Quality Care Homes Limited

Little Croft Care Home

Inspection report

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Ratings

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

Overall summary

This inspection was conducted over two days on the 11 and 16 June 2015 and was unannounced. Little Croft Care Home can accommodate up to 37 people. At the time of the inspection there were 34 people living in the home. Little Croft Care Home provides a service to older people, some people were living with dementia.

Little Croft Care Home (part of Quality Care Homes Ltd) is situated in Oldland Common and is on a main bus route.

All bedrooms are single occupancy with an ensuite facility. People can move freely around the home and the secure garden to the rear of the property. There was level access to the property and lifts to the first floor.

There was a registered manager working at the service. 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.

Summary of findings

Care plans were in place that described how the person would like to be supported and these were kept under review. Some improvements were required to ensure that some people's care and support was clearly described in relation to their medical condition. There was a lack of information about people's past histories including employment, family, hobbies and interests.

Whilst people had not raised concerns about the staffing levels we found that there were risks at night as there were only two staff working. This was because of the layout of the building and some people required two staff to support them. We have asked the provider to make improvements to the staffing at night. The registered manager told us when new people were admitted to the home staffing levels would be reviewed and increased accordingly.

People received a safe service because risks to their health and safety were being well managed. Staff were aware of the potential risks to people and the action they should take to minimise these.

People's medicines were managed safely. People were protected from abuse because staff had received training on safeguarding adults and they knew what to do if an allegation of abuse was raised. People were observed moving freely around their home.

People had access to healthcare professionals when they became unwell or required specialist help. They were encouraged to be independent and were encouraged to participate in activities both in the home and the local community.

People were treated in a dignified, caring manner which demonstrated that their rights were protected. People confirmed their involvement in decisions about their care. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected. This was done through involving relatives or other professionals in the decision making process.

Staff were knowledgeable about the people they were supporting and spoke about them in a caring way. Staff had received suitable training enabling them to deliver safe and effective care. Newly appointed staff underwent a thorough recruitment process before commencing work with people.

Systems were in place to ensure open communication which included team meetings and daily handovers. A handover is where important information is shared between the staff during shift changeovers. This ensured important information was shared between staff enabling them to provide care that was effective and consistent.

People were involved in a variety of activities in the home. We have asked the provider to make improvements in this area as some people told us there were very little activities taking place that they enjoyed.

People's views were sought through care reviews, house meetings and surveys and acted upon. Systems were in place to ensure complaints were responded to.

People who used the service, their relatives and staff were positive about the management of the home, which was open and approachable. Professionals commented on the improvements which had been made over the last couple of months. This was because there was a senior carer on duty at all times which had improved communication.

We have made two recommendations that the service explores the relevant guidance on how to ensure activities are more meaningful for people and explores the relevant guidance on how to make environment used by people more 'dementia friendly'.

We found two of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

Requires improvement

The service was not consistently safe.

There was not sufficient staff to support people at night. We have asked the provider to review staffing levels to ensure it was sufficient to support people safely at all times of the day and night.

The service provided a safe environment for people and risks to their health and safety were well managed by the staff. They received their medicine safely and on time.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately in respect of an allegation of abuse.

Is the service effective?

Good

The service was effective.

People received an effective service because staff provided support which met their individual needs. People were involved in making decisions.

People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles.

Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's nutritional needs were met and this was kept under review to ensure people were having enough to eat and drink.

Is the service caring?

Good

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

People were actively asked for their opinion about their care through regular meetings.

People's views were listened to and acted upon.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

We found there were some areas that needed to improve to ensure people were receiving care that was responsive. The registered person had not ensured there was always clear plans of care to enable the staff to support and respond to people's needs. There was a lack of information about people's past histories including employment, family, hobbies and interests.

Not everyone was happy with the variety of activities that were taken place. There was a lack of structure and planning to the activities organised to ensure they met people's individual needs.

People were involved in developing and reviewing these plans.

People could be confident that if they had any concerns these would be responded to appropriately.

Is the service well-led?

Good

The service was well led.

Staff felt supported and worked well as a team.

People, their relatives and staff commented positively about the management of the home and were confident they felt listened too.

There were systems to monitor the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

Little Croft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was an unannounced inspection which was completed on 11 and 16 June 2015. The inspection team included one inspector and an expert by experience who had experience of supporting people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The previous inspection was completed in July 2013 and there were no breaches in regulations.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We did not ask the provider/registered manager to complete their Provider Information Record (PIR) in this instance. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make.

We contacted three health and social care professionals and the South Gloucestershire safeguarding team to obtain their views on the service and how it was being managed. This included the district nurse team, a mental health professional and a GP.

We spoke with ten people living at Little Croft Care Home, three relatives, four staff, the registered manager, the regional manager and four visiting health and social care professionals. We looked at four people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, staff training and recruitment information.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. Some people told us the reason they had moved to the care home was an increase in falls when they were at home and these had reduced since living at Little Croft. A person told us, "I am much safer here than at home as I was on my own, now the staff help me especially when I fall". Another person told us "I have peace of mind, knowing I am with people and feel very safe here".

There were 34 people living in the home with varying support needs. Some people were living with dementia. We looked at the staffing rotas for the last four weeks. We also spoke with people, relatives and staff to ensure there were suitable staffing arrangements. There was a minimum of four care staff working in the morning, four care staff in the afternoon and two working at night.

People told us there was enough staff to support them. The support included a prompt response to their call bell and with their personal care needs. However, one person told us, "The staff are very busy they do not always have time to sit and chat with us, as they are supporting other people in the home". We saw that staff were busy supporting people and they spent minimal time in the lounge areas with people.

The registered manager was observed spending time with some people chatting about how they were feeling and what they would like to do. We sat in a lounge area in the morning and afternoon and it was noted that during one hour the only interaction people received was to ask them a question or a passing statement as a member of staff walked through the lounge. For example what they would like to eat or drink, these conversations were in the main task orientated. One member of staff did come into the lounge area in the afternoon and engage in a ten minute sing-along which everyone seemed to enjoy.

The staffing levels were discussed with the regional manager and the registered manager. We were told they had used a staffing tool in the past, which looked at the dependency of people they supported to determine the appropriate staffing levels. This was not available for us to view. No one raised concerns about their support needs at night but due to the layout of the building and the increase in occupancy there were potential risks, for example in the event of a fire. We were also concerned one person required two staff to support them which meant there would be no other staff available for the other people whilst they were supporting this person. The registered manager and the regional manager told us the staffing at night would be reviewed and increased to ensure the safety of people.

We found that the registered person had not ensured sufficient staff were working in the home at all times. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Staff were aware of their responsibilities to keep people safe and report any allegations of abuse. They had received training in this area. Incidents had been reported to the local authority safeguard team in South Gloucestershire where necessary. There had been an increase in alerts such as falls and incidents between people. Many of these did not meet the threshold of significant harm. This showed the registered manager was aware of her responsibilities to share information with the local safeguard team. Where appropriate we had been informed of incidents of abuse where this had met the threshold.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Medicine records were checked by the staff during the handover, this enabled them to monitor for any errors. A senior member of staff told us there had been some medication errors in the last three month. Appropriate action had been taken including contacting the person's GP and South Gloucestershire Council who commissioned the service. Appropriate action had been taken to reduce further occurrence and ensure people were safe in relation to the administration of medicines.

People and their relatives told us their bedrooms were cleaned daily and they always found the home to be clean. The home was clean and free from odour. Domestic staff explained their roles and confirmed they had sufficient equipment. Cleaning schedules were in use for all areas of the home with clear guidance for staff to follow. Daily bedroom checks were completed by the senior staff to ensure all areas of the home were clean. Records were maintained of these checks. Staff told us they had attended training in infection control. Staff were wearing protective clothing such as aprons and gloves when completing personal care or handling food.

Requires improvement

Is the service safe?

Laundry was carried through the home in sealed laundry bags. We saw on the first day of the inspection there were bars of soap and toiletries in three of the bathrooms. This posed a risk of cross infection if shared with other people. On our second day this had been rectified all bathrooms viewed were free from any further risks. The registered manager told us they would usually look at these areas during their daily walk around.

Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were policies and procedures in the event of an emergency and fire evacuation. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). Each person had a fire risk assessment which included the support they required in the event of a fire.

People received a safe service because risks to their health and safety were well managed. This included risks due to choking, poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed.

Where people required assistance with moving and handling, the equipment used was clearly described along with how many staff should support the person to ensure their safely. Staff confirmed they received training in safe moving and handling procedures. Where people required assistance with moving and handling using a hoist, we were told there would always a minimum of two staff to support the person which ensured their safety.

Staff had taken advice from other health and social care professionals in relation to risks such as falls. Staff were aware where a person had fallen three times in a period of three months a referral would be made to the falls clinic and a discussion had with the GP. Audits were completed when people fell to help ensure the staff had taken the appropriate action.

There were safe recruitment and selection processes in place to protect people. We looked at three newly recruited staff records. All appropriate checks were completed prior to the member of staff working in the home. This included obtaining references and checking whether they had a criminal record. This ensured that the provider was aware of any criminal offences which might pose a risk to people who used the service.

Good

Is the service effective?

Our findings

People told us they liked the staff and were confident their care needs were being met. People were involved in care reviews along with their representatives and were supported to make decisions on how they wanted to be cared for. People confirmed they were consulted and their consent sought before any care and support was given.

People had access to health and social care professionals. One person said, "They send for the doctor if I need one. If I think I need to stay in bed, I stay in bed". Records confirmed people had access to a GP, chiropodist and an optician and could attend appointments when required. A GP visited the home every Thursday to discuss and meet with people in respect of their healthcare needs. Staff confirmed they could contact the GP at any other time in respect of people's changing healthcare needs. Relatives confirmed they were kept informed when contact was made with the GP or a hospital admission. One relative told us about a recent medication change and how the staff had kept them informed. They told us the staff were monitoring for any increase in falls or whether the person was sleepier. This showed the staff were monitoring the effectiveness of the treatment for the person.

The GP told us that since the service had increased their occupancy, they had noticed an increase in contact with the home. We saw where a person had fallen and there was concern, the staff had contacted the GP or emergency services. We saw in a falls audit over a three month period there had been 92 falls. One person had fallen 47 times and the majority of the falls had resulted in the staff contacting the GP for a visit or telephone advice. The registered manager told us they planned to engage with a second GP practice to relieve some of the pressure on the present GP surgery. They were also monitoring all calls to the surgery to ensure they were appropriate. In addition a meeting with the GP of the surgery was being held to discuss and review the support the GP practice could give. This showed the service was being proactive in ensuring people's healthcare needs were being met and they were working in partnership with other professionals.

The registered manager told us it was the family's responsibility to organise dental check-ups. They told us they were reviewing this where there was no family contact to ensure people had access to a dentist.

Care records included information on people's physical health needs, for example people had their weight and nutritional needs assessed. Where people had been assessed as being at risk of weight loss, a care plan had been put in place. Staff had liaised with a dietician and the person's GP. Other health and social care professionals supported people. They included dieticians, physiotherapists, occupational and speech and language therapists and the mental health team. Their advice had been included in the plan of care and acted upon.

We observed people at lunchtime and saw they enjoyed their meal. The meal was unrushed and relaxed. Staff asked people if they had enjoyed the meal and whether they had sufficient to eat.

People told us an alternative was offered if they did not like what was on the planned menu. People told us they could have refreshments whenever they wanted and they only had to ask.

The cook told us there was a four weekly menu which was discussed with people at resident meetings and their likes, dislikes and requests were incorporated into the menu planning. Every Wednesday there was a free choice and people could choose on Monday what they wanted. This was to ensure the cook could order the food required.

There were jugs of water or squash in people's rooms. Several people sitting in the lounge had glasses of squash or water on tables near to them. People were offered tea or coffee in the morning and afternoon with a choice of biscuits and cakes. One person asked if they could have another cup of coffee and a member of staff responded promptly to the request. One person told us, "We have lots to drink. We get an awful lot of tea". Bowls of fruit were visible in the dining area for people to help themselves. People told us they regularly have a glass of wine with their lunch especially on a Sunday. People were sat in the garden after lunch drinking either fruit juice or a glass of wine chatting amongst themselves and with a member of the catering team.

The registered manager told us there was one person living in the home that had an acquired pressure wound which the person had on admission. Where people were at risk of developing pressure sores a care plan was in place describing how the person should be supported. This included any specialist equipment such as pressure cushions or air mattresses that should be in place to

Good

Is the service effective?

minimise any risks. There were also body maps enabling the staff to record any marks to people's skin. District nurses provided support and treatment to the person in respect of wound care management and the administration of one person's medicines. This was because Little Croft care home was not registered to provide nursing care. The registered manager told us they were organising training for all staff on the management and prevention of pressure wounds with the district nurses. This will enable the staff to have an improved knowledge on how pressure wounds are acquired and the prevention and treatment.

We spoke with two healthcare professionals during the visit. They told us appropriate contact was made with the service, the staff were knowledgeable about the person and their advice was followed in respect of any treatment.

We received feedback before the inspection from a health care professional who told us they had noticed an improvement in the last four months in the reduction of pressure wounds and the number of people they supported. They told us district nurses were able to liaise with a senior member of staff and they were knowledgeable about people in their care and the service seemed more organised. They told us the staff were prompt in requesting any pressure relieving equipment such as mattresses or cushions and assessments were being completed on a person's admission. The registered manager, in response, told us the improvements were due to the recruitment of additional senior carers in the last four months. There was an expectation there would be a senior carer on every shift. This had evidently improved the effectiveness of the care delivery and relationships with other professionals as there was always someone senior leading the staff and supporting the people in the service.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of adults who lack capacity to make their own decisions. Staff understood how the MCA 2005 protected people using the service and supported them to make their own decisions. They told us they had received training on the MCA as part of their induction and were aware of the principles of the MCA 2005. Staff were aware that where people may lack mental capacity it was still important to involve them in day to day decisions where they were able.

The registered manager had been sending us notifications about people who had an authorisation in connection with the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Where people had been assessed as lacking mental capacity, information was available in their care file about deprivation of liberty safeguards. An assessment had been completed which would indicate an application should be made. The registered manager told us there had been 22 applications made on behalf of people and they were waiting for an independent assessor to be allocated. These had been kept under review to ensure the least restrictive measures were in place. The registered manager and staff showed a good level of understanding of the process. Policies and procedures were in place guiding staff about the process of DoLS.

Staff told us they had training as part of their induction and this had equipped them with the skills and knowledge to enable them to fulfil their roles in supporting people. The registered manager told us they had recently completed training in delivering the Care Certificate which is a new induction programme for care staff. This was introduced in April 2015 for all care providers. The registered manager told us they were planning to implement this for all new starters.

Staff completed core training as part of their induction including safeguarding adults, health and safety, basic first aid, infection control, fire, food safety and moving and handling. We were told these were updated and a plan was in place to ensure that this was completed by all staff. Other training included dementia care, medicines and end of life. Staff confirmed they were completing distant learning with a local college about dementia care. The registered manager told us they were organising training on pressure wound care, catheter care and diabetes with the local district nurse team. This was because not all staff had completed training in this area.

Staff confirmed they received supervision from a either the registered manager or the deputy manager. Supervisions are a process where staff meet on a on to one basis with a line manager to discuss their performance and training needs. The registered manager told us that supervision with staff should take place a minimum of six times per

Good

Is the service effective?

year. A supervision planner was in place to enable the manager to monitor the frequency of the supervisions taking place. The majority of staff had received supervision at the required frequency. The registered manager completed annual appraisals of staff performance enabling them to monitor staff competence and plan the training for individuals and as a team.

Little Croft was two residential properties that had been renovated into one care home. There was a lack of signage for people to help them orientate themselves around the home. Some bedroom doors had photographs to help the occupant find their room. The registered manager told us this had been led by the person's relatives. There were no memory boxes to assist people living with dementia to locate their bedrooms.

There was very little information to enable people to familiarise themselves with the day of the week, the weather or important events. There were menu boards to remind people what was available and there was an activity notice board. Activities were described but not when they were taking place or the frequency.

Bedrooms were personalised with people's possessions including furniture, pictures and ornaments. All bedrooms had an ensuite facility and were decorated to a good standard. Some corridors were narrow and painted the same colour throughout the home which could make it difficult for people to recognise where they were in the home. We also noted the carpet by the front door was prickly to touch whilst we understood this was to prevent dirt being transported through the home. This could be uncomfortable if a person fell in this area.

We recommend the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

Good

Is the service caring?

Our findings

People and visitors described a service that was caring. All comments received were positive in respect of the care staff and the care delivery. One person told us, "I love it here and I love X (a member of staff)". Another person told us, "The carers are very nice, very friendly. They're always very helpful and they never get impatient with me". Other people told us, "The girls are very caring, cannot fault it here". Relatives were equally as positive in respect of the approach of staff and the support given to their relative. One relative told us, "The carers have always been a happy bunch. They chat to mum." She said that most of the carers have been at Little Croft a long time and there are rarely any agency staff. She also said that the chef is very good with people and often spends time talking to them. The registered manager told us the service does not use agency staff.

Some of the people told us they had recently moved to the home. They told us they had settled in well and the staff had been kind in helping them during this time. One person told us, "It was a difficult decision to move to a care home, but I have made new friends it is lovely here". Another person told us, "I cannot fault it, everyone is so friendly, I am doing alright". We observed people sitting and chatting with each other, the atmosphere was friendly and relaxed. People told us they enjoyed each other's company and were supported to sit next to people they liked talking with.

One relative described how their mother was having hallucinations and would become very distressed. They told us the staff would sit with her mother and talk and stroke her hand throughout the night to offer comfort and reassurance.

One person was becoming distressed and asked repeatedly to go home. Staff were observed supporting this person in a caring manner taking the time to provide reassurance and offer opportunities to discuss their feelings. They used distraction techniques such as offering refreshments and encouraged them to walk in the garden or sit in the lounge. Staff were aware there were times when this was triggered, for example on first waking and after lunch. A member of staff told us they found it very upsetting but still maintained a professional relationship. The staff member showed empathy for the person.

Staff were observed giving people encouragement when assisting them. For example, one person was being supported to move from one area of the home to another. The member of staff was heard giving gentle encouragement. They were also engaged in a conversation about what activities were taking place that afternoon and general conversation. It was evident the person was enjoying the conversation. A small group of people were sat in the garden with a member of the catering staff enjoying the sun and chatting. Staff ensured people were in the shade to prevent them from getting sun burnt by putting up parasols.

People told us they could stay in their own room or go to the lounge as they wanted. One person said, "I prefer my room; I've got my mind still. I used to go down to the lounge a lot, but now I prefer it here. I usually go down after lunch then I come back here at tea time". A relative told us their mother comes out of her room every day and sits in the lounge stating, "She's only really in her room at night". The relative told us, "Most afternoons now there is an activity. My mother joins in the quizzes and does the skittles when they have that".

We observed staff asking people if they would like assistance and their wishes were respected. Where people had declined assistance with personal care we observed staff returning later in the morning to offer assistance. This meant people were supported to make day to day choices on when they would like to receive care and these were respected. Staff recorded in care documentation when people refused care and this information was shared between staff so that care could be offered again either later in the day or the following day.

People told us they were treated with respect and staff used their preferred name. Staff were observed knocking on people's doors prior to entering their bedroom. Some people told us they were able to lock their bedroom door if they wished. There was a missing blind or curtain in the ensuite toilet of one person's room. This toilet faced the street and the window was directly alongside the toilet. With the light on, it was possible that the person's privacy was being compromised. This was rectified by the second day of the inspection with appropriate window dressing put in place.

People's religious and cultural needs were taken into account on admission. Staff told us it was important for people to retain their interests taking into account their

Good

Is the service caring?

cultural and religious faiths. However, a relative told us, "There's no religious service here and mum would usually worry about that." A person told us, "I used to go to chapel regularly, but there's nothing provided here. I sometimes have visitors from my chapel." The registered manager told us the local vicar visits on a monthly basis.

People told us about how they were supported to continue with hobbies and interests such as gardening and arts and crafts. A member of staff told us it was important for one person to be able to do their own washing and to put their laundry away. They told us this enabled them to retain some independence and control on where their things were put.

People told us the staff encouraged them to be as independent as possible with day to day tasks such as personal care and mobility. One person told us, "I can do most things for myself but it is nice to know that staff are just there in case of an emergency especially when I have a bath".

People were able to maintain contact with family and friends. There was an open visiting arrangement. People confirmed they could entertain their visitors in the lounge areas or in their bedrooms. We observed some visitors sitting in the garden area. Relatives told us they were made to feel welcome and were offered refreshments.

People's wishes were respected about their end of life care. Care files showed people were asked about their end of life care. Relatives provided further information including their contact details and when and if they would like to be contacted. Some staff had completed training in end of life care. Staff told us they would liaise with the district nurse team and GP to ensure all equipment and medicines were in place to ensure people were pain free when receiving this care.

Requires improvement

Is the service responsive?

Our findings

Many people were living with dementia, there was little information in the care plan about people's life histories such as work, hobbies, interests or family histories. These would aid communication with people and enable the staff to build a better understanding of the person. Not all staff were aware of people's lifestyle before they entered the home. In addition some care plans made broad statements such as to provide activities on a one to one basis. These lacked any measureable outcome such as when and directions for staff on specific activities the person may enjoy. When we looked at the records of activities there was very little information to demonstrate that this was being implemented or whether the activities organised were successful.

One person had recently moved to the home. This person had a medical condition and there was no guidance in respect of how this person should be supported and what staff should monitor. This was rectified by the second day of our inspection, with a plan of care in place to support the person and guide the staff. The registered manager told us they had contacted the person's GP for further information as this was not available when they completed the initial assessment.

There was no care plan in place for supporting a person with their catheter care. This lack of guidance could mean that staff would not be able to respond to the person's needs and liaise with the district nurse team where required.

We found that the registered person had not ensured there were clear plans of care to enable the staff to support and respond to people's needs. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care.

People had their needs assessed before they moved to the home either by the registered manager or the deputy manager. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported for example, when they wanted to get up, their likes and dislikes. The plan included details of their representatives such as the main relative to contact in the event of an emergency.

Concerns had been raised with us prior to the inspection about the assessment process in relation to the complex needs of the people they were admitting to the home. The assessment process covered all areas to enable the registered manager to make a decision whether they could meet the needs of the person. The registered manager told us it was often difficult when there was pressure put on them to take emergency admissions. They told us often when it was an emergency admission there was insufficient information about the person's personal and health care needs. The registered manager was aware of the people they could support and described how she took into consideration the needs of individuals and collectively to ensure they could meet people's needs.

People described a mixed picture on what activities were available in the home. One person told us they sit in the lounge all day. When we asked what happens in relation to activities, they told us, "Nothing, there's nothing to do". We asked if they got bored and the response was, "Completely". This person was observed taking part in the bingo but they were not really engaged. Another person told us, they tended to sit in the lounge and watch television, they said, "There isn't anything else really, but I don't get bored". A new person said, "It's very monotonous, there's not much to do". They were sitting in the garden and said, "It's nice to be able to sit here. There's bingo today and that's not really my thing. I did enjoy the quiz the other evening though".

Some people told us about the activities that take place in the afternoon including bingo, arts and crafts and gentle exercise. They told us the staff let them know in the morning what was happening in the afternoon. There was no itinerary of activities or information about forthcoming events such as the external entertainers or when the local vicar would be visiting.

A relative told us, "I don't know what my mum does all day; I know she goes into the lounge sometimes. She used to be very active, especially in the garden, and I don't know if she gets taken out there". They told us, "The activities are very lacking in terms of amount. That would be the one thing I'd say is poor here".

Requires improvement

Is the service responsive?

We observed a member of staff offering a person an opportunity to go into the garden after lunch, which the person showed great pleasure at. Later on this person was being assisted to go to the bingo session. The person clearly told the member of staff they would prefer to sit in the garden but this was not responded to at the time. This meant this person's preference in relation to how they wanted to spend their time had not been listened too.

There were two staff who provided activities on the afternoons. These included group and one to one time with people. Both these staff held other roles either in the kitchen or the laundry. They had received no training for their role. This was discussed with the manager on the first day of the inspection. On the second day they told us they had sourced some training in relation to the organising of activities and both staff would be attending this in July 2015. We were also told a gardening group would be starting and bedding plants had been purchased.

External entertainers visited to provide music events at least a couple of times a month. Staff told us these were organised usually when there was people's birthdays. A hairdresser visited the home weekly. The registered manager told us it was also important for people to continue to be part of the local community. Some people were supported to go to the local garden centre or to the local shops. We were told about how the service organises an annual day trip out so that as many people that wanted to go, could. This year a trip had been planned to Weston-Super-Mare. Some people were talking about this event and how they were looking forward to it.

Daily verbal handovers were taking place between staff as they changed shifts. There was also a written handover to enable staff to be kept informed if they had been off for a couple of days. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. Staff described how they worked as a team to enable them to respond to people's needs.

Information was made available to people about the service. This included a statement of purpose and a brochure about Little Croft Care Home. This described the service provided and information about how to raise a complaint. These were available in the main entrance of the service.

There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. We looked at the complaints log. We found people had been listened to. The records included the nature of the complaint, the investigation and the outcome. We found complaints had been responded to within the agreed timescales.

We recommend the service explores the relevant guidance on how to ensure activities are more meaningful for people that takes into consideration their hobbies and interests and are 'dementia friendly'.

Good

Is the service well-led?

Our findings

Staff confirmed they could approach the registered manager with any concerns or to make suggestions. The registered manager had an 'open door' approach to managing the service enabling staff, people and their visitors to make contact with her. The registered manager's office was situated near the main entrance. People and their relatives were seen making contact with the manager. Relatives confirmed they knew who the manager was and felt able to discuss any concerns with her. One relative told us, "I feel very able to talk to her if I have any worries, it wouldn't be a problem for me". Another said, "The manager is very helpful".

Meetings had been organised for people using the service. One relative said they had seen minutes of the residents meetings but there were none, they were aware of for relatives. A member of the catering team told us, they always attended the meetings to enable them to listen and act on the views of people in relation to the meals provided.

Annual surveys were completed to gain the views of people who use the service. These were collated and information included in the statement of purpose and service user guide. They described what people could expect whilst living at Little Croft Care Home. The survey conducted in September 2014 explored whether people and their visitors were made to feel welcome, cleanliness, staff attitude and competency and the overall standard of care. 92% responded positively and 8% responded 'usually'. Comments included 'very good standard of care', 'no complaints' and 'staff can manage difficult situations when you are ill'.

There was a staffing structure which gave clear lines of accountability and responsibility. The registered manager was supported by a deputy manager. There was always a senior care worker on duty to guide the care staff. The registered manager told us they had recruited additional senior care staff to ensure there was at least one on each shift. They told us this had improved communication with professionals, families and ensured there was clear direction for staff. A visiting professional also confirmed this had improved over the last four months. Staff had signed contracts in their files along with job descriptions on what was expected of them.

All staff wore a name badge and uniform which was colour coded to the role. The deputy manager wore a blue uniform. A visiting professional said this could be misleading for professionals who may assume that this was a registered nurses uniform. The registered manager told us that when they visited people in hospital as part of the admission process, professionals had also thought the deputy was a registered nurse. The registered manager was aware there was a risk where it may be assumed that Little Croft Care Home was a nursing home. Little Croft Care Home is not registered to provide nursing care to people. The statement of purpose included a description of staff roles and the uniforms they wore which was shared with people and their relatives.

Staff confirmed regular meetings were taking place where they were able to discuss the care and welfare of people, policies and procedures and their roles. Minutes were kept of the meetings and any actions. Staff told us the meetings were also an opportunity for learning. They told us recently they had worked in small groups to look at the different types of dementia and how it impacted on the people they supported.

Systems were in place to review the quality of the service. These were completed by the operations manager, the registered manager or a named member of staff. They included health and safety checks, a falls audit, medicines, care planning, training, supervisions, appraisals and infection control. Where there were any shortfalls action plans had been developed. The falls audit monitored whether staff had taken the appropriate action to ensure the safety of the person and relevant professionals were involved.

The regional manager had an office on site and completed monthly checks to ensure people were receiving a quality service. This included speaking with people about their experience. Reports were compiled of the visits and any actions the registered manager had to take to address any shortfalls. The regional manager told us they had confidence that where a shortfall was identified this would be promptly addressed by the registered manager. Staff told us the provider/owners visited the service regularly and met with both staff, the manager and people who use the service.

The registered manager completed checks on accidents and incident reports to ensure appropriate action had been taken to reduce any further risks to people. There was

Good

Is the service well-led?

evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. This included looking at any themes.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. A notification is information about important events which the provider is required to tell us about by law.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: There was not enough staff working in the home at all times to ensure the safety of the people. Regulation 18 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: Care plans did not always fully capture the needs of people to enable staff to deliver responsive, which was person centred. Regulation 9 (1) (a) (b) (c) (3) (a) (b)