The National Society for Epilepsy

Croft Cottage

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 3 and 4 December 2014 and was unannounced. We previously inspected the service on the 10 May 2013. At that time the service was meeting the regulations inspected.

Croft Cottage is a care home which provides accommodation and personal care for up to seven people with epilepsy, learning and/or physical disabilities.

At the time of our inspection there were seven people living in the home. 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.

We saw staff engaged positively with people and respected their privacy and dignity whilst supporting them. Staff had a good understanding of people's needs and the support required and promoted their involvement in their care and daily life of the home. One

Summary of findings

relative commented “The care is fantastic and in their experience it is the cream of the crop”. Another relative commented “The care given is first class and staff are friendly, lovely and so kind”.

The provider had systems in place to satisfy themselves that the service was being effectively managed and monitored. Staff, people who used the service and relatives were happy with the way the home was run. They told us the registered manager was approachable, available and the staff all worked well as a team. Staff were all clear of their roles and responsibilities and worked well together to provide safe, effective, caring and responsive care to people.

A relative commented “It is lovely as all the staff and manager seem to get on well together”. A consultant involved with the home commented “There is outstanding epilepsy expertise, but also unique knowledge of clients gained over many years and due to very little fluctuation in key workers and senior care staff, which is testament to the excellent care they provide, but also the management in place”.

People and their relatives told us they felt safe. Staff were trained in safeguarding adults and protocols were provided on the action to take if such incidences occurred.

Risks to people, staff and visitors were identified, addressed and managed which promoted safe care and a safe working environment. The home was clean, well maintained and systems were in place to prevent the risks of cross infection. Accident and incidents were appropriately managed which ensured people’s safety.

There were enough staff to support people and meet their needs. The home used thorough recruitment procedures which included a check for criminal convictions and written references. Staff were supported to meet people’s needs through induction, training and supervision.

Medicines were stored and administered to people safely. Staff undertook training so that they knew how to handle medicines safely and in line with guidance.

Care plans recorded the support people needed. These were detailed and kept under review which ensured staff provided consistent care for people. People had a weekly programme of activities and had access to leisure activities. Systems were in place to address complaints and concerns raised and people were aware of these.

People were able to make decisions on their care and staff supported people to attend healthcare

appointments and maintain their health and well-being. The home had a stable staff team who knew the people they supported well which meant they were quick to notice and respond to changes in people’s health.

Staff and people who used the service ate together and this created a homely family environment for people. People were offered choices and were encouraged to eat their meals independently with support given when required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People told us they felt safe and the provider had systems in place to make sure people were protected from abuse and avoidable harm.

Risks to people were identified and managed including infection control, falls fire safety checks and accidents and incidents.

People were supported with their medicines in a safe way by staff who were trained and competent.

Good

Is the service effective?
The service was effective. Staff were suitable inducted, trained and supported to make sure they had the skills and knowledge to provide effective care to people.

People's health needs were met and they had the required support to access health professionals.

People were provided with a varied and balanced diet and support was provided for people who required it to meet their nutritional needs.

Good

Is the service caring?
The service was caring. People who use the service and relatives were happy with the care provided. Staff were kind, gentle, caring and supportive of people and had a positive and enabling relationship with them.

People's privacy and independence was promoted and they were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive. Care plans were in place which were detailed, specific and reviewed in response to people's changing needs.

People had access to a range of activities including leisure activities.

Systems were in place which ensured people knew how to make a complaint and complaints were acknowledged and investigated appropriately.

Good

Is the service well-led?
The service was well led. There were clear lines of accountability and responsibility within the management team.

There were comprehensive quality assurances systems in place to make sure that any areas for improvement were identified and addressed.

Records were secure, well maintained, up to date and accurate.

Good

Croft Cottage

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 3 and 4 December 2014. This was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

We previously inspected the service on the 10 May 2013. At that time the service was meeting the regulations inspected.

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the previous inspection reports and other information we held about the service. We also contacted professionals involved with the service to obtain their views about the care provided. We contacted 11 professionals and received feedback from six of those. All of the feedback we received was positive.

We spoke with four people living at the home, a relative, a reviewing officer and eight staff which included the registered manager. We also spoke with three relatives by telephone after the inspection and received feedback from a consultant, psychologist, dietician, chiropodist, the Quality in Care team and a person in the role of service user empowerment facilitator. The role of this person was to support and empower people who used the service to communicate with people they wished to influence. We looked at a number of records relating to people's care and the running of the home. These included three care plans, medicine records for three people, two staff files, accident/ incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person commented "I would tell someone if I was worried about anything". Relatives also confirmed they felt confident their relative received safe care. A consultant involved with the service commented "The team at Croft Cottage is highly experienced in dealing with complex medical, psychological and social issues and provide a safe and caring environment.

People were protected from the risk of harm and abuse. Staff told us they had received training in safeguarding adults. All but two members of staff had up to date safeguarding of vulnerable adults training. We noted that the training for those two members of staff had been planned and booked. Staff were clear about their responsibilities to report abuse and were confident any such allegations would be properly investigated. They were also aware of the whistle blowing procedure. This outlined staff had a responsibility to report poor and unsafe practice and their identity and employment would be protected if they did so. The procedure outlined who to contact outside of the organisation if their concerns were not taken seriously. We saw a whistle blowing poster was displayed on notice boards in the home to remind staff of their responsibilities. The provider had a prevention of abuse and safeguarding adult's policy in place. This outlined the types of abuse and how an allegation of abuse was to be dealt with, which was in line with the Local Authority Safeguarding of Vulnerable Adults (SOVA) procedures.

People's care plans contained risk assessments. This meant risks to people were identified and managed to promote their safety and well-being. These included risks related to people's medical conditions such as risks associated with epilepsy and behaviours that may challenge staff or other people. Risk assessments were in place to manage risks associated with the use of bed rails, falls, finances, malnutrition, and choking. Risk assessments were also in place which promoted individual's independence such as activities out of the home, using public transport and involvement with cooking and cleaning. Detailed moving and handling assessments were in place for people who required them. The risk assessments were up to date and were signed by people using the service where they were able to. This meant they were aware of potential risks and measures in place to manage the risks.

Staff understood their responsibilities in relation to health and safety, fire safety and in promoting a safe environment for people. The service/provider had environmental risk assessments in place which addressed risks to people who used the service, staff and visitors. These were up to date, reviewed and action taken to reduce and minimise the risks identified, such as risks associated with lone working, medicines administration, access to the building and use of the mini bus. Health and safety checks took place monthly and fire safety checks, fire drills and the servicing of equipment were all up to date and safe to use.

The provider had a contingency plan in place which provided guidance for staff on the action to take in the event of a major incident at the home such as fire, flooding, electric, gas or water supply failure.

Staff were aware of the reporting process for any accidents or incidents that occurred to promote safe care for people. We viewed the accident and incident records. Body charts were completed for people following an accident. These were signed off by the registered manager and action taken to prevent reoccurrence such as changes to the person's care plan or introduction of a risk assessment to manage the risk.

The home was suitably maintained to ensure it was safe for people living there. A refurbishment programme was in place which outlined areas of the home which were due to be decorated and items replaced. We saw maintenance issues were logged. A timescale was given when the work would be carried out and updates were provided of any delays and when the work was completed.

People's medicines were managed safely. The provider had a medicines policy in place which provided guidance for staff on how medicines were to be managed. Some people at the home administered their own medicines. Risk assessments were in place which indicated risks associated with that and how they were to be managed. All of the staff were trained and assessed as competent to administer medicines. We saw medicines were stored safely. We looked at medication administration records for three people. There were no gaps in administration and medicines were administered as prescribed. Systems were in place to record medicines received into the home and those that had been disposed of. Daily stock checks of medicines took place and records were maintained which

Good

Is the service safe?

ensured any discrepancies in medicines were immediately addressed. Audits of medicines took place and actions were taken to address issues raised and promote safe medicines practices.

There were sufficient numbers of staff available to keep people safe. People told us there was enough staff to help them when they needed it. Staffing levels were determined by the number of people using the service and their needs. The service had an established staff team, many whom had worked there for a number of years. We saw from the rotas two staff were provided on each shift. A third staff member worked 9:00am to 5:00pm and extra staff were provided for specific activities and appointments. The home had recently appointed a cleaner and support staff were responsible for the cooking. At the time of our inspection there were no staff vacancies. Staff felt the staffing levels were generally good and flexible to meet people's needs. We saw staff were available to people throughout the inspection.

There were suitable recruitment procedures and required checks were undertaken before staff commenced work at the home. The provider had a policy in place which outlined the process to follow when recruiting staff. We spoke with the newest staff member. They told us they had completed an application form, attended for interview and had references and a Disclosure and Barring Service (DBS) check carried out before they started work at the home. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

We saw an application form had been completed and a record was maintained of the outcome of the interview. Two references were obtained and a DBS check was carried out and made available before the staff member started work with the provider. We saw the staff member who had transferred from another location had also completed an application form, attended an interview and a decision was made that they were the most suitable person for the post. The registered manager confirmed that they were in the process of obtaining photographs of those staff to add to the recruitment files.

The home was clean and odour free. The provider had infection control policies available. An up to date infection control audit and risk assessment were in place. The home had a nominated infection control lead and the staff we spoke with were aware who that person was. Staff were trained in infection control and the nominated infection control lead staff member was scheduled to go on training specific to their role. A part time cleaner had recently been appointed. They were responsible for cleaning the shared areas of the home and provided a thorough clean of people's bedrooms on a monthly basis. The home had cleaning schedules in place and staff were clear of their responsibilities in relation to the use of protective clothing, gloves and colour coded mops and buckets. People's care plans contained risk assessment in relation to infection control to prevent and manage the risks of cross infection.

Good

Is the service effective?

Our findings

Relatives told us they felt staff were suitably trained and had the required skills to meet people's needs. People said staff knew how to support them. A consultant involved with the home commented "There is outstanding epilepsy expertise, but also unique knowledge of clients gained over many years and due to very little fluctuation in key workers and senior care staff, which is testament to the excellent care they provide, but also the management in place". They said "Croft Cottage should serve as a model of how epilepsy care should be delivered: it is person-centred and allowing for each and individual person with a diverging set of skills to develop and prosper."

Staff confirmed they had an induction which was suitable for their role. An induction policy was in place which outlined the induction process. We looked at induction records for new staff. We saw that they had completed an in- house induction and were due to commence the common induction standards. Alongside this all new staff completed five day induction training which included training on health and safety, infection control, safeguarding of vulnerable adults and first aid.

Staff told us they felt suitably trained to do their job and that regular training and updates were provided. We looked at the training records and saw staff had training in subjects the provider considered to be mandatory for the service. This included training in epilepsy awareness and administration of emergency seizure medication. A high percentage of staff had all of the required training and where updates were due we saw they were booked. Staff had delegated responsibilities within their roles such as health and safety, infection control and medication. They were trained and assessed as competent to carry out these roles and were clear about their additional areas of responsibility.

Staff were supervised and supported to carry out their work, they said they felt supported and happy in their roles. All staff had a named supervisor and records were maintained which showed staff received formal supervisions every two months. All staff had an annual appraisal of their performance. Staff confirmed this.

People's care plans outlined their individual communication needs. Alongside this a staff member had developed pictorial communication guidance for each person to enable the care staff and professionals to effectively communicate with individuals. We saw people had been involved in their care plans and risk assessments and they were encouraged to contribute and consent to them. Most people living at the home had the ability to make choices and decisions on their care.

Staff were trained and clear about their responsibilities outlined by the Mental Capacity Act 2005 (MCA) on the actions to take if a person was unable to consent and lacked capacity. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Where people were assessed as not having capacity to make a decision a best interest decision was made involving people who knew the person and other professionals. The provider had a policy on consent to treatment to support staff in their practice.

Staff had been trained in Deprivation of Liberty Safeguards (DoLS) and during discussions with us they demonstrated a good understanding of the legislation which enabled them to provide effective care to people. DoLS is a framework to ensure that people in care homes are looked after in a way that does not unlawfully restrict their freedom. At the time of our inspection there were no DoLS authorisations in place, however two applications had been submitted to enable the staff to continue to restrict these people in their best interests.

People could see health professionals to meet their specific needs. People told us staff supported them to see a doctor and go to hospital appointments with them. We saw records were maintained of appointments with professionals and the outcome of those visits. There were regular reviews of people's care and progress. Annual reviews took place which included the person who used the service, relatives and relevant professionals involved in the person's care.

Staff were effective in responding to changes in people. We observed staff were aware when someone was distressed and intervened quickly to provide them with reassurance. Another person had a seizure and staff immediately made the person safe and stayed with them to provide reassurance until they recovered.

People told us they were happy with the meals provided. They told us they got a choice of meals and drinks. Relatives told us the food always looked good, it was tasty, varied and fresh as opposed to processed. People's care

Good

Is the service effective?

plans outlined their nutritional needs and the support required with their meals. We saw risk assessments and management plans were in place for people who were at risk of low weight and for those who wanted to lose weight. Staff were responsible for cooking the meals. People were supported to be involved in meal preparation dependant on their abilities. We saw people peeling potatoes and preparing vegetables. We viewed the menu and saw people were offered choices and a varied menu. Staff told us the dietician had reviewed their menus to ensure they were healthy and well balanced. The dietician confirmed staff initiated this. The dietician confirmed staff had contacted them for advice on supporting a person who had lost weight and that the advice and recommendations given had been followed to improve the person's nutritional status.

Good

Is the service caring?

Our findings

People told us staff were caring and they felt cared for. One person commented "Staff are kind to me, they help me". Relatives told us they were happy with the care provided. One relative commented "The care is fantastic and in their experience it is the cream of the crop". Another relative commented "The care given is first class and staff are friendly, lovely and so kind". A visiting professional there on day two of the inspection commented on how welcoming the staff were and how the home appeared homely with a family atmosphere as opposed to a care home setting. A professional involved with the home told us staff were very helpful, polite and were organised when they visited. They commented "Residents appeared to be very well cared for, always looked clean with nice clothes on. The place feels homely and staff do encourage residents who are more able to be as independent as possible".

Staff engaged with people in a kind, gentle, caring, supportive and professional way. Staff had an excellent knowledge of each person and their needs. We heard staff chatting, laughing and engaging positively with people. During discussion with staff they were able to tell us how people were cared for and the level of support they required with specific tasks. This demonstrated they had a good knowledge of how to meet each person's needs.

Staff and people who used the service ate together at lunch. We saw people were given a choice of drinks and support was provided for people who required it. This was done in a discreet and respectful way. There were lots of discussion between staff and people who used the service over the mealtime and we saw it provided people with a homely family experience.

We saw people were involved in the daily life of the home. For example, some people were assisting staff to put the Christmas decorations up, whilst others were involved in preparing the lunch. We saw people were able to make choices on what activities they wanted to do, what they wanted to eat and drink and what they wanted to watch on the television. Resident meetings took place. This was another opportunity for people to be involved in the running of the home and to influence decisions on issues which concerned them such as refurbishment of the home, trips out and holidays.

People had an identified member of staff which was known as their keyworker. People knew who their keyworker was and staff were clear of their responsibilities of the keyworker role. We saw the person and staff member met regularly to review their progress and discuss and agree what the person wanted to do. The records viewed indicated the keyworker supported people to get information to enable them to make choices and decisions on activities, holidays and equipment such as computers, laptops and furniture for their bedrooms. At the time of our inspection the home had no advocacy involvement but were aware how to access advocates if they were required. Advocates are independent and represents the persons interests, supporting them to speak or speaks on their behalf. To ensure their wishes and needs are heard.

People's independence was promoted and people were encouraged and supported to do things for themselves. People were supported to assist in the kitchen, be involved in meal preparation, make drinks for themselves as well as being involved in cleaning their bedrooms and assisting with their laundry. A relative said staff like people to get involved in doing things for themselves but they always know when to step in and provide support too.

People's privacy and dignity was promoted. They said staff always knock on their door and always keep the door shut when supporting them with a bath. People told us staff were respectful to them and always called them by their first name. We observed staff knocked on people's bedroom doors before entering and they called them by their preferred names. During discussion with us staff demonstrated they were aware of their responsibilities in promoting people's confidentiality.

All bedrooms at the home were single rooms. This meant people were able to spend time in private if they wished to. We saw people's bedrooms were personalised with their belongings such as furniture, photographs and items relating to their hobbies which promoted their sense of belonging and well-being.

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs because they knew them so well and knew immediately when something wasn't right. They said people always got the right care and support. A health professional involved with the home told us they felt staff were very responsive to people's needs during their visits and took a person centred approach to their work. Another health professional involved with the home commented that "There is a mix of residents with differing abilities but their care appears to take this into account. Certainly, the residents are encouraged to contribute to the running of the house and to be involved in activities both in and out of the house".

Relatives told us staff kept them informed of changes in people's health and seek medical input if required. We saw the service had an information sheet on each person which included their personal details, contacts, medical needs and medication. They took this with them when someone was admitted to hospital which ensured the hospital was made aware of key information on each person to ensure consistent care was provided.

Staff were aware of people's care plans and we saw they provided care in line with these. Care plans were detailed and specific as to how staff were to support people with all aspects of their care. These were based on personalised assessments and needs. They were kept up to date and reviewed when people's needs changed. People were encouraged to be involved in developing the care plans and reviews of them. Each care plan had a detailed description of the person's seizures and how staff should support each person. These were signed by the consultant involved in people's care. We saw they were reviewed if there were any changes or if the person was not responding to the medicines prescribed for them. A psychologist involved with the home told us they found the care plans were really well thought out and it was easy to find the information required.

People had an individual programme of activities. All staff were aware of this and supported people to attend their programme. We saw extra staff were provided on specific days to enable people's individual activities to take place. People went to college, work placements and leisure activities. Activities were brought into the home such as arts and crafts and storytelling for people who did not want to go out to them. Staff also supported people to attend leisure activities such as swimming, meals out, cinema and some people were supported to go to the grand prix.

People told us they had lots of things to do and enjoyed going out. They said they could do this when they wanted to as long as they planned it with staff. Relatives were generally happy with the activities provided. One relative commented "They could do more at the weekends". Some leisure activities took place at the weekend. Staff said people did not always want to do activities at the weekend as people saw it as time off from their weekly programme. We saw the story telling session took place as scheduled and saw how staff involved people in decorating the house for Christmas as well as signing along and dancing to Christmas songs.

People and their relatives told us they would talk to staff if they had any complaints or concerns. Relatives could not recall making a formal compliant but said if they had any issues they would tell staff and it was dealt with straight away. Staff were clear of their responsibilities to support people to make a complaint and knew the procedure for reporting complaints. The provider had a complaints procedure in place which outlined how complaints were to be managed and timescales for investigating and responding to complainants. We saw the complaints procedure was displayed on the notice boards and accessible to people. We looked at the complaints log. We saw there was one complaint logged which was resolved to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

Relatives told us they thought the service was well led. One relative commented "The manager is very approachable and accommodating". Another relative told us they see the manager around the home when they visited and the manager sits down to eat with people too. They commented "It is lovely as all the staff and manager seem to get on well together". One professional involved with the service told us their impression of Croft Cottage was that it is a happy home and one in which the residents feel comfortable. They commented "There is a low turnover of staff which indicated a happy, well led, workforce. A relatively low number of residents and a stable workforce appear to have led to a situation where both sides know each other well and are comfortable together".

There was a management structure within the home which provided clear lines of responsibility and accountability. All of the support workers were trained as shift leaders so there was always a designated staff member responsible for the shift. All staff we spoke with were clear about their roles and reporting procedures. Staff worked well as a team. All staff took an active role in the shift and tasks were delegated and completed. We saw all members of the staff team engaged positively with people who used the service and each other. The home had access to out of hours support from a senior member of staff who was on call at the provider's head office. Staff also said they could contact the registered manager or a team leader out of hours for advice if they needed it.

People who used the service said they could talk to the registered manager and team leaders at any time. Relatives said the registered manager was approachable and their door was always open. One relative described the staff as family to them. Staff said the registered manager was approachable and accessible. They felt they were listened to and the registered manager acted on their suggestions and/or concerns. They told us they felt the home was well led. They said the registered manager kept them informed and they felt valued. A staff member commented "All the team was going in the same direction".

There were systems to promote good communication. A handover took place daily, shift planners and a communication book were in use and a weekly clinical review meeting had commenced. This was to discuss progress or changes in people's needs and ensured action was taken in a timely manner. Regular team meetings took place to inform and update staff on any changes in the service. Staff told us they felt comfortable and able to contribute to these meetings.

The provider had a quality monitoring policy in place. This outlined their responsibility to monitor services and how they would do that. We saw quality monitoring checks of practices had taken place and actions taken to address findings. The registered manager and team leaders were responsible for carrying out a range of audits which included medicines, care plans, infection control, health and safety, finances and catering. The actions from the audits were transferred onto the service's development plan. This was monitored by the provider and actions were signed off when the provider had established they had been satisfactorily completed. The development plan was continuously reviewed and updated. The provider carried out monthly monitoring visits of the service. Reports of the visits were available. We saw these were comprehensive and thorough which enabled the provider to satisfy themselves that the service was being effectively managed.

People told us they had residents' meeting which meant they could talk to staff about the service. Relatives told us relative meetings took place and this was an opportunity for them to give feedback on the service. Surveys were being sent out to people who used the service, staff, relatives and professionals. This was to enable the provider to learn from the feedback to drive forward improvements to the service. We saw the recruitment of a cleaner was an area for improvement identified by the registered manager and acted on. This enabled the support staff to have more time to spend with the people they supported.

We saw people's records, staff records and other records viewed were secure, well maintained, kept up to date and accurate. All staff spoken with were aware of their responsibilities in relation to records and data protection. A psychologist involved with the home told us they always found people's care plans were stored in a secure cupboard in the staff office.

Revised policies and procedures were being introduced. Each week a new policy was discussed with the staff team and they were informed of its content. Staff then had to confirm and sign to say they read and understood it. The records showed that staff had signed to confirm they had read and understood them.