

Somerset Care Limited

Croft House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Croft House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Croft House is registered to provide accommodation and personal care to up to 67 people. The home specialises in the care of older people including people who are living with dementia.

The building is split into four separate areas. Two provide care to people living with dementia and the other two support people with more general personal care needs. At the time of this inspection there were 64 people living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated good.

People received safe care and looked relaxed and happy with the staff who supported them. One person said, "I feel safe. Nothing worries me because there are always people about."

The provider had systems and processes which helped to minimise risks to people and took swift action if concerns were raised with them. Where individual risks were identified, action was taken to minimise these risks whilst encouraging people to maintain their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff worked in accordance with up to date guidance to make sure people's legal rights were protected.

The registered manager was committed to providing person centred care which was respectful and enabled people to live life as they chose, and to be happy. Comments from people and visitors showed this ethos was embedded in day to day practice. One person said, "I look forward to every day. I refuse to die whilst I'm having fun." A visitor said, "I just can't praise the place enough. They adapt and change to suit whatever they want at the time."

People had their needs assessed and met by staff who were well supported and competent. Assessments of people's care needs took account of their individual beliefs, culture and lifestyle choices. People were able to make decisions about their day to day care and their views were sought regarding the running of the home.

People told us staff were kind and patient and our observations during the inspection confirmed this. Staff knew people well and provided care in accordance with their individual needs and preferences.

People could be assured that at the end of their lives they, and their families, would be cared for with compassion and kindness.

People's privacy and dignity was respected. Each person had a single room where they could spend time in private if they wished to. Staff always knocked on doors before entering people's personal space. Where people required support with personal care this was provided discreetly to promote people's dignity.

People could be confident that any complaints or concerns raised would be fully investigated and responded to. People and staff told us they felt able to share their concerns because the management of the home was very approachable.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Croft House

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 comprehensive inspection and took place on 9 and 10 October 2018. It was carried out by two inspectors 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.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 27 people who lived at the home, six visitors and 11 members of staff. The registered manager was available throughout the inspection.

During the inspection we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in the dining rooms and in people's rooms. We looked at a selection of records, which related to individual care and the running of the home. These included five care and support plans, three staff files, records of compliments and complaints, medication records and quality monitoring records.

Is the service safe?

Our findings

The home continued to be a safe place for people to live.

People told us they felt safe. One person said, "I feel safe. Nothing worries me because there are always people about." Another person commented, "I have no worries about anything." A visitor told us, "They are absolutely safe in all ways."

People looked very relaxed and comfortable with the staff who supported them. When staff approached people, they looked happy and smiled and showed physical affection for the staff. Some people reached out to hold hands with staff or to give them a hug.

The provider had systems and processes in place which helped to minimise the risks of abuse to people. These included a robust recruitment process which made sure all staff were thoroughly checked before they began work. Once staff had been employed they received training on how to recognise and report any concerns to make sure people were protected. Staff spoken with said they would not hesitate to speak up if they had any concerns. All were confident action would be taken to make sure people were safe.

The registered manager worked in partnership with appropriate agencies to make sure any concerns raised were fully investigated. They were open and honest in their investigations which helped to keep people safe and encourage people, staff and other stakeholders to share any concerns. There were posters around the home with contact details for appropriate agencies if, for any reason, people felt unable to raise their concerns at the home.

The provider learnt from mistakes to make sure there was on-going improvements to the service people received. Any safeguarding concerns or serious incidents were analysed by the registered manager and provider under their critical incident reporting procedure. Any shortfalls identified were treated as learning and shared with the staff team to make sure there was no re-occurrence.

The provider used a staffing tool to establish and maintain safe staffing levels. Agency staff and bank workers were employed to make sure staffing levels were maintained. At the time of the inspection we observed staff supported people in an unhurried manner and requests for help were responded to promptly.

People were supported to maintain their independence and receive support in a safe way. Staff completed risk assessments with people to make sure safe care and support was provided. This included the help people needed with mobility. Risk assessments showed the number of staff and any equipment people needed to help them to mobilise.

People received their medicines safely from senior staff who had received specific training to carry out the task. The staff used an electronic system to administer medicines and the Provider Information Return (PIR) stated no medication errors had been identified in the past 12 months.

Where people wished to administer their own medicines, risk assessments were carried out to enable them

to do so with minimum risk.

Some people were prescribed medicines, such as pain relief on an 'as required' basis. People told us they were offered these medicines regularly and were able to accept or refuse them. One person told us, "I ask for more pain killers in between and I get them."

Some people received medicines covertly (without their knowledge.) Where people were receiving medicines in this way the home followed the provider's policy to make sure all relevant parties were consulted and the decision to administer medicines in this way was made in the person's best interests. We looked at paperwork relating to this practice and saw that in one instance the person's current prescription medicines were not correctly listed. This meant there was a possible risk of the person receiving medicines covertly that had not been deemed to be in their best interests. The deputy manager assured us this would be rectified immediately.

People lived in a home which was kept clean and fresh by a dedicated housekeeping team. Staff had received training and guidance in infection control and we saw they wore personal protective equipment such as disposable gloves and aprons where necessary. This helped to minimise the risks of the spread of infection.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who were well trained and competent in their roles. All staff underwent an induction programme when they began work and had opportunities to shadow more experienced staff. This made sure new staff knew how to effectively support people in accordance with their individual needs and wishes. One member of staff told us, "I had a very good induction. In house dementia training. I thoroughly enjoyed it."

People had confidence in the staff who supported them. When we asked people if they felt staff had the skills needed to effectively support them, all replied "Yes." One person said, "The girls [staff] are very good." A visitor told us, "I am very happy with the way they are cared for."

People received specialist care from staff who had received appropriate training. A number of staff praised the training they had received in caring for people living with dementia. One member of staff said, "The training was excellent. Made me look at things differently and has helped me." During the inspection we saw the areas which cared for people living with dementia were calm and relaxed and people looked happy.

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

Staff had received training about the MCA and those spoken with understood the principles and worked in accordance with the Act. Records showed staff undertook assessments of capacity where they had concerns about a person's ability to make a specific decision. If the person was found to lack capacity a decision was made in their best interests.

People who were able to, consented to the care and support they received. One person told us, "I always have a choice." Another person told us, "They always ask if I want a shower. Every day."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications where people required this level of protection to keep them safe. Clear records were kept detailing when and why applications had been made. Where authorisations had been granted, staff were aware of what this meant for the person.

People's needs were assessed before they moved to the home to make sure it was the right place for them. From the initial assessment care plans were written which included information, not just about people's needs, but also about how they wanted to be supported. This ensured staff could provide care and support which met their needs and took account of their personal wishes and preferences.

People's care was provided in a way that took account of their individual needs and respected their lifestyle choices, abilities, race and culture. Staff had received training about equality and diversity and we saw one risk assessment which had been put in place to make sure the person did not suffer from discrimination because of their culture. Some senior staff had recently received training regarding working with people from the lesbian, gay, bisexual and transgender community. This all helped to make sure people lived in a comfortable and safe environment free from discrimination.

Staff monitored people's health and sought advice from outside professionals when required. A GP visited the home twice a week to monitor on-going health conditions and deal with non-urgent medical needs. The registered manager told us they had good relationships with other professionals in the area. One GP, who had provided feedback to the home, had written, "Working with Croft House is an enjoyable experience. The staff are conscientious and thorough in their dealings with us."

Staff worked with other healthcare professionals to make sure people received support and treatment according to their individual needs. People said they had access to dentists, chiropodists, community nurses and opticians. One person said, "Staff sort all that out." A visitor told us, "They keep me informed when appointments are due, or if a doctor's been called."

The staff acted appropriately in emergency situations to make sure people received immediate treatment. One person praised how the staff had responded when they had had a fall. They said, "They were very good. They knew exactly what to do and took good care of me until I went to hospital."

People's nutritional needs were assessed and they received drinks, meals and snacks in accordance with their needs and likes. There was always a choice of meal and people told us if they did not like anything on the menu they were able to request an alternative. On the days of the inspection food was well presented and people ate well. Each area of the home had a kitchen area where staff were able to make drinks for people and light snacks. Drinks were constantly offered to people.

Croft House was a large modern building which had been purpose built to meet the needs of older people and people living with dementia. The home was split into four smaller areas which helped to promote a homely atmosphere. There were aids and adaptations to promote people's independence and well-being. All bedrooms had large level access showers to enhance people's independence and privacy. In the areas that cared for people living with dementia all areas were bright and stimulating for people. There were ample communal areas around the home to enable people to socialise, spend time quietly or with friends or family.

Is the service caring?

Our findings

People continued to receive a caring service.

Throughout our time at the home we observed staff to be kind, caring and patient. Staff knew people well and chatted happily with them about everyday things, such as families, television programmes and the weather.

Staff assisted people in a way that was respectful and took account of their abilities. For example, we saw a member of staff gently and discreetly guiding someone to their room when they needed assistance with personal care. At lunch time we saw staff politely asked a person if they would like help to cut up their meat and then discreetly supporting and encouraging them with their meal.

Staff respected people's wish to be independent and helped people to feel empowered and valued. One person told us, "They aren't pushy with you. They let you get on with things but they are always there if you need help." Comments from people living with dementia included; "I get a bit flustered but they never make me feel silly. I know I ask the same things but they always answer with a smile" and "They're not on your back when you get things wrong. I like that, I often get things wrong."

People's privacy was respected and they were able to spend time in their rooms or socialising in communal rooms. One person told us, "Sometimes I like to be alone but it's nice to know I can go through the door and there will be people about." Another person said, "The staff always knock on my door before entering."

People were encouraged to maintain links with family and friends and to make new friends. One person had formed a friendship with a person living in another home owned by the same provider and we saw a member of staff supporting them to skype the person for a chat. Originally the friendship was conducted through skype calls, but at the person's request, staff had helped them to visit their new friend in person. Another person told us they had spent some time with a person who had recently moved in. They told us, "I talked to a new lady. Cheered her up a bit."

Visitors were always made welcome and we saw all visitors were offered refreshments when they came to the home. Visitors told us they were able to visit at any time and some said they felt supported by staff as well as the person who was living at the home. One visiting relative told us how the staff had helped them to better understand the needs of their relative who was living with dementia. One visitor told us, "Staff are always kind and helpful. They support me."

People and their representatives were able to be involved in decisions about their care and the running of the home. There were regular meetings for people who lived at the home and their relatives. One person said they had been to a few meetings and commented, "You can talk about anything that affects you." Another person said, "I went to the last one. It was very interesting."

People's care plans were completed with them, or their representatives, when they moved into the home

and they were invited to regular reviews. Responses about how much people were involved was mixed. One person said they could not remember if they had been asked about a care plan and another person said, "At the beginning we discussed everything. My family were present." One visiting relative told us, "Very thorough initially. Update three monthly. They always ring with updates. They even ring to let me know what events are happening, like cream tea afternoon."

The provider used an electronic care plan system which was very wordy and may not have been easy for everyone to understand, especially people who were living with dementia. Staff told us they usually only used a small part of the care plan when they discussed people's care needs or reviewed their care plans with them. They told us this was because they felt people may not understand the full document.

Is the service responsive?

Our findings

People continued to receive a responsive service.

People received care and support which was personalised to their needs and wishes. Some people were able to express their wishes verbally and said staff respected their choices. People were able to choose what time they got up, when they went to bed and how they spent their time.

One person told us, "You can spend the day as you wish." Some people were not able to verbalise their wishes but staff knew people well and continued to respect people's choices. We saw that when people choose to stay in bed or sit in the lounge in their nightclothes staff respected their wishes. One person, who was living with dementia, got up just before lunch and staff were laughing and joking with them. They responded by laughing and saying, "I've never been a morning person. Won't change now."

People were supported to follow their religious beliefs and were assisted to attend religious services at the home and in the local community. Staff said that they thought the current arrangements catered well for people who lived at the home but if anyone had any different spiritual or religious needs they would ensure they were met.

The staff responded to changes in people's needs and adjusted their care accordingly. Where it was felt that the home was no longer able to meet a person's needs, further assessments were sought from other professionals to identify how and where their needs could be best met.

People could be confident that at the end of their life they would receive high quality compassionate care. The staff were passionate about providing good quality care to people at the end of their lives and had given talks about this subject. They had also produced a leaflet to help people and their relatives at this time. One relative had send a thank you card to staff following the death of a relative. They praised the commitment of staff for their "Dedicated attitude, patience and kind words." Another person had written that a member of staff had stayed with them and their relative throughout the night.

The home was accredited to the Gold Standards Framework which is a comprehensive quality assurance system which ensures people receive high quality care at the end of their lives. One senior member of staff took a lead role for end of life care and they made sure care plans and medicines were in place for people who were nearing the end of their life. One person told us, "I will die here but that doesn't worry me. I know they will look after me." One visitor told us at one time everyone thought their relative was at the end of their life but they had since improved greatly. They told us, "When they were poorly they made it very clear, come anytime, sleep here if you like."

The home had created a pleasant memorial garden to celebrate and remember the lives of people who had died at the home and staff. Each year they held a service of remembrance but people were able to visit the garden at any time for quiet reflection.

There were a number of activities workers employed which aimed to make sure people had opportunities for social stimulation seven days a week. However, on the first day of the inspection we found there were very limited activities for people. One activity worker and some care staff were playing dominoes with people in one area of the home which cared for people living with dementia. In the other part of the home there did not appear to be any activity taking place in the morning. On the second day of the inspection a singer came to the home and this session was well attended and appeared to be very much enjoyed.

Some people told us they enjoyed the activities whilst other people said there was not much going on, or they were not aware of what was happening each day. One person said, "I join in when I'm asked." Another person said, "I don't have anything to do. I sit here and sleep." A visitor told us, "There doesn't seem to be much at the moment. Not when I am here."

The registered manager told us they aimed to provide activities which were personalised to people. For example, one person wished to go to see a circus and staff supported them to do this. Some people had asked to go to the races and we were told this was being arranged. Two people told us they were looking forward to a day at races. One person had asked to go to the beach and we saw photos of them enjoying a day out by the sea.

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw that some information, such as the day's menu, had been made available in accessible formats for people. However, other information was not always accessible to all in easy to read formats. For example, care plans were not user friendly and may not be meaningful to everyone who lived at the home. The activity programme was only available in written format and was not eye catching or inviting. The registered manager informed us that they explained all information provided to people on an individual basis.

The complaints procedure was displayed in the home but at the time of the inspection was only available in written format which would not be easy for everyone to read or understand. The registered manager told us this could be made available in other formats or languages on request.

People who were able to express their views and visitors said they would be very comfortable to make a complaint. One person said they had complained about a specific issue and it had been sorted out. One person told us, "I could talk to any member of staff they are all approachable." A visitor said, "I know who to speak to. I don't feel intimidated in any way."

Where complaints had been made records showed they had been fully investigated and responded to. Where shortfalls in the service were identified through a complaint, apologies were offered and action was taken to improve practice.

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by two deputies and a team of senior staff. This made sure there was always senior, experienced staff available to support people and to monitor standards within the home. A representative from the provider also visited regularly to monitor standards and support people and staff. The staff had good relationships with other professionals and agencies which helped to make sure people received the treatment and support they required in a timely manner.

All the people we asked said they thought the home was well managed. Most people could identify the registered manager. They all said the management were approachable and friendly. They said they felt listened to.

The registered manager was committed to providing person centred care which was respectful and enabled people to live life as they chose, and to be happy. This ethos was promoted throughout the home and staff encouraged people to follow their own goals and choices. One member of staff said the ethos of the home was about promoting people's quality of life and "Putting smiles on faces."

Comments from people and visitors showed this ethos was embedded in day to day practice. One person said, "I look forward to every day. I refuse to die whilst I'm having fun." Another person told us, "I can't say enough good things about the place. It's perfect. Nobody interferes with you or keeps on at you." A visitor said, "I just can't praise the place enough. They adapt and change to suit whatever they want at the time."

People continued to play an active role in the local community and there were good links with community facilities. People used the local library and were involved in community sessions held there. Some people continued to attend clubs which they had previously been part of.

The registered manager had strong links with the local dementia alliance which aimed to ensure services in the area were accepting and supportive of people living with dementia. People at the home held fundraising events for various charities and local people were invited to attend these. This all helped to make sure people had opportunities for social stimulation outside of the home and continued to be valued members of their community.

The provider had recently signed up to a new bus scheme which will provide regular trips out for people. A number of people we spoke with told us how much they enjoyed trips out and this scheme would ensure people had opportunities to do this safely.

The registered manager was keen to learn and continually improve the care and support provided to people. They had signed up for various research projects which they hoped may enhance people's lives. One project planned for the home was the use of exercise bikes with screens showing either the local area or more exotic places. It was hoped this would provide entertainment and exercise for people and reduce the number of falls people had. Another project was being carried out with Exeter University. This was a pilot of a communication toolkit for people living with dementia which it was hoped would improve communication and enable people living with dementia to express themselves.

The registered manager and provider continually monitored the quality of the service and made adjustments to care and support which ensured ongoing improvements for people. Regular audits were carried out by the staff at the home and by representatives of the provider. Any shortfalls identified during audits were actioned and monitored by the provider to make sure improvements put in place were sustained.

The registered manager audited all accidents and incidents which occurred at the home. Where a high number of accidents or falls had occurred, the staff looked for ways to reduce these. The registered manager told us sometimes simple things made a huge difference, such as making sure a person had a shorter nightdress which did not get caught in their walking aid. Audits identified that in one area there were a high number of falls in the evenings when the fire doors were closed. The number of falls had been reduced by making sure the doors were not closed until later in the evening which enabled people to move around more freely without opening the heavy doors.

People lived in a home where staff were happy. This helped to create a relaxed and comfortable atmosphere. Staff told us they enjoyed their jobs and felt well supported. People said they thought staff were happy in their roles. One person said, "I think they [staff] are happy. I hear them laughing and joking." Another person told us, "It's a happy environment."

The provider had systems to motivate and retain staff which helped to make sure people received consistent care. They offered incentives for long service and the completion of qualifications. On the second day of the inspection a long service awards ceremony was being held at the home. A buffet was arranged for people and staff and bouquets were given out to long serving staff.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.