in line with the revised medicines policy.

The registered manager told us they did not require a fridge for storing medicines, as no one was currently prescribed medicines requiring this type of storage; however we found creams prescribed for three people being stored in the fridge in the kitchen. The kitchen and fridge was accessible by people using the service which meant they had access to prescribed creams. No assessment had been undertaken to assess the risks to people and to ensure the medicines were being safely stored.

The shortfalls in medicines management were a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) 2014

The registered manager was aware of their responsibility to liaise with the police and local authority if safeguarding concerns were raised with them to ensure the safety and welfare of the people involved. However, they had failed to inform the local authority and us, the CQC of a safeguarding concern where a person's Lansoprazole had not been administered.

Staff confirmed they had completed training which provided them with the knowledge about how to recognise and respond to signs of abuse. They understood their responsibility to report any concerns to senior staff. They also told us they would contact CQC if they felt their concerns had not been addressed by the registered manager or registered provider. Information in the form of 'Ask SAL' posters were displayed around the service. SAL stands for Safeguarding Adults Line which is a helpline linked to Essex County Council Adult Safeguarding Board for people to contact if they suspect an adult is being treated badly, taken advantage of, or injured.

Is the service effective?

Our findings

Staff told us and certificates in their recruitment files confirmed they had received a range of training designed to give them the knowledge and skills to carry out their roles and responsibilities.

Staff had completed recognised qualifications in health and social care. One member of staff told us they were in the process of completing a National Vocational Qualification (NVQ) and a senior member of staff was completing this at diploma level. Certificates showed staff had completed training in health and safety, food safety, medication management, first aid, mental capacity, deprivation of liberty, infection control, safeguarding and moving and handling. However, no training had been provided to ensure staff had the right skills to meet people's specific needs, such as understanding and supporting a person to manage their epilepsy, or where a person's behaviour may be challenging to themselves or others. Neither were there any checks in place to assess staffs understanding following training to assess their competency of putting what they had learnt into practice. This was evident where staff had completed training in relation to mental capacity via eLearning, but had very little understanding about the legislation and why this should be applied.

Both staff spoken with said, "We are always doing some training on the computer." We noted all of the training had been completed on the computer via eLearning. Whilst this training has many benefits, we had concerns that subjects such as moving and handling which involves staff using equipment and requires practical training on how to use hoists and slings safely were being done via eLearning. Also of concern a senior member of staff told us they and the registered manager had previously attended training on how to use the hoist and were cascading this to other staff. Neither had completed the train the trainer for moving and handling or attended a recent refresher course, to ensure they were working in accordance with best practice and the most up to date safe moving and handling legislation.

The shortfalls in staffing were a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014

The registered manager confirmed there was a stable work force and had not employed any new staff for quite some time. Existing staff told us they had completed a recognised induction programme known as Skills for Care when they had first started work at the service. The registered manager was aware that new staff joining the service would need to complete the Care Certificate as part of their induction. This training included a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker.

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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found good evidence of MCA assessments in peoples care plans and staff were observed asking people for their consent before providing care and support. There was good evidence to show that relatives were being included in best interest decisions regarding care and treatment. For example, one person had

been assessed as not having capacity to manage their own financial affairs, and following a best interest meeting it was agreed their finances were managed by Essex Guardianship.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 on authorisations to deprive a person of their liberty were being met. We saw the registered manager had made appropriate DoLS authorisation requests for two people to lawfully deprive them of their liberty. These authorisations had been requested because their safety would be at risk if they left the service unescorted. The registered manager was in the process of making further applications for the three remaining people using the service for the same reason.

We saw people were provided with a balanced diet and had sufficient quantities to eat and drink to stay healthy. However, the registered manager told us they brought all the food for the service on a weekly shop. They did not have access to any 'petty cash' that enabled people to go to the shops and purchase any other items of food should they fancy something alternative to eat, such as an ice cream. If people wanted to make a cake or something for dessert the staff told us they bought it out of their own money and had to ask the registered provider to reimburse them. The registered provider confirmed they were the only person with access to petty cash and agreed they would put systems in place to enable the registered manager to manage this in the future.

Staff had good knowledge of people's dietary needs, including specialist diets, and their likes and dislikes around food and drink. For example, a member of staff told us a "[Person] really likes spaghetti bolognese, they don't like their food separately pureed, they like it all mixed together." We observed this person eating their meal at lunch time and they confirmed this was how they preferred their meal.

People told us they took part in preparing their meals on occasions. One person told us, "I help do the dinner sometimes with the staff, I like most things." We observed nice interaction between people and staff during the mealtimes. Staff asked people what they would like to eat in the way of vegetables with their main meal and showed them the different vegetables that were on offer. We also observed staff offering people a variety of different drinks to choose from.

People's care records showed that their health and dietary needs were being assessed, monitored and where required referrals were made to the appropriate health professionals, including speech and language therapists and the dietician. People told us they were supported to manage and maintain their own health. Their care records showed they had had an annual health check, regular reviews from the dentist, optician and their doctor.

Three out of the five people living at the service had hospital passports in place. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. However, we found parts of these had not been completed and therefore would not provide accurate information if admitted to hospital in an emergency.

Is the service caring?

Our findings

We observed the interactions between staff and people using the service were caring and friendly. Staff told us they had worked at The Croft for a number of years and we could see from their interaction with people they had clearly built positive relationships with them. We saw staff referred to people by their preferred names and spoke discreetly about their personal care needs. People looked comfortable in the staff's presence and appeared happy for staff to support them. We observed one person agreeing to change their tea shirt because they were going to go out for a walk and had spilt something down their top. People looked well cared for, they looked clean and tidy and were clean shaven. It was very hot on the day of inspection and we saw people were dressed appropriately and a fan had been placed in the communal areas to help people keep cool.

Although, we observed good interactions between people and staff, when we read people's daily notes these were not always written in a positive way. Assumptions had been made about people's moods, for example '[Person] is in a bad mood' and '[Person] behaviour has been absolutely appalling all afternoon and evening.' Whilst not intentional, this showed a lack of respect and understanding by staff of how the person was presenting, and if there were underlying issues causing this change in their behaviour. Although the description of people's behaviour was poorly recorded, we saw that staff were attentive to people's needs and offered reassurance when people showed signs of anxiety. For example, a member of staff told us one person because of their levels of anxiety around family visits and phone calls had a visual calendar which they updated each day with the date, month and the weather. Staff told us signposting the person to their calendar it helped with managing their expectations about when they were next going to speak with their relative. The person showed us their calendar and explained, "It is my 'job to ensure this is done each day."

We asked the registered manager how people using the service were supported to express their views. They showed us a set of questionnaires they had developed using easy read type, pictures and symbols to aid people with limited communication to be actively involved in making decisions about the care and support they received and the service in general. These were still in the developmental stage and covered food and drink, including their likes and dislikes and access to activities. A separate questionnaire asked people a series of questions about the quality of the service they received at The Croft, including if the staff were friendly. The registered manager confirmed staff would be assisting people to complete the questionnaire. We shared our concerns that given as it was staff asking the question if people would feel comfortable about providing a true response and whether or not it would be better if an independent person, such as an advocate was involved. Advocacy services help vulnerable people to access information and services, be involved in decisions about their lives, explore choices and options, defend and promote their rights and responsibilities and speak out about issues that matter to them.

Overall we saw that people's privacy and dignity was respected however we found two people were sharing a bedroom. This was a large room, with no dividing curtain for privacy. The registered provider could not provide a reason as to why the people were sharing a room; in view of the fact there was a spare room opposite. There was no documentation to say these two people wanted to share a room, however staff told

us they had always shared and were firm friends. The registered provider agreed they would work with the registered manager to arrange a best interest meeting with both people, their families, including advocacy involvement to discuss if either person would like a bedroom of their own.

People's care records showed where possible they had been involved in making decisions about their care. One person had signed their initial support plans setting out how they wanted their care and support provided. Where people had been unable to have this input into their care plans, family members had signed to say they agreed with the contents of the plan. Staff understood what people could do for themselves, where they needed help and encouragement and how they communicated. We observed staff using these varying methods to communicate with people throughout the inspection. One member of staff explained that some people were able to communicate verbally whilst other people were supported to make choices by gestures or by showing them alternatives. Staff were patient allowing people the time they needed to communicate their views and to make day to day decisions.

Is the service responsive?

Our findings

During the inspection we saw that staff clearly knew the people in their care well and what they needed to do to ensure they responded to their needs. However, we looked at three people's care plans and found whilst they provided an overview of the person's needs, where changes in their health had occurred they had not been updated. For example, following an assessment by the Speech and Language Therapist (SALT) one person had been identified as being at risk of choking, however their records had not been updated to reflect they needed their food pureed and required a thickening agent in their drinks. Their records still made reference to ensuring their food was cut into small pieces. Additionally, where a person had an existing reflux condition after a meal this was not clearly documented in their care plan on how staff should support them to manage this. Although staff knew the person required pureed meals and were able to tell us exactly what they would do to support the person with reflux, new staff, or agency staff would not know how to support these people from reading their care plans, which placed them both at risk of harm.

Some aspects of people's care needed to be further explained to ensure staff knew what action they should take in given situations. For example, 'blackouts' were referred too throughout a person's care plans, however when asked neither the registered manager nor staff were sure if this referred to seizures. An epilepsy plan was at the front of their care plan folder, but this was incomplete. Staff told us they had not had a seizure for a long time; however their records showed they had a seizure in June 2016 and January 2017. There were no properly documented plans in place for staff to follow, if this person had a seizure.

Although people's care plans had been reviewed on a regular basis there was no evidence that people important to them had been invited to a formal review meeting to discuss their ongoing care needs and how these were to be met. Additionally, care plan folders contained historical information about people's care and treatment which would be better archived to avoid any confusion about their current care needs.

The shortfalls in person centered care were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Although we found limited and conflicting information about people's needs, because staff knew the people really well they knew how to provide their care. We saw staff responded well and quickly to people's needs, for example a member of staff was observed supporting a person coughing up excessive mucus after eating their lunch. They responded promptly to this and ensured the person was as comfortable as possible during the process.

Each person using the service was nominated a key worker to enable a higher level of consistency in the care and support they received. [A key worker is a named member of staff who works with the person and acts as a link with their family]. This role ensured staff working with the people understood their needs, their life history and were aware of things that may define them such as their cultural background, gender and personal preferences. They also had a key role in supporting people to keep in contact with their family, including sending cards and gifts.

We observed how people spent their day. We saw people were able to spend their time as they chose in their rooms, watching television in the lounge or outside in the garden. Two people were supported to use the sensory room and enjoyed listening and dancing to music. Two other people walked to the local shop and bought some sweets and a pork pie for their tea. Staff told us they tried to offer people meaningful activities within the home. For example, staff told us that it was important for a person to keep their reading and writing skills updated and that is why they supported them to do 'work books'. This person told us, "I like doing my work books and puzzle books, I love doing dot to dot that is my favourite." We saw another person had helped to bake a cake. People were offered arts and crafts and one person was supported to do a word search book. Another person proudly showed us the vegetable patch in the garden and told us, "The staff help me grow the vegetables that we eat."

We saw people were encouraged to be responsible for tidying their own rooms and taking part in keeping their home tidy. One person was observed sweeping the floor after lunch and told us, "This is my job and I do this after every meal." We also saw that staff had encouraged people to retain their individuality by personalising their rooms with pictures and important objects. Some rooms were brightly decorated and staff told us they had supported people to choose their own bed linen and furnishings.

One person told us they liked to go out shopping and another person told us, "It is my birthday soon and I am going to the Zoo." However, both people told us they, "Didn't go out very often." This was confirmed when we looked through people's daily diary of activities. It was evident people had minimal community involvement. The service is set in a rural area and lacks public transport. The registered manager and staff told us the service used to have a minibus, but this was withdrawn from use at least two years ago. The registered provider was unaware that the two people who were immobile and used wheelchairs to move, should be receiving a higher level funding which would include Motability Allowance and would enable them to have access to their own vehicles. We also found that people did not have access to their individual personal allowance and pocket money when they needed it. This was being held and managed by the registered provider who was not always on site. Additionally, as previously mentioned in this report there was no petty cash system in place for staff to access to support trips out, purchase additional snacks and ice creams. The day of the inspection was a particularly hot and sunny day, and the lack of transport and access to their own money prevented people spontaneously accessing the community, such as the beach within a few miles of the service.

Staff told us trips out using public transport was limited as the service was not on a regular bus route. They had taken people on a train to Colchester to do some clothes shopping but this had to be arranged at least 48 hours in advance to ensure the guard was on the train to arrange support for the wheelchair users. Staff explained they used to be able to go out more when they had a vehicle. However we did see that people were encouraged to maintain personal relationships and were supported to do this. People confirmed that there were no restrictions on visiting. We saw details in people's care plans about family visits, phone calls and trips out with family members.

We looked to see what arrangements were in place for responding to any concerns or complaints about the service. A complaints procedure was displayed around the service in a format people could understand. One person confirmed they were aware of the procedures to follow if they had concerns and told us, "I would talk to the staff if I was unhappy." The registered manager told us they had regular contact with people's relatives by telephone or when they visited. Any issues, or concerns were discussed and resolved at the time, and no one had raised a formal complaint.

Is the service well-led?

Our findings

Both the registered provider and registered manager worked as part of the care team on a daily basis. This did not allow either of the registered persons to provide strong leadership and actively manage the service. Neither of the registered persons had a good understanding of current guidance and legislation in managing health and social care services and did not fully understand their responsibilities. For example, the registered provider was unaware following a change to becoming a limited company instead of a partnership they needed to change their registration with CQC, and was technically running an unregistered service. They have since made an application to ensure they are correctly registered.

The local authority quality improvement team for North and Mid Essex visit on the 20 June 2017, and our inspection identified there was a lack of systems in place to monitor the quality of the service and identify where improvements were needed. This lack of oversight has led to significant shortfalls in the way the service is being managed and failed to identify potential risks to people living there. For example, people's care plans and risk assessments need to be reviewed to ensure these reflect their current needs and protect them from harm, or the risk of harm occurring. The environment needs updating to eliminate risk and create a more homely environment. Staffing levels need to be assessed to ensure there are sufficient staff available, and that they receive appropriate training and supervision to ensure they have the right skills to meet people's needs. There needs to be a more robust process in place for the recruitment of staff to ensure they are safe to work with vulnerable adults.

The shortfalls in good governance were a breach of regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) 2014

The registered manager had been in post for two years and lacked support and guidance from the registered provider. Neither did they have links with other registered providers or managers to share good practice. They told us they had welcomed the feedback from the local authority visit and had felt inspired but needed the time, support and resources from the registered provider to make the required improvements. It was noted they had done well to complete a number of actions since the visit from the local authority, such as requesting DoLS authorisations, reviewing the complaints and medicines policy and procedures and developing easy read questionnaires for people using the service.

Both inspectors received positive feedback from staff about the registered manager and registered provider. Staff said they were supportive, approachable, easy to talk to and felt they were able to openly discuss any issues they may have with them.

Staff told us they received regular supervision and felt supported by the registered manager. Comments included, "The manager works alongside us most days so we feel we are always supervised" and "Any problems at all we discuss them straight away [manager] is always here." However, we found staff files contained little evidence of discussion between the registered manager and staff about what they were doing well or what support they needed for their personal development. We found supervision records contained very basic information, which was mostly cut and pasted from the previous month. One member

of staff commented, "I never feel I have much to say in the formal supervision because we communicate all the time when [manager] is on shift." Other than a 'staff supervision check' which listed numerous tasks ticked by the registered manager there was no discussion between the registered manager and member of staff about their knowledge, skills and competence to carry out their roles. The staff told us they did attend staff meetings where they were able to discuss issues about the service and discuss where improvements were needed; however there was no record of these meetings taking place. The registered manager confirmed the last meeting was about four months ago, but they had not minuted this.

We looked at the statement of purpose for The Croft dated 2015. This document described what people living there can expect as part of the service they receive. This document also contained the registered persons vision and values for the service; however staff were not aware of what these were. The registered manager told us they worked alongside staff on the floor where they were able to monitor the day to day culture of the service, including staff's behaviour and attitudes towards the people in their care. Whilst we saw staff had a good relationship with people in the service, the care provided was based on staffs knowledge of the person rather than guided by good practice or management support.

Policies and procedures were in place to guide staff on how to carry out their roles; however we saw these had not been reviewed or updated to ensure staff were working to up to date guidance and legislation. For example, the safeguarding policy and procedure was last reviewed in 2008 and made reference to contacting the Commission for Social Care Inspection, CQC's predecessor.

Although there was no formal quality monitoring systems in place, regular checks of equipment and utilities were being undertaken. For example we saw fire safety systems and equipment and hoists were being checked to ensure they were working effectively.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with proper and safe management of medicines. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services and others were not protected against the risks associated with ensuring fit and proper persons are employed. Regulation 19 (1) (a) Regulation 19 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate support and training to ensure they had the skills to meet people's specific needs. Regulation 18 (2) (a)