Heathfield Care Homes Limited

Croft Manor Residential Home

Inspection report

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22 August 2017

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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**

Summary of findings

Overall summary

Croft Manor is a care home that provides accommodation for up to 28 people who require personal care. There were 23 people living at the home when we visited. The home is based on three floors with an interconnecting passenger lift. Most rooms are for single occupation, although there are two double rooms. All rooms have en-suite toilets and washbasins. There are two bathrooms, although only one was being used to bathe people. There are a range of communal spaces where people can socialise and spend time together.

This inspection took place on 21 and 22 August 2017 and was not announced.

There was a registered manager in place. 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.

At our last inspection, in July 2016, we identified breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The care and treatment of people was not always person-centred; people's capacity to make decisions was not assessed; not all risks to people's safety had been identified; and quality assurance systems were not effective.

At this inspection, we found some action had been taken, but continuing breaches of regulations were identified.

A quality assurance system was in place, but his had not been effective in identifying and bringing about required improvements. Concerns identified at the last inspection had not been fully addressed, which resulted in continuing breaches of three regulations.

Staff were aware of risks to people's safety and knew what action to take to keep them safe; however, risk assessments had not always been completed to help ensure the risks were mitigated consistently.

Medicines were administered by trained staff and records showed that most people had received all their medicines as prescribed. However, one medicine was not being given at the correct time and no action was taken when the temperature of the medicines fridge exceeded the recommended level.

Staff sought consent from people before providing care or support. However, people's capacity to make specific decisions was not always recorded and decisions that staff had taken on behalf of people were not always documented.

While some people told us their needs were fully met, others said this was not always the case. For example, not everyone was supported to have a bath as often as they wished. Following the inspection, the registered

manager told us they had introduced new procedures to improve this.

A range of activities was available to people, but no provision had been made for people who did not want to engage in group activities.

People told us they felt safe and staff knew how to identify, prevent and report incidents of abuse. There were enough staff deployed and recruitment procedures helped ensure only suitable staff were employed. Staff received appropriate training and support to enable them to support people effectively.

People praised the quality of the meals and told us there was always a choice. Staff provided appropriate support for people to eat and took action when people lost weight. People were supported to access healthcare services when needed.

People were cared for with kindness and compassion. We observed positive interactions between people and staff. Staff created a calm atmosphere and supported people in a patient and unhurried way.

People's privacy was protected and their dignity respected. They were encouraged to remain as independent as possible and were involved in planning the care and support they received. They were also encouraged to make choices and decisions about how and where they spent their day.

Staff sought and acted on feedback from people and people knew how to complain about the service. People described an open culture where visitors were always made welcome.

There was a clear management structure in place. Staff were organised, enjoyed working at the home and worked well as a team. They expressed a strong desire to provide high quality care to people.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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 always safe.

Risks relating to the health, safety and welfare of people, together with the action staff needed to take to reduce the risk were not always assessed and recorded.

Medicines were not always stored or administered in accordance with manufacturers' guidance.

People told us they felt safe. Staff knew how to identify, prevent and report incidents of abuse.

There were enough staff deployed to meet people's care needs and robust recruitment procedures helped ensure only suitable staff were employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always complete assessments of people's capacity to make decisions; and decisions taken on behalf of people were not always recorded in line with legislation.

People praised the quality of the meals. Staff provided support to help ensure people ate and drank enough and took action if people lost weight.

Staff were appropriately trained and supported in their roles.

People were supported to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. They created a calm atmosphere and interacted positively with people.

Staff protected people's privacy, respected their dignity and promoted their independence.

People were involved in planning the care and support they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We received mixed views from people about the ability of staff to meet their individual needs. Not everyone received baths as often as they wished.

A range of activities was provided, but no provision was made for people who did not wish to engage in group activities.

Care plans contained sufficient information to enable staff to provide appropriate care to people and were reviewed regularly.

People were encouraged to make choices about how and where they spent their day.

Staff sought and acted on feedback from people and there was an appropriate complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance programme had not been effective in bringing about improvement. However, people felt the service was run well and said the management were approachable.

There was a clear management structure in place. Staff were organised and worked well as a team.

There was an open culture. Relatives could visit at any time; the previous inspection rating was displayed on the premises and on the provider's website; the registered manager notified CQC of all significant events.

Croft Manor Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and was carried out on 21 and 22 August 2017 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people using the service and two relatives of people living at the home. We spoke with seven members of the care staff, a chef, a housekeeper, an administrator, the registered manager, the provider's support manager and two directors of the provider's company. We also observed care and support being delivered to people in the communal area of the home. During the inspection, we received feedback from a community mental health professional. Following the inspection, we received feedback from a social care practitioner from the local authority and a community nurse who had regular contact with the home.

We looked at care plans and associated records for seven people using the service, staff duty records and other records related to the running of the service, including staff recruitment and training records, accidents and incidents, policies and procedures and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, in July 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 as risks relating to people's care had not always been identified. At this inspection, we found insufficient action had been taken and there was a continuing breach of this regulation.

Another person was at risk of dehydration and of choking on their meals and drinks. A speech and language specialist had recommended the person received a pureed diet and was given thickened fluids using a syringe or a straw. When we spoke with staff, they told us they were currently using a syringe for the person's drinks. The staff we spoke with were clear about how to do this in a safe way. However, the absence of a risk assessment and clear guidance to staff meant we could not be assured that the risks to the person had been mitigated effectively.

A further person was at risk of, and had recently experienced, epileptic seizures. The staff we spoke with knew how to identify when the person was having a seizure and were clear that they would call 111 for advice. However, the absence of a risk assessment and clear guidance to staff meant we could not be assured that the risks to the person had been mitigated effectively."

The failure to complete risk assessments and record the measures required to mitigate risks to the health, safety and welfare of people was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to other people were recorded and managed appropriately. Two people were at risk of skin breakdown; risk assessments had been developed and staff were following a clear plan to protect them from the risk of pressure injuries. Staff also took action to reduce the risk of people falling. For example, one person was at risk of falling at night, so staff used a sensor mat to monitor the person's movements. They made sure walking frames were within people's reach and encouraged them to use them correctly. One person told us, "They [staff] always make sure my [walking frame] is near me; when I go to sit in the lounge they always make sure I can reach it." When people experienced falls, the registered manager reviewed the risk and considered other measures that could be taken to prevent further falls. These included the completion of multi-factorial risk assessments that looked at a wide range of contributory factors and asking the person's GP to review their medicines. In addition, the provider's support manager reviewed all falls across the home to identify patterns or trends.

Risks posed by the environment were managed effectively. The fire alarm system had been updated since our last inspection. Fire safety checks were conducted every week and staff were aware of the action to take if the fire alarm sounded. The risks posed by stairs had been assessed and mitigated using stair gates. Health and safety checks were completed regularly to help ensure the environment remained safe for people; these included monitoring of hot water temperatures, the cleanliness of the home and the safety of the grounds.

There were arrangements in place for handling, storing, administering and disposing of medicines.

Medicines were administered by staff who had been trained and had their competency assessed. Medicines administration records (MAR) showed that most people had received all their medicines as prescribed. However, we found the number of tablets in stock did not tally with two people's MAR charts. The provider's support manager told us they would make enquiries to reconcile this issue. Some people were prescribed a medicine that should be taken once a week, first thing in the morning before food or other medicines. Following incorrect advice from the provider's pharmacy, the timing of this medicine had been changed to mid-morning. We brought this to the attention of the registered manager, who took immediate action to ensure people received the medicine at the right time.

The temperature at which medicines are stored is important to maintain their effectiveness. The provider had recently purchased an air conditioning unit to help ensure the medicines store room was kept at a suitable temperature over the summer. Some medicines need to be stored at temperatures between two and eight degrees Celsius, in accordance with the manufacturers' guidance. Staff used a fridge for this purpose and monitored the temperature daily using a thermometer. Records showed the temperature of the fridge had repeatedly been recorded at a maximum of 11 degrees Celsius, but no action had been taken. The registered manager felt this was due to staff not knowing how to re-set the thermometer after each check; following the inspection, they made arrangements for staff to receive additional training to do this.

People told us they felt safe at Croft Manor. A family member told us, "I feel that my [relative] is generally safe." Staff had received training in safeguarding adults; they knew how to identify, prevent and report incidents of abuse, and how to contact external organisations for support if needed. They had confidence that any allegations would be dealt with effectively by the registered manager. One staff member told us, "Everyone is vulnerable and it's about keeping them safe. If I had any concerns I'd go to the [registered] manager or the owners." The registered manager shared with us details of a safeguarding concern about a person's care. They had liaised with the local authority safeguarding team, investigated the concern thoroughly and reflected on the incident to identify any learning.

People told us there were enough staff to meet their needs. One person said, "If I have to call, I don't have to wait long. I give them [staff] a bit of leeway because they might be busy, but I never have to ring twice." A relative told us, "I visit at different times of the day and I feel there are always enough staff around." The registered manager told us the staffing levels were based on people's needs. We observed that people's call bells were answered promptly and staff were available to support people in communal areas at all times.

Robust recruitment processes were in place to check the suitability of staff before they were employed by the service. Staff records included an application form, full employment history, written references and checks with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, in July 2016, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 as assessments of people's capacity to make decisions were not always completed. At this inspection, we found some action had been taken, but further improvement was needed to ensure assessments and decisions were properly recorded.

The Mental Capacity Act, 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Staff and the registered manager told us they had received additional training in the MCA since the last inspection. Staff were clear about how they sought consent from people before providing care or support and how they acted in their best interests. For example, one staff member told us, "You have to assume everyone has capacity. Generally, people can [make and verbalise decisions] or you can tell from their body language. For example, if [one person] didn't want to drink they would turn their head and close their mouth. We act in people's best interests." However, people's care plans showed that assessments of people's capacity to make particular decisions and the decisions staff had taken on their behalf were not always recorded as part of the care planning process.

For example, MCA assessments had been completed for a range of decisions relating to one person's care. These showed they lacked the capacity to make the decisions, so staff had taken decisions on behalf of the person to administer prescribed medicines and use a sensor mat to monitor the person's movements. However, these decisions had not been recorded to demonstrate why they were in the person's best interests.

Another person needed staff to support them with their medicines and needed a modified diet. Staff were clear that the person lacked the capacity to agree to these decisions about their care; however, assessments of the person's capacity to make these decisions had not been recorded. Therefore, the provider was unable to confirm that the best interests decisions they had made were necessary.

For a further person, a best interests decision had been made by the provider's support manager in relation to the person receiving a modified diet; however, this had not been preceded by an assessment of the person's ability to make this decision. Therefore, the provider was unable to confirm that the decision was necessary. The support manager told us, "I had assessed it in my mind; I know [the person] wouldn't be able to make the decision, but I hadn't recorded it."

The failure to ensure people only received care with the consent of the relevant person and in accordance with the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people had capacity to consent to their care and treatment, this was recorded in their care plans. Either people had signed their care plans or staff had documented discussions they had had with people to show their agreement with them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was following the necessary requirements. MCA assessments showing the need for DoLS applications had been completed by the registered manager. DoLS authorisations had been obtained for three people and two applications were being processed by the local authority.

People praised the quality of the meals and told us there was always a choice. Comments from people about the meals included: "It was a very good meal, very tasty"; "I get plenty to eat and drink, the cook's very good. They come and ask what we'd like for lunch in the morning, but if I change my mind by dinner time it's not problem, they will get me something else".

Staff supported people to eat. They were attentive to people at lunchtime, continually checking they were happy with their meals and offering extra portions. Adapted plates, cups and cutlery were available and used for people who benefited from them. One person needed full support to eat and received this on a one-to-one basis; other people just needed prompting to eat and staff did this in a gentle, dignified way.

Staff monitored people's weight and took action if they identified people had lost weight. This included fortifying people's meals with extra calories, providing additional snacks between meals and contacting people's GPs for advice. A family member told us, "My relative lost some weight and they weigh them regularly now to keep an eye on things." A community nurse who had regular contact with the home told us, "We've done MUST [malnutrition universal screening tool] training with staff. If people lose weight, they [staff] always do something about it and drinks are always offered." One person confirmed this and said, "They [staff] always offer me tea coffee or biscuits [in between meals]."

Staff received appropriate training to enable them to support people effectively. One person said, "It's a nice home, I feel well looked after." This was echoed by a healthcare professional who said, "It's a good little rest home. The level of physical care is good."

New staff completed an effective induction into their role and were supported to undertake training that met the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. New staff also spent a period of time working alongside a more experienced member of staff, before having their competence assessed by the registered manager.

Records showed staff received regular refresher training in all relevant subjects, including moving and handling, infection control, safeguarding and fire safety. In addition, most staff had received training in 'positive and proactive care' to enable them to support people who acted in a way that put themselves or others at risk. Some refresher training was overdue, according to the provider's training policy, but this was in hand and being planned by the registered manager.

People were cared for by staff who were appropriately supported in their role. All staff received one-to-one sessions of supervision, which were recorded. These provided an opportunity for the manager to meet with staff, discuss their training needs, identify any concerns, and offer support. In addition, staff received an

annual appraisal to assess their performance and discuss their continued development. Most supervision sessions included an element of observation, where the registered manager checked that staff practices and interactions with people were safe, respectful and effective. A staff member told us, "I feel supported and, on the whole, we are valued. If I have any problems, I can discuss them with [the registered manager or the directors]; they are all approachable. [The provider's support manager] is very knowledgeable and is great."

People were supported to access healthcare services. Their care records showed they had regular appointments with health professionals, such as community nurses, chiropodists, opticians, dentists and GPs. All appointments and outcomes were recorded in detail. A 'hospital transfer form' had also been developed to help medical staff understand people's needs if they were admitted to hospital. A family member told us, "If [my relative] needs a GP, the staff will organise that and ring to let me know why and what the outcome of the visit is."

A community nurse who had regular contact with the home told us, "They [staff] are doing really well. They accept all advice we offer. They have accepted training from us, for example pressure area care and advice on re-positioning. We've never had an issue [at Croft Manor]. We are always supported around the building and they make referrals whenever needed."

Good

Is the service caring?

Our findings

People told us they were cared for with kindness and compassion. One person told us, "They [staff] are kind to me and nothings a problem. I had my breakfast in the dining room, then came into the TV room; but I had forgotten my toast and without asking they had gone and got my toast for me." Another person said, "I like the [staff] they are very kind." A family member told us, "The continuity of staff I like; it's valuable because they know people well." Another family member said, "I think the interaction is great, they [staff] are supportive and encouraging."

Without exception, all interactions we observed between people and staff were positive. They made eye contact with people, crouched so they would be at their eye level and spoke calmly but clearly. When one person struggled to hear, a staff member checked their hearing aid and changed the battery. When this didn't help, they then used paper and pen to aid communication. When people were supported into the lounge, staff made sure they were comfortable before leaving them and offered blankets and rugs to people who they knew felt the cold. When a person fell asleep while drinking their tea, they were woken very gently and encouraged to finish it.

Staff created a calm atmosphere by supporting people in a patient and unhurried way. There was ease of conversation and gentle, friendly banter between people and staff who clearly knew each other well. For example, we heard a staff member asking a person about a relative who had had an accident. When people were helped to mobilise, staff allowed them to move at their own pace whilst giving encouragement and reassurance. When administering medicines, staff took time to explain what the medicines were for and did not rush people.

People's privacy was protected and their dignity respected. We observed that staff knocked and sought permission before entering people's rooms. They took care to make sure bathroom doors were closed when they were in use and described practical steps they took to protect people's privacy when delivering personal care. These included keeping the person covered as much as possible and explaining what they were about to do. When a community nurse arrived to treat a person, the person was supported to their room, so they could be seen in private. Two of the rooms were shared double rooms and we saw a screen was in place, which staff confirmed they used to help maintain people's privacy when supporting them.

People's cultural and diversity needs were explored as part of an initial assessment of their needs before moving to the home and were also included within a 'This is me' document in people's care plans. One person was a vegetarian and received an appropriate diet; other people had requested female only staff for personal care and this was accommodated.

Staff encouraged people to remain as independent as possible within their abilities and to do as much as possible for themselves. For example, they described how they let people attend to their own personal care when they could, but supported them by washing areas they were unable to reach. A staff member told us, "We keep an eye on people when they use [the bathroom]. If they are independent, we just wait outside the door in case they need us, but if not, we will go in with them." Another staff member said, "I am a massive

promoter of independence; it's so important. I would want that for me too."

When people moved to the home, they were involved in discussing and planning the care and support they received. In addition, staff consulted people at least once a month to discuss their care plans and any changes they wished to see. These conversations were documented in people's care records. Where people lacked capacity to make decisions about their care, we saw relatives were involved and kept informed of any changes.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection, in July 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 as people's care was not always centred on their individual needs. At this inspection, we found action had been taken and there was no longer a breach of this regulation, although further improvement was still required.

We received mixed views from people about the ability of staff to meet their individual needs. While some people told us their needs were fully met, others said this was not always the case.

One person told us, "I have to sit with my feet up because I get swollen feet, but they [staff] don't always remember to do it. I have to remind them." Another person said, "I would like to have a few more baths. It's a long time between baths. If I don't fancy a bath on the day I'm offered one, that's it; I can't have one the next day, I will have to wait until it's my turn again. I'd like more choice as to when I have one." Bathing records showed the person had recently gone for a period of seven weeks without a bath. Staff told us they tried to encourage everyone to have at least one bath a week, but acknowledged that they didn't always have time to accommodate this. The bathing records showed that during the four-week period prior to the inspection, only 17 baths had been given to people and there were no clear arrangements in place to help ensure people's bathing needs were met. Following the inspection, the registered manager wrote to us detailing action they had taken to help meet people's individual needs.

A community health professional told us the specific mental health needs of one person were not being met consistently and this was confirmed by a social care practitioner from the local authority. They told us the provider was working with them and other professionals to identify a more stimulating environment that could better meet the person's needs. In the meantime, the provider had trained staff in 'positive and proactive care' to help enable them to support the person more effectively.

Staff usually responded promptly when people's needs changed. For example, one person was identified as at risk of developing pressure injuries and needed a special pressure-relieving mattress. As there was a delay in obtaining this through the community nursing team, the provider arranged for a mattress to be supplied directly from one of their other homes. For another person, a family member told us, "I was worried about my [relative], I thought he might be getting a chest infection. The staff knew he wasn't well and they reassured me they were dealing with this. They got an x-ray sorted and he needed antibiotics. They rang to let me know." However, another family member said, "I think sometimes the staff need to be more alert to triggers that can indicate a problem. My [relative] was really irritable when I came to visit not long ago, which isn't like him. It turns out he had a urine infection. He is prone to those. I think the staff need to pick up these signs more readily." They added, "Sometimes I think they could encourage fluids more as [my relative] does get urine infections a lot."

When we spoke with staff, they were aware of people who had urine infections or were prone to them and described how they encouraged people to drink more at these times. This was confirmed when we viewed people's care records. Staff also described the way in which each person preferred to receive personal care

and the support they needed to mobilise. They recognised that people's needs varied from day to day and described how they accommodated this. One staff member told us, "Each day is very different for people with dementia; you just have to go with it." Another staff member said, "[One person] has good days and bad days. When they are good, we have to try to slow them down [when mobilising]; when they're not so good, we have to encourage them to move and have to walk beside them."

People were supported and encouraged to make choices and decisions about how and where they spent their day, including when they got up and went to bed, and where they took their meals. We observed staff repeatedly offering and accommodating people's wishes during the inspection. One person told us, "It's nice here. I can have a natter if I want to or have quiet if I want to. It's easy going." Another person said, "I please myself when I go to bed and get up. They [staff] just help me with the lift."

A new, electronic care planning system had been introduced since our last inspection. Staff talked positively about its benefits and the ability to access up to date information about people at any time. One staff member told us, "It's definitely the way forward; it's great for recording [information about people]." Most people's care plans contained sufficient information to enable staff to provide appropriate care to people, although the registered manager acknowledged that additional information still needed to be added to the system.

Staff kept records of the care they had delivered using the electronic system. This recorded, in real time, the care and support they offered and delivered. The records were fully completed and demonstrated that most people's assessed needs had been met consistently. The care plans were reviewed monthly or sooner if people's needs changed, which helped ensure care plans reflected people's current needs.

A range of activities was available to people, including music, art and craft, exercise and bingo. These were advertised on the home's notice board and were provided by an external entertainer for two hours on each afternoon. One person told us, "I love [the activity person], he makes me laugh and I have a great sing-a-long. I love singing." A family member told us, "There is a lot of variable activities [people] can join in if they want to. We have celebrated special occasions like birthdays and anniversaries here. There was a recent garden party which was wonderful."

Other people were less positive and chose not to take part in the activities. A family member told us, "I think that they could offer more male-orientated activities. There is a lot of singing and craft type things, but my [relative] doesn't like that sort of thing; he doesn't really want to make a cut-out heart on a card, like the ladies tend to enjoy. There are a few gents here and I don't know what they offer them."

We observed activities on each day of the inspection. They were provided in the television lounge to those present. On the second day, the television remained switched on while the entertainer tried to encourage people with craft work. People who were not already in the lounge were not told about the activity or given an opportunity to join in. A recent audit of the activity provision by the external provider identified that some people did not engage in any activities and no provision was made for people who chose to remain in their rooms. The registered manager told us activity provision was being reviewed in conjunction with the external provider in an effort to better accommodate people's individual interests.

People told us they knew how to complain about the service. There was a suitable complaints procedure in place which was advertised on the home's notice board; however, no complaints had been recorded since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

The quality assurance systems used by the provider and the service were ineffective in assessing where the service required improvement and implementing and sustaining improvement effectively within a reasonable timescale.

At this inspection we identified three breaches of regulations; these were all continuing breaches from our last comprehensive inspection in July 2016. This demonstrated the provider had failed to take sufficient action in response to shortfalls previously identified. The shortfalls related to key aspects of the service, including safe care and treatment, records and good governance.

A quality assurance system was in place, but his had not been effective in bringing about the required improvements. The system included observations, checks, reviews or audits of key aspects of the service, such as care planning, the environment, medicines and infection control. Reviews of people's care plans and care records had not ensured that they contained all the necessary risk assessments or mental capacity assessments; the reviews had also failed to identify that people were not receiving baths as often as they wished. The absence of a robust governance system, to ensure people's care plans and records were analysed and completed accurately by staff, exposed people to risks of unsafe or inappropriate care or treatment.

These failings amount to a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action had already been taken to address other issues identified. For example, a recent medicines audit identified the need for a new controlled drugs register and we saw this was in place. An observation of staff practice identified that a staff member's understanding of dementia was not satisfactory, so they were given additional support and training.

People told us they were happy living at Croft Manor and felt it was run well. One person said, "The manager is nice; they always come round in the morning to ask if we are okay. He tries to help and puts my mind at rest if I'm worried about anything." A family member told us, "I know the manager by name, we speak regularly. They listen and I feel they are approachable." A community nurse who had regular contact with the home told us, "It's a lovely home to go into. We have day to day contact with the [registered] manager. Staff are always really positive and we have a really good relationship with them."

There was a clear management structure in place consisting of the providers, the registered manager and senior staff. In addition, the provider had employed a support manager to monitor and provider support to all their services and share good practice between them. Staff spoke highly of the management team, who they described as "supportive". One staff member told us, "We've got a really good manager, he's totally approachable. All the managers are lovely; I'd have no hesitation going to them about anything."

The directors of the provider's company spent time in the home and interacted positively with staff and

people. One of the directors told us they applied the 'mums test' when assessing the home. (The mums test means ensuring the care provided is good enough for a loved one). Records showed that relatives of the directors had lived at the home and been supported by the staff in the past. When we spoke with staff, they demonstrated a strong desire to provide high quality care to people. For example, one staff member told us, "I want to create a happy environment, treat people with dignity and make them feel at home." Another staff member said, "I want to be the best carer I can be. The bosses want that too. I love my job; it's very rewarding knowing I've made someone's life better."

Staff were organised, enjoyed working at the home and worked well as a team. One staff member told us, "I would recommend the home. Residents are happy and it's a lovely place to work." Another staff member said, "It all runs well. It's about [good] teamwork. We have a senior [staff member] in charge and we know what we are doing each day." Communication between staff was effective. A 'handover meeting' was held at the start of each shift, so staff could share information about people's needs. In addition, a programme of staff meetings helped ensure key messages about the running of the service were communicated and gave staff an opportunity to make suggestions and provide feedback about the service.

People and relatives told us there was a culture of openness between them and staff. Relatives told us they could visit at any time and were always made welcome with "cups of tea". The provider's performance rating from their last inspection was displayed in the entrance lobby and on the provider's website. A duty of candour policy had been developed to help ensure staff acted in an open and honest way when accidents occurred and the registered manager described how they had used this. The registered manager also notified CQC of all significant events, in line with the requirements of their registration.

Managers sought and acted on feedback from people, including through the use of feedback forms. Staff and the registered manager maintained open communication with people at all times and were available to discuss any concerns. In response to feedback from people, the home's menu had been changed to include special dishes that people had requested; for example, liver and bacon now featured more regularly. One person had requested a daylight lamp for their room and we saw this had been provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that care was provided to service users in a safe way by assessing and mitigating risks to the health, safety and welfare of service users. Regulation 12(1) and 12(2)(a) & (b).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure that service users only received care with the consent of the relevant person and in accordance with the Mental Capacity Act, 2005. Regulation 11(1), (2) & (3).

The enforcement action we took:

We issued a warning notice requiring the provider to become compliant with the regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17(1) and 17(2)(a).

The enforcement action we took:

We issued a warning notice requiring the provider to become compliant with the regulation.