

FitzRoy Support The Croft

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was the first inspection of this service since it registered under Fitzroy Support. The inspection was undertaken on 12 October 2015, and was an unannounced inspection.

The Croft provides accommodation and personal care for up to four people with a learning disability. It specifically provides a service for older people who have a learning

disability and some who are living with dementia. At the time of the inspection there were three people living at The Croft aged between 48 and 66 years and one vacancy.

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

Summary of findings

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

People told us they received their medicines safely and when they should. However we found that one area of storage did not meet with legal requirements.

Most risks associated with people's care and support had been assessed, but the level of detail recorded in the risk assessments or on related records was not sufficient to ensure people always remained safe.

Care plans lacked detail about how people wished and preferred their care and support to be delivered or what independence skills they had in order for these to be encouraged and maintained.

People's needs were met by sufficient numbers of staff, but there had been a delay in the delivery of some training and refresher training. Staff were well supported and received regular meetings with their manager. Staff adopted an individual kind and caring approach, sometimes with good humour where it was appropriate.

People had a varied diet and where possible were involved in planning their meals and other household chores. People did a variety of activities that they had chosen and regularly accessed the community.

People were supported to make their own decisions and choices and these were respected by staff. Most staff had

received training in the Mental Capacity Act (MC) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process. Where people's liberty was restricted Deprivation of Liberty Safeguarding applications had been submitted, to ensure least restrictive practices where in place.

People's health was monitored closely and appropriate referrals were made to health care professionals.

People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally.

Audits, checks and visits by senior management all helped to identify shortfalls in order to drive improvements. Plans were in place to make improvements to the service. People and relatives had confidence in the register manager to make any improvements and provide a quality service.

We found two breaches 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 end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risk assessments did not contain sufficient detail to ensure people always remained safe.

Appropriate arrangements were in place for the safe handling of medicines, but the storage of controlled drugs was not safe.

People had their needs met by sufficient numbers of staff. Staff knew how to respond to safeguarding concerns appropriately.

Requires improvement



Is the service effective?

The service was not always effective.

There was a delay in staff receiving some mandatory and refresher training. Staff felt well supported and had access to meetings with their manager.

People had adequate food and drink and where possible were involved in planning the meals.

People's health was closely monitored and appropriate referrals made to health professionals.

Requires improvement



Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Good



Is the service responsive?

The service was not always responsive.

People received personalised care. However their care plans did not reflect their preferred routines or people's skills in order to promote their independence.

People had a varied programme of activities to suit their needs. Where able people enjoyed trips out into the community.

The service sought feedback from people and their relatives both informally and through care review meetings. People did not have any concerns.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

The level of detail in some records was not always sufficient to reflect people's wishes and preferences or keep them safe.

Audits and checks were in place to ensure the service ran effectively. These had been effective in identifying shortfalls and an action plan was in place.

There was an open and positive culture within the service, which focussed on people. The registered manager worked alongside staff, which meant issues were resolved as they occurred and helped ensured the service ran smoothly.

Requires improvement



The Croft

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 was planned to check 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 took place on 22 September 2015 and was unannounced. The inspection was carried out by one inspector as only three people were living at the service. Due to the small size of the service it was not appropriate for the inspection to include more people on the inspection team.

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

and we looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with two people who used the service, the registered manager and two members of staff.

We observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, medicine administration records, the staff training and supervision records, staff rotas and quality assurance surveys and audits.

We contacted three health care professionals who had had recent contact with the service and received feedback from all three.

We contacted three relatives of people living at The Croft by telephone to gain their views and feedback on the service provided.

Is the service safe?

Our findings

People told us they felt safe living at The Croft and received their medicines when they should. Relatives felt medicines were handled safely. However we found a shortfall in the medicine management.

Most risks associated with people's health and welfare had been assessed and there were procedures in place to keep people safe. For example, management of finances, vulnerability to abuse, making a hot drink, choking, accessing the community and travelling in the company vehicle. However not all risks had been assessed, some required clearer information and others required review or updating to ensure risks were mitigated. One person was cared for in bed and although staff were taking action to reduce the risk of poor skin integrity this was not recorded on a risk assessment. This person's fluid intake was monitored and records stated that intake for the day should be totalled, although it was not. There was no guidance about what was a healthy intake of fluid for this person and at what point when the fluid intake dropped they would call a health professional. When we spoke to staff they gave us conflicting information about when they would call a health professional. Records regarding the person's continence management were not completed consistently. This meant there was a risk that proper and consistent action would not be taken to keep this person healthy.

One person was living with dementia and staff told us how their health had deteriorated in recent weeks. The registered manager and staff told us how they became distressed and we saw how this may distress other people as well. Records confirmed that staff took appropriate action when this happened. However these actions to keep the person safe were not recorded in a risk assessment.

One person's moving and handling needs had changed and although staff were following good practice, the detail of how to move this person safely was not recorded. One person was living with diabetes and although there was some guidance in place to manage the risks associated with this not all records were up to date and reflected how staff told us they managed the person's condition. For example, records and staff disagreed how low blood sugars

would need to drop before they call the diabetic nurse for advice and guidance. This meant there may be some confusion about when to call health professionals risking the person's health.

One person had epilepsy and the actions recorded in the risk assessment did not reflect what staff told us they would do should the person have a seizure. This meant new staff might not take the proper action to keep this person safe.

One person's fire risk assessment contained conflicting information to their Personal Emergency Evacuation Plan (PEEP) as the risk assessment had not been updated when their health had deteriorated.

The supplying pharmacist had undertaken an audit of the medicine systems and records on 27 July 2015. During the audit it was highlighted that the cupboard used to store controlled drugs did not meet the specification of controlled drugs storage. We found this remained the situation at the time of our inspection. All other recommendations had been actioned.

The provider had failed to mitigate risks in relation to people's health and safety and proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in medicine administration and following this their competency was checked on two separate occasions. During the inspection we saw that medicine administration followed a safe practice. Staff were patient and waited until the person was ready to take their medicines.

Staff told us and records confirmed that staff always checked the medicines when they arrived into the service and these checks were recorded on the Medication Administration Record (MAR) chart as well as in a medicines logbook. There were systems in place for returning unused medicines to the pharmacist and for when people made day trips out. There was guidance in place, which had been signed by the doctor, for when people required 'as required' medicines, such as pain relief, to ensure people received these safely.

Temperature checks were taken daily on storage facilities and recorded to ensure the quality of medicines used.

Is the service safe?

People benefited from living in an environment and using equipment that was generally well maintained. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, the hoist and electrical items.

People told us they were happy with their rooms and everything was in working order. Relatives told us that equipment and the premises were well maintained and always in good working order. Repairs and maintenance were initially dealt with by the handyman and staff told us when there was a problem things were generally fixed fairly quickly, although one staff member felt things took a little longer now under the new provider. At the time of the inspection there were some outstanding jobs in the maintenance book, some of which had been recorded at the end of September 2015. However the registered manager told us that the handyman was booked to work at The Croft later that week. One person had chosen a new blind for the kitchen and this was on the list of jobs for the handyman. A new fridge/freezer had been purchased recently as the old one had not been keeping safe temperatures.

People had their needs met by sufficient numbers of staff. People and staff felt there were sufficient numbers of staff on duty. The registered manager and staff told us that staffing hours had been increased. During the inspection staff responded when people approached them and were not rushed in their responses. There was a staffing rota, which was based around people's needs, their health appointments and activities. There was a minimum of two staff on duty during the day, but usually this increased to between three to five between 9am and 5pm and one member of staff on duty at night. There was an on-call system covered by senior staff and management. The service used existing staff to fill any gaps in the rota and had recently recruited a bank staff and then an outside agency was used. This was usually to cover sickness or leave as at the time of the inspection there were no staff vacancies.

People told us they felt safe living at The Croft and would "Tell someone" if they were unhappy. Relatives also confirmed that they felt their family members were safe living at the service. One relative said, "It is the safest

possible place". During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people, often with good humour and laughter, and people were relaxed in the company of staff. Staff were patient with people giving them time to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. One staff member talked about a previous employment where they had raised concerns. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and had details of how to contact the Kent County Council's safeguarding team.

There had been no accidents since the service had registered. There was a clear written accident procedure in place and staff demonstrated in discussions that they knew what action to take should an accident occur, in order to keep people safe. The registered manager told us any incidents or accidents would be reported to the health and safety department who would check the action taken to reduce the risk of further occurrences and look for any trends and patterns.

People were protected by a robust recruitment procedure. Only one member of staff had been recruited since the service had registered. An application form had been completed and a gap in the employment history had been checked out with an explanation recorded. Other checks such as health declaration, conduct in previous employment, and proof of identity including a recent photograph and a Disclosure and Barring Service (DBS) check were in place (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people).

Staff knew how to safely evacuate people from the building in the event of an emergency. An on call system, outside of office hours, was in operation covered by senior staff and staff told us they felt confident to contact the person on call. Contractors were available to respond quickly in the event of an emergency.

Is the service effective?

Our findings

People told us they were “Happy” and “I like it here”. One person said they liked the service because of the “Quietness as I don’t like too much noise”. One person and their family member had recently commented in a review meeting that they were very happy with the service and support provided. The person commented that they “Enjoyed living at The Croft”. Relatives were happy with the care and support their family member received. Relative’s comments included, “We are very happy”. “It is wonderful care”. “I can’t express how happy I am”. “People are very well looked after”.

Health care professionals felt staff “generally” had a good understanding and knowledge of people and their care and support needs. One health professional felt that staff often demonstrated good insight into the complexity of an individual’s needs, but that at other times required further support and explanation of risks in order to achieve outcomes. They said that staff were very aware of people’s changing needs and were good at contacting them for further input and support.

Staff chatted to people positively when they were supporting them with their daily routines. Staff talked about how one person had developed since they had moved to The Croft. A staff member told us the individual used to be a bit agitated and cross, but “Is now a different person, they smile and laugh. Now we have got a full team he jokes with people and staff”. We observed this to be so during the inspection.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people throughout the inspection. For example, what to eat, whether they wanted to go out and what they wanted to do.

Care plans were put together using words, some pictures and symbols. Care plans contained some information about how people communicated. This was reflected in staffs practice during the inspection. Staff used different approaches with people, sometimes using banter and other times speaking gently. Staff were patient and not only acted on people’s verbal communication, but their facial expressions, noises and gestures.

Staff understood their roles and responsibilities. The new member of staff was undertaking their induction programme, this included reading, welcome to the organisation (on-line training), shadowing experienced staff and checks on their competency.

The registered manager told us there had been some delay, but they had received confirmation that the new Care Certificate training would be available at The Croft on 19 October 2015 and they and staff be able to access the training from that date. The new Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Most staff had received their mandatory training relevant for their role. For example, food hygiene, fire safety, health and safety, first aid, and infection control. However there were shortfalls in mandatory training, which would be addressed once the staff began the Care Certificate. Staff had recently had their competency checked in relation to moving and handling as an interim measure until moving and handling training/refreshers training was organised.

Staff felt they would benefit from training in dementia. The registered manager told us once staff began the training they would receive this training. The delay in staff being able to access and update their training we have identified as an area for improvement.

Staff that transferred to the new provider had received most mandatory training and since the service had registered all staff had received training in medicine administration, four staff had received first aid training, two had received epilepsy awareness and seven staff had received training in insulin administration and had their competency signed off by the lead diabetic specialist nurse. The registered manager said that positive behaviour training was also booked for staff. The registered manager told us they received details about up and coming face to face training monthly.

Four of the eight staff team had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard and the two other staff were working towards this qualification.

Is the service effective?

Staff told us and records confirmed that staff had one to one meetings with their manager where their learning and development was discussed. Records showed most staff had met with their manager during October 2015 and others were booked for a meeting. Team meetings were held where staff discussed people's current needs, good practice and policies and procedures. Staff said they had gone through a period of uncertainty with change in managers, but now felt well supported.

People told us their consent was gained, by themselves and staff talking through their care and support. People were offered choices, such as what to eat and how to spend their time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Most staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager told us that they had submitted DoLS applications for two people. The registered manager had previously been involved in a best interest meeting and understood the process, which had to be followed when one was required.

People had access to adequate food and drink. One person told us the food was "Nice" and they were involved in helping to choose the meals. There was a varied menu, which was planned each week and staff told us two people were involved in the planning and pictures were used to encourage a varied and healthy diet. Staff also added their knowledge of people's likes and dislikes where some people were unable to make a choice. The weekly menu was displayed in the kitchen/diner. At the time of the inspection this was written with no pictures and not everyone could read. However the registered manager told us a new board had been ordered which was big enough to also take pictures. Lunch was a sandwich or light meal with the main meal being served in the evening except on Sunday's. One person talked about how they helped with preparing vegetables and were "King of the Yorkshire puddings". People's weight was monitored and special diets were catered for. Health professionals had been involved in assessments of some people's nutritional

needs. Recommendations they had made had been followed through into practice. For example, food was liquidised and drink thickeners were used to reduce the risks of one person choking. One health professional told us how staff worked hard to ensure one person's continued health and well-being. Staff went to great pains to ensure they had a balanced, varied and enjoyable diet allowing them to reduce their laxative medicine through implementing a good diet.

People's health care needs were met. One person told us they had access to appointments and check-ups with dentists, doctors, chiropodist and opticians. People told us when they were not well staff supported them to go to the doctor and for others the doctor was called into the service. One relative told us "They monitor (family member's) health very well". Appropriate referrals had been made to health professionals and people were having input from a variety of health professionals. For example, an occupational therapist visited the service on the day of our inspection. We heard them offering advice and guidance to the registered manager and staff regarding supporting a person and their deteriorating health needs. They offered advice on changes to the environment and equipment, which would help the person maintain their independence and help staff manage their condition. One of the actions they requested was to make a referral to the doctor. We saw this was done immediately following their visit. Another person had been visited by a physiotherapist and staff were supporting the person with exercises to help with their movement. A health professional told us that staff worked with them and any advice and guidance they provided was adopted by staff. They felt staff addressed any health care needs as they arose.

People's health needs were closely monitored. One person was being cared for in bed and was on a regular position changing plan, to help reduced the risk of pressure sores. Discussions showed staff noticed quickly when people were not themselves. Any health appointments were recorded including outcomes and any recommendations to ensure all staff were up to date with people's current health needs. During the staff handover, staff and the registered manager discussed the current health concerns and what areas required close monitoring. Information about people's specific health conditions had been obtained and was available to inform and to help staff understand people's support needs. For example, ulcerative colitis.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said that the staff “Do look after me”; they told us staff were all kind and caring. One person told us if the staff were not caring they would “Soon tell them”. During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily, sometimes with banter and lots of laughter and other approaches involved staff reacting to noises, signs and gestures.

Relatives were very complimentary about the staff. Comments included, “The staff are wonderful”. “They are very kind”. “I really do have nothing but praise for them (staff)”. “You couldn’t get better staff”. “They are very supportive”.

Health professionals felt staff were very caring. One health care professional said, that staff demonstrated immense care towards (individual) and often appear to think of the little things, such as keeping his lips moisturised to avoid chapping. They try hard to take advice on board and implement it. They went onto say that staff also ensured that each person was included in participating with house activities as much as possible and gave an example where one person was dressed in a checked shirt for a another person’s cowboy themed birthday party and very much enjoyed their pureed birthday cake. They felt staff had achieved so much with one person to ensure they maintained their quality of life. Another professional told us that the needs of people were always paramount. They said the staff tried to create a warm and homely atmosphere for people. They had often witnessed people being able to carry out their favourite activities with support of staff, such as themed birthday parties. They felt people at The Croft were well cared for by all staff and seemed very happy in their environment.

One person told us they were able to get up and go to bed as they wished and have a shower when they wanted. Dependant on people’s current health needs people were able to choose where they spent their time. During the inspection some people accessed the house as they chose. There were areas where people were able to spend time, such as the kitchen/diner, lounge/conservatory and their own room. People said they had their privacy respected.

They confirmed that staff closed curtains and doors when they were assisted with their personal care. During the inspection when people required support with personal care they were assisted to the privacy of their own room or bathroom. The registered manager told us that individual medicines cabinets had been ordered for bedrooms, to enhance people’s privacy when they were taking their medicines.

People’s care plans contained information about their life histories. In one case we saw that the information had been put together by their family. This information helped staff to understand people and what was important to them. People’s care plans detailed people’s preferred names and we heard these being used during the inspection.

Where possible people were involved in discussions and review meetings to plan and make choices about their care and support. Staff told us how they encouraged people to make their own choices and how, when necessary facilitated this by offering a choice of two items, such as clothing or food.

People’s family and friends were able to visit at any time, which was confirmed by relatives. One relative said, “We literary call in any time. We are welcomed with a cup of tea and biscuits”. Relatives told us they were confident people were well supported and cared for.

Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could talk to people or discuss things with them that they were interested in, and ensure that support was individual for each person. Staff spent time with people facilitating people’s chosen activities or they simply sat with one person talking to them quietly.

We observed staff talked about and treated people in a respectful manner. The staff team was small, enabling continuity and a consistent approach by staff to support people. Health care and other professionals told us that people were treated with “The utmost” dignity and respect and that staff demonstrated that they were thinking of this at all times. One health care professional said, “I have been asked to leave the room when staff have needed to attend to a matter of personal care, showing consideration of his dignity. Staff talk of (individual) fondly, but with respect”. Care records were individually kept for each person to

Is the service caring?

ensure confidentiality and held securely. Care plans promoted people's privacy and dignity. For example, one person's personal care routine reminded staff to ensure they closed curtains and door.

People's independence was maintained. People were involved some household chores, such as cleaning their room and preparing meals, where this was possible. People talked about choosing meals they liked to have on the menus, helping to put the shopping away and preparing vegetables. A health care professional felt staff were always proactive in helping people maintain their independence skills for as long as possible. Another professional felt those people that could were very much encouraged by staff to

be as independent as possible. They had seen people helping with shopping lists, cooking, laundry, collecting the post, putting out bins and other various jobs which were part of everyday life and people seemed to embrace these opportunities. A relative told us "Staff help him, but let him have responsibility, such as putting the shopping away, drying up and putting away".

Staff told us at the time of the inspection that people who needed support were supported by their families and/or their care manager, and no one had needed to access any advocacy services. Information about advocates and how to contact an advocate was available within the service, should people need it.

Is the service responsive?

Our findings

One person told us they were involved in planning their care and had regular review meetings to discuss their aspirations and any concerns. They talked about how a family member had attended their review along with their care manager. People had the opportunity to voice any concerns they may have had during their review meeting. Some relatives told us they attended review meetings once a year.

No one had moved into the service for some years, although there was a vacancy at the time of the inspection. The registered manager talked us through the admission procedure, which would include an assessment of the person's needs, whilst visiting them in their own surroundings and obtaining information from professionals and family involved in their care and support. Following this the person would be able to "test drive" the service by spending time, such as for meals or an overnight stay, getting to know people and staff. One person told us they hoped the new person would be someone that "Can talk to me". Pre-admission assessments were held on file and were used when developing care plans as well as discussions with people and their families and observations.

Before a decision was made about assessing a new person, consideration was being given to moving a person downstairs into the vacant room, which may be more suitable to meet their current health care needs.

Care plans were present on each person's file. These were a brief overview of people's needs using pictures and words. They covered areas, such as health, medicines, health checks, diet, personal care, hair care, foot care, continence and life skills.

The registered manager was in the process of developing a step by step guide to each person's preferred daily routine including their personal care. This included what the person could do for themselves and what support they required from staff. We saw that one had been completed. However the other two care plans lacked information about people's preferences and wishes in relation to how they wanted to receive their care and support, to ensure their support was delivered consistently and in the way they wanted. There was no real detail about what the two people could do for themselves and what support they required from staff, in order to maintain or promote their

independence. This meant any new staff or agency staff would need to rely on experienced staff to ensure people received care and support consistently and how they wanted.

One care plan had not been updated when changes had taken place. For example, a care plan stated that a person should be given their meals on white plates and bowls so that they could see their food better, but staff told us this was no longer the case and dark plates were being used. This care plan was dated as last reviewed in September 2014 and the person's health had deteriorated since that time resulting in increased support needs which were not reflected in the care plan.

The provider has failed to maintain an accurate and complete record in respect of each person, including a record of the care and support provided to people and decisions taken in relation to the care and support provided. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans did contain details of people's choices in relation to food and drink. The registered manager told us that the provider was introducing a new format care plan, which the service would be using and would include more detailed information about people's preferred routines.

Care plans reflected the care provided to people during the inspection. It was evident during the inspection that staff were very familiar with people and their care and support needs. They were able to tell us about people's individual preferred routines and their current care and support needs in detail and how people received their care and support in line with these.

People had a programme of leisure activities in place, which they had chosen or was based on their known likes and dislikes. Activities included gardening at another service owned by the provider, reflexology, shopping, foot spa, darts on the Wii, fitness, karaoke, colouring, attending the local church service and other local clubs, sensory, music and television. Some people participated in activities when their health allowed. People and staff talked about recent outings which had included a trip to Bewl Water, the theatre, pub lunch and walk in Dungeness, Bedgebury Park, Kersley Abbey and the Romney Hythe and Dymchurch railway. During the inspection one person went swimming

Is the service responsive?

and another visited a local garden centre and saw the Christmas display. On their return it was very evident they had thoroughly enjoyed themselves. One relative told us “There is always such a lot for him to do”.

One person told us they would speak to their key worker or care manager if they were unhappy, but did not have any concerns. They felt staff would sort out any problems they had. Staff told us other people would either say they were unhappy or display behaviours that would include a process of elimination to resolve what was wrong. Relatives told us they did not have any complaints. One said, “I have never had any concerns”. There had been no complaints since registration. There was an easy read complaints procedure so people would be able to understand the process. The registered manager did some ‘hands on’ shifts

and the office was central within the house so they were available if people wanted to speak with them. The registered manager told us that any concerns or complaints were taken seriously and would be used to learn and improve the service.

People had some opportunities to provide feedback about the service provided. People had regular review meetings where they and their families could give feedback about the care and support and the service provided. People had a weekly discussion around meals and menus. The registered manager was accessible to people and visitors and relatives felt they could approach them. The registered manager told us they were going to introduce resident meetings using pictures as another way to encourage people to give feedback.

Is the service well-led?

Our findings

People had previously received a service user guide. This was an information booklet so people knew what they could expect from the service. They also had a contract with the previous provider. These documents were still present on people's files and they had received no new information from the provider. This meant people did not have up to date information about the service they could expect to receive or the contractual arrangements for their service.

Some other records were also identified as requiring improvement during the inspection. These included care plans, risk assessments and fluid intake records and guidance. Other records were up to date and all records were stored securely. Staff had access to the provider's policies and procedures on-line. These were reviewed and kept up to date by the provider.

The service had registered under Fitzroy Support on 27 May 2015 and since that time there had been a period of change and adjustment. New systems, policies and procedures were gradually being introduced and this continued. At the time of the inspection this was an on-going process with some areas still to be implemented and embedded to ensure a well-led service.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included regular checks on temperatures, such as water, food and fridge freezers. Medicine, health and safety and vehicle checks were also made, to make sure people remained safe.

The supplying pharmacist had undertaken an audit of the medicine systems and records in July 2015. We found all but one recommendation had been implemented.

Senior management had undertaken two quality assurance visits and reports were available. We saw that the last report showed that shortfalls we identified during this inspection had already been picked up during a visit in September 2015 and a plan to address the shortfalls was in place. This meant the provider was proactive in highlighting and addressing shortfalls to drive improvement.

Staff told us when senior management visited they were approachable and always made time to speak with people and them and listen to what they had to say.

Relatives felt the service was well-led. Their comments included, "It is very well-led". "They all get on with it". "It feels like a role model for how care homes should be". "We don't have any problems, he is always pleased to get back and that is a good sign". One relative felt that there had a period of a lot of changes including staff and they hoped things would now be more settled".

There was a registered manager in post who was supported by a senior support worker. The registered manager worked three days a week within the office and 16 hours (two days) they worked 'hands on' on shift. People knew the registered manager and felt they were busy but approachable and "Nice". There was an open and positive culture within the service, which focussed on people. Relatives spoke highly of registered manager. Relatives said they felt comfortable in approaching and speaking with them. Comments about the registered manager included, "There is no problem there and she is very supportive". "She always informs us what is going on, she is fantastic". "Very nice". "Knows what she is doing, lovely and confident". Staff felt the registered manager motivated them and the staff team.

The registered manager told us they received regular information and updates from the provider. This ensured they remained up to date with legislation and good practice.

Health care professionals felt the service was currently managed "Effectively". One health care professional said that the registered manager appeared to be organised, approachable, caring and valued support from specialist services. Another professional felt The Croft was a well-run service. They found the registered manager very professional and caring and would have no hesitation in approaching them if they had any concerns about the service. They felt the registered manager did an excellent job of leading their team and had a good management style. They said, "It is obvious they cared deeply about people living there and they do their very best to ensure that people are well looked after, safe and happy".

The provider had a set of values, which were displayed within the service. These were: 'We see the person, we are brave and we are creative'. The vision of the provider was

Is the service well-led?

that people were treated as equals, regardless of their disability. Their mission was to transform the lives of people with a learning disability by supporting them to lead the lives they choose. Staff knew about the values and understood them. We observed staff displaying these behaviours during our inspection, particularly in their commitment to the individual people they supported.

During 2014 the provider was a winner in the National Learning Disabilities Award scheme. This award seeks to acknowledge and celebrate excellence in the support for people with learning disabilities and aims to pay tribute to

those individuals or organisations that excel in providing quality care. The provider had also gained the investors in people award, which meant the provider had met a set of standards for better people management including what it took to lead, support and manage people well for sustained results.

The registered manager told us that the provider organises meetings where people who live or use services can have a voice about the business and future of the organisation. One of the people living at The Croft had been invited to attend these meetings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to mitigate risks in relation to people's health and safety and proper and safe management of medicines.

Regulation 12(2)(b)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider has failed to maintain an accurate and complete record in respect of each person, including a record of the care and support provided to people and decisions taken in relation to the care and support provided.

Regulation 17(2)(c)