

Potensial Limited

The Croft

Inspection report

Sabin Terrace
New Kyo
Stanley
County Durham
DH9 7JL

Tel: 01207283082
Website: www.potensial.co.uk

Date of inspection visit:
25 September 2017
27 September 2017

Date of publication:
18 May 2018

Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 and 27 September 2017. The first day of our inspection was unannounced. The Croft is registered to provide accommodation for up to 21 people who require nursing or personal care. At the time of our inspection there were twelve people using the service.

At the last inspection in March 2017 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were:-

Regulation 9 Person-centred care

Regulation 11 Need for consent

Regulation 12 Safe care and treatment ☐

Regulation 13 Safeguarding service users from abuse and improper treatment

Regulation 14 Meeting nutritional and hydration needs

Regulation 17 Good governance ☐

Regulation 18 Staffing

Following our last inspection we asked the provider to take action to make improvements. During this inspection we found improvements had been made and there were no continued or new breaches of regulations.

There was not 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 provider had secured the services of a manager consultant with a background in mental health. Arrangements were in place to appoint a new manager and candidates were due to be interviewed on 28 September 2017.

People had care plan documents which were accurate, up to date and regularly reviewed. We found these described people's individual needs and provided staff with a profile of people's mental health needs. Where risks to individual people had been identified we found staff had been given guidance and advice on how to mitigate these risks.

Staff had been trained in safeguarding vulnerable adults. They told us they felt able to speak to the manager if they had any concerns

There were enough staff on duty. A new board on the wall told people who used the service who were their staff member for the day.

Staff provided appropriate support to people with dignity and respect. We found changes had been made in the service which promoted people's independence.

Pre-employment checks were carried out on staff to ensure they were of suitable character and had the necessary skills to care for vulnerable people. Staff completed an induction when they first started work which supported them to get to know the home and people who used the service. Staff received regular supervision, appraisals and training. Staff had recently registered to undertake training in mental health.

The provider had used the knowledge and skills of a manager from another service to implement a programme of checks which ensured people were protected from living in an unsafe environment. These included, for example, fire safety and water temperature checks.

Accidents and incidents were recorded by staff. These were monitored by managers to ensure the right actions had been taken and prevent the same type of accident happening again.

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.

Some people in the service were provided with additional staff hours to support them to carry out activities of their choice. Staff had begun to engage with people about the type of activities they would like to see provided.

Staff had completed food and fluid charts to monitor the food and fluid intake of people who were at a nutritional risk. People made positive comments about the meals and we found people had a menu choice. Alternatives were available if people preferred other options.

We saw discussions had taken place with mental health professionals. The staff had made referrals to other health care professionals when they assessed people required additional support. We saw referrals had been made to dietitians, the speech and language therapy team (SALT), GP's, community nurses and community psychiatric services. Systems and processes were in place to monitor and improve the quality of the service. We saw the senior management team had visited the service and carried out audits of the home which resulted in actions being required to improve the service.

A recent survey had been put in place and some survey returns were still expected by staff. The responses received at the point of our inspection were largely positive.

Since our last inspection there had been no complaints made about the service. We saw people had been given information on how to make a complaint. People told us they felt able to make a complaint to staff should the need arise.

People's medicines were administered by staff who had been trained to carry out these tasks. Staff were required to undertake training before being assessed as competent to give people their medicines. We found people's medicines were stored securely and regular audits were in place to ensure medicine counts

were correct.

Since our last inspection improvements had been made to both the internal and external property. Following our last inspection a fire officer had visited the premises and recommended improvements to fire doors. We found these improvements had been carried out.

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 was safe.

The service had reviewed people's risk assessments and guidance was in place to ensure staff knew and understood how to mitigate identified risks.

Staff had been trained in how to safeguard vulnerable people.

Staff were trained and assessed as competent to give people their medicines in a safe manner.

Staff employed in the service had pre-employment checks carried out to see if they were suitable to work in the home.

Health and safety checks were carried out on the premises to ensure people lived in a safe environment.

Is the service effective?

Good ●

The service was effective.

The service was compliant with the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice.

Staff had received support through training, supervision and appraisal.

Fresh food was prepared and people were offered meal choices. Snacks were available for people throughout the day.

Is the service caring?

Good ●

The service was caring.

We observed staff working with confidence with people in ways which were caring and respectful.

During our inspection a local advocacy service had been invited to attend a meeting for people who used the service. This was intended to promote people's use of advocacy.

People who used the service spoke to us in positive terms about the staff who worked in the home.

Is the service responsive?

Good ●

The service was responsive.

We found people's care plans were up to date and accurate. Clear guidance was given to staff about how to meet people's needs and what actions were required to support people.

Staff had begun to address with people the kind of activities they would like to do in the home.

People who lived in the home felt confident in approaching staff to raise any concerns or make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was not a registered manager in post.

Documents held by the service were accurate and up to date.

Since the last inspection systems had been implemented in the service to monitor quality. Staff were now delegated tasks to carry out audits.

Staff and people who used the service spoke highly of the manager consultant who was in charge of the home at the time of our inspection.

The provider had not notified us of incidents in line with the requirements of regulations.

The Croft

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 27 September 2017. The first day of our inspection was unannounced.

The inspection team consisted of one adult social care inspector, a specialist advisor in nursing care 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 we visited the home we checked the information we held about this location and the service provider. For example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service; including local authority commissioners. We also spoke to the police who had experienced a significant reduction in the number of call outs to the home.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the opportunity of the inspection to explore the plans for the service with the management team.

During the inspection we spoke with five people who used the service. We reviewed seven people's care files. We spoke with nine staff including the operations director, the regional manager, the manager consultant, senior care staff, care staff and the cook. We also reviewed other records maintained by the provider required to demonstrate regulatory compliance.



Our findings

At our last inspection we found the provider had not managed people's medicines safely. Measures were required to improve the cleanliness of the home. We found staff had failed to identify risks to people and put in place actions to mitigate the risks. We found people had been fined for anti-social behaviour and staff had not considered how this might be avoided in the future. At this inspection we found improvements had been made.

People we spoke with during our inspection told us they felt safe using the service. They told us they had a personal choice regarding their routines and this was supported by staff.

We checked to see if there were enough staff on duty. We saw the rota provided a consistent level of staffing. One person said, "There's always somebody around if I need help." Another person said, "Sometimes some of the other service users can be noisy and argumentative. The staff know this makes me anxious and quickly deal with this to make me feel safe." A third person said, "I can always find someone and they take the time to talk to me if I'm worried about anything." People were provided with additional outreach hours when they chose what they wanted to do with staff support. We found that staffing levels within the service were maintained at a level which ensured people's needs were met.

People using the service were safeguarded from abuse or improper treatment. Staff had received training about safeguarding vulnerable adults. This was to make sure they were knowledgeable about the action to take if they had any concerns. We found the service had reduced the risks to people by ensuring their mental health needs were addressed. This prevented staff from having to call out the police and people were protected from harm caused by other people and the risk of being arrested. The police reported to CQC the number of call outs to The Croft had significantly decreased.

At the time of our inspection the manager told us there were no current whistle-blowing concerns (where employees tell external parties about concerns they may have about the service) or on-going staff disciplinary investigations.

We reviewed the fire safety records in the home and found appropriate checks were carried out to ensure that people who used the service lived in a safe environment. An emergency bag containing contingency plans and people's personal details was available in the service. Details had been kept up to date. Other environmental checks such as checks on utilities and PAT testing were carried out to maintain people's safety. Water temperature checks were carried out to reduce the risk of scalding. These temperatures were

within the accepted national guidance range.

During our inspection we observed on-going cleaning. Communal areas of the home were clean and free from odours. We found staff no longer cleaned people's rooms for them. Instead bedroom cleaning was carried out in conjunction with each person. One person told us the décor was, "Plain and boring." Staff acknowledged the appearance of the building would improve with redecoration. Arrangements were in place for people to have discussions with a decorator about their preferred colour scheme before the home was redecorated.

Following our last inspection a fire safety officer had visited the premises and advised on improvements including repairs to a number of fire doors. The provider had carried out the repairs. We saw there was a current maintenance list and work had been identified which needed to be carried out. During our visits maintenance staff were on the premises undertaking repairs. People told us they had recently undertaken a fire drill and felt the evacuation process is now clear to them. One person said, "We went out of the front door and stood over there by the houses (pointing over road). You can go out of the back door too and into the garden because there's a gate to get out of."

Pre-employment checks were carried out to ensure new staff were suitable to work in the service. Staff completed an application form detailing their past work experience and training. Two references were requested and Disclosure and Barring Service (DBS) checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We saw the provider had requested staff members gave proof of identity including copies of passports, driving licences and birth certificates before starting work. This meant the service had in place strong recruitment procedures.

We found people received their medicines in a safe manner. Training for the administration of medicines and staff competencies related to this were all up to date. People were required to attend the clinical room to obtain their medicines. Since the last inspection a new more suitable clinical room had been created. The recent changes to medicines administration were explored with people who use the service. All people reported that the new medication room was a positive change and offered better facilities for taking medicines and monitoring their health. One person said, "There's more room when you go for your medication now. They come at the same time and knock on your door to ask you to go and get your medication. They write in their book when you've taken your medication."

Medicines were stored securely in locked cupboards in the locked clinical room. We checked medicine records and found they were up to date and accurate. Staff on duty during our inspection demonstrated they were aware of how to check for the name of the medicine, the dosage and the expiry date. They also stated that drug checks were carried out weekly and showed us the drug check documentation sheets which were all signed and dated correctly. We asked what the home's procedure was, if any drugs were found to be missing against this drug check system. The staff member was able to explain what the procedure was by following the home's policy on missing medicines. This demonstrated staff had been trained in the administration of medicines, and were aware of the systems in place to ensure people received the medicines they were prescribed and needed, in a safe manner.

We saw people had individual risk assessments in place which provided staff with information on how to mitigate any risks. One person spoke to us about potential risks and said, "I go out nearly every day, sometimes just to the local town but sometimes to Sunderland too. Before I go out the staff always talk to me, check where I'm going and what time I'll be back. We make a plan that if I'm late they will try to contact

me, give me a certain amount of extra time in case the bus is late and then if they need to they will contact the police to look for me." They confirmed staff had contacted them if they were late getting back.

We asked staff when risk assessments were reviewed. Staff told us in the past it had been every six months when they were updated. However at the present time staff were reviewing all the risk assessments on a monthly basis to bring them all in line with new systems being developed within the home. Staff also told us if there was any deterioration or changes in a person's condition, the risk assessment would be updated immediately and changed accordingly.



Our findings

At our last inspection we found the provider had not supported people to safely manage their nutritional needs. Consent had not been appropriately obtained to make changes to the home and staff were not always supported to enable them to carry out their duties. We found capacity assessments had not been carried out which meant people were at risk of receiving inappropriate care. At this inspection we found improvements had been made.

Staff spoke to us about the changes in the service since our last visit. One staff member said, "There has been 100% improvement."

Snacks were continually available to people in the dining room including fruit and crisps. Juice was also available and a new coffee and tea area had been set up. People confirmed this was now always available to them. This meant people had access to food and fluids throughout the day without needing to access the kitchen. One person who was using the service told us, "It used to get really busy in the kitchen when people were making a cup of tea and you could get burnt. Now they have made a drinks bar and snacks in the dining room. It's good because you won't get burnt and if you need anything from the kitchen you just knock on the door and the staff help you."

People's dietary needs and known allergies were clearly documented. We observed kitchen staff supporting people with late breakfasts. The menu for the day was on a white board in the dining room. Food was freshly prepared each day. We saw delivery notes for the delivery of fresh fruit and vegetables to the home. Staff had asked people what they wanted as their menu choice for that day. We found the kitchen staff were flexible in their approach to people. They told us, "It's their home so they can have what they want." Alternatives were available for people who did not wish to eat what was on the menu. People described the food as "nice" and "tasty" and were complimentary about the chef. One person said, "[Name] is a brilliant chef and always make us nice food. [Name] always remembers what I like and tells me when it's my favourite." People confirmed they were offered alternatives if they did not like what was being prepared. They also told us mealtimes were at a set time however there had been occasions when it had not been possible for them to make the mealtime and staff had kept a meal back to make sure they had something to eat.

We saw from people's care records that risk assessments and care plans were in place to support those people at risk of weight loss. At our last inspection we were concerned about the records appertaining to people's food and fluid intake. During this inspection we saw improvements in the recording. Food and fluid charts were monitored by the regional manager.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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. Appropriate applications had been made to the local authority to lawfully deprive people of their liberty and keep them safe. We found staff had received training around the use of the MCA and people's capacity was assessed when decisions were to be made.

People confirmed to us they had signed their care plans to give consent for their care to be provided at The Croft. Copies of people's care plans had been provided for them in separate files. Staff told us some people did not want copies and we found these were stored in the office should anyone request to see them. We saw for one person a care contract had been drawn up which listed their care needs to enable them to sign one document about how the staff will work with them. Consent forms had also been signed by people who used the service to give staff permission to enter their bedroom, administer their medicines and where required look after their monies.

Staff had revisited the issue of no alcohol in the house and people had confirmed this was their preference. One person told us since the ban on alcohol in the unit things felt considerably safer as there were now fewer issues with people who used alcohol being disruptive and causing trouble. They said, "Staff struggled to calm people down when they were kicking off after drinking but now it's much quieter. Fewer people have issues and if anything happens the staff can manage it and calm them down much quicker."

Staff supported people to access healthcare. We saw staff made appointments and escorted people to their GP and consultant appointments. Where people needed this type of support it was documented in their care plans.

Staff were supported to carry out their role through induction, training, supervision and appraisal. Supervisors maintained a record of when supervision meetings took place. A staff supervision meeting occurred between a staff member and their line manager to monitor the staff performance, discuss any concerns and consider their training needs. Senior managers were monitoring the support staff received through regular auditing. We saw they had identified that supervision meetings had started to fall behind the expected intervals by which they should take place and they had requested that improvements were made. We saw following the audit improvements had been carried out and supervision meetings had been put in place.

A training matrix showing when staff received training and when their next training was due was made available to us. We saw staff had recently undertaken training in food safety and medicines awareness. Staff confirmed they had also signed up for NVQ levels two and three of mental health training. One member of staff who had commenced their training spoke to us about their learning on bi-polar disorder. During our last inspection we found staff in the service did not understand the purpose of a Community Treatment Order (CTO). A CTO is a legal order made by a Mental Health Review Tribunal or by a Magistrate. The order lists conditions such as taking medication or undergoing therapy whilst they live in the community. At this inspection we also spoke to a staff member about their understanding of a Community Treatment Order

(CTO). They were able to explain what a CTO was and also what was meant by 'conditions' for people who used the service. They told us they had recently attended a training session on mental health which had covered CTOs.

Adaptations had been made to the premises to improve the environment and delivery of care. We saw a coffee bar had been introduced to the dining room to enable people get their own drinks. A new clinical room had been created where people were able to be weighed in private. A downstairs bedroom was being converted into a private space where people could speak to staff, or visiting professionals could hold conversations with staff or people who lived in the home. Changes had been made to some of the lighting in the home to create a brighter atmosphere.



Our findings

One person told us, "Staff are really supportive but they help me differently to others in here. I only need support with my anxiety and having someone to talk to if I get worried or upset. Some of the other people here need more help but I don't mind because I like to look after myself and the staff let me do that." Another person told us, "Staff help me with looking after my personal care and getting around the unit if I'm not feeling very steady on my feet." Everyone we spoke with described staff as caring.

We asked people how the staff spoke to them. One person said "They're lovely, they always call me [by name] and they always have time to stop and have a chat with me." Another person said, "They speak to you nicely, most of them will often come into the lounge and chat but there's a couple of staff members full of themselves who won't bother." A third person said, "They're polite and respectful and we have a bit of a joke together."

The service had in place, "Service User Empowerment Meetings." These were meetings where people were able to attend and give their views and suggestions about the service. In the August meeting staff invited people's comments on the proposed new Service User Guide and Croft Charter. We asked people about the Empowerment Meetings whether they thought these were good. One person said, "I don't know about them but that's probably because I go out all of the time. I might go to one if I thought something needed changing." Another person said they attended the meetings and said, "It's a good idea and I think the staff listen."

We saw there was a new board in the home entitled, "You Said, We Did". It demonstrated people's suggestions had been listened to and staff were making efforts to involve people in the home. For example, people had asked for a new TV in a different room so they had a choice of channels they could watch. One person said, "I told them that it was difficult only having one television in the big room so now they're going to change it and get another television." Arrangements had been put in place for this to happen.

During our inspection a 'Service User Empowerment Meeting' was being held. It was attended by the local advocacy service who had been invited along to talk to people about advocacy and how to access the service. Information was made available to people in the form of leaflets and posters.

We observed the staff speaking to people in a kind manner; they addressed everyone by name and spoke in respectful tones. They asked people if they were "OK" and was there anything they needed. We observed a situation where one person entered the television lounge and was wary of a member of the inspection team

being present and talking to someone who used the service. They became concerned and asked a member of staff why a stranger was talking to people. The member of staff was very reassuring and supportive towards the person whilst they explained our role and introduced the person to the inspector. The member of staff used eye contact with the person and guided them calmly towards us with gentle movements. The member of staff then went on to be very encouraging and supportive towards the person helping them to engage with other people around them.

We asked people how the staff preserved their privacy and dignity. One person said, "They always knock when they come to my room. They always ask if they would like to help me with something like putting my clothes away or tidying my room." When we asked people if they had the opportunity to communicate their preferences of having a male or female carer to assist them, one person told us, "If it's one of the men on when I have a shower and I want a towel, the male staff will say that he'll get one of the girls to help." This demonstrated people's dignity was protected.

We found staff promoted people's independence. One person told us they liked the staff helping them to keep their room tidy by reminding them of things they needed to do and asking if they could help rather than the staff do the cleaning without the person being present.

At our last inspection we observed people were being weighed in the dining room in front of others. Staff and people who used the service described how any weight measurements were now carried out in the medication room rather than public areas of the home.

We spoke to people about whether they had access to information about the home. Everyone we spoke to was aware of a board in the corridor that was updated daily and indicated their named worker for that day. One person said, "I like the board as you know who is there for you on that day and you can find them quickly if you need to speak to someone. It makes you feel like you're not on your own." The person told us even though people had a named worker all of the staff still tried to help where they could, but it made speaking to someone easier as they did not have to "keep explaining yourself." One staff member said, "I think the introduction of the key worker system and the board has been a really good idea. It gives you a clearer and much better organised shift where you feel you can better support the service users. Record keeping is more detailed and you can give quality time interacting with your key service users as opposed to trying to keep everyone happy and spreading yourself thinly." This meant people's care was delivered in more focussed manner.



Our findings

At our last inspection we found the provider did not plan people's care effectively and as a result people were at risk of unsafe and inappropriate care and treatment. People's plans were not always person centred. During this inspection we found improvements had been made.

People told us staff were responsive to their needs. One person told us, "You don't have to wait long and they do things quickly for you." Two people told us they had both reported items of clothing had gone missing in the laundry but staff located the missing items within a day or two and it was usually because someone had emptied the dryers and put it to one side.

Following the findings of our last inspection the manager consultant had used a nationally recognised assessment tool and revisited each person's needs to ensure that they remained suitably and appropriately placed at The Croft.

We reviewed seven people's care documentation and found them to provide detailed person-centred information. Each person had a mental health pen picture which gave staff background information on their mental health history. People's care plans were broken down into sections entitled 'current' situation', 'expected outcome' and 'staff actions'. We found care plans were pertinent to each person. They included information about their mental health, appointment support, use of alcohol and dietary support. This meant staff were given information about people's care needs which was individual to the person in order to support them appropriately in line with their needs and preferences. The plans included identification of the risks to people.

We also saw people's care was reviewed on a monthly basis. If people's health needs changed, referrals were made to other health professionals to ensure their needs were met. Staff carried out checks to gather relevant information before they made the referrals. A daily skin care check was carried out by staff. Everyone who used the service was weighed weekly. This was documented in their care files. We saw community psychiatric nurses were fully involved in the care of people with dementia where this was required. Where people had a specific medical condition, information about the condition was available to staff in the person's care notes to ensure effective care was provided. After six months a full care plan review was carried out.

We found people had personal choice about the way they wished to live. We asked people if they had a routine in the home, whether they could choose what time they got up and went to bed and how they

managed their own clothes and washing. One person said, "I always sort myself out but the staff ask if I need anything specific washing, or putting out that I might want to wear." Another person said, "I like to stay up late and watch the telly. I don't sleep very much, I'm just in my room though and the staff don't mind they just check I'm ok and don't tell me what to do." A third person said, "The girls help me to choose my clothes sometimes but I don't mind."

Throughout our inspection we observed people were either spending time in their room or watching television. No other activities were taking place, although an assortment of board games were observed in the corner of the dining room and a pool table in one of the recreational areas. We asked people about the activities which were available in the home and what they had planned into their daily routine. One person said "I go out a lot and I have a TV in my room so I watch that as there's only one TV in the place and not everyone wants to watch the same thing." They went on to say, "There's a pool table too. Sometimes the staff will come and get you to play pool which is good as I enjoy that." Another person said, "Sometimes the staff ask if you would like to play cards or monopoly and you can play pool as well." We found staff were engaging with people to reduce the risk of social isolation.

We asked people whether there was a plan of activities for them to follow and become involved with; everyone we spoke with told us this was not available. Whilst observing the notice boards in reception there was no indication of a planned activity program other than a residents meeting. We saw this had been identified as an area for improvement in the home and work had begun to address the issue. At the 'Service User Empowerment Meeting' held in August we saw there had been a discussion around activities and staff were asking people for ideas about the kind of things they wanted to do.

Since our last inspection we saw there had been no complaints made about the service. We spoke with people about making a complaint. One person told us about comments cards available in the office. We saw the complaints procedure had been given to people who used the service. All of the people we spoke with who used the service told us if they had a complaint they would take this directly to a member of staff for them to resolve. One person told us they had made a complaint with the previous manager and they thought it had been sorted out but had received no feedback. They said, "The new manager is better because they listen to you and so does the staff now."



Our findings

At the last inspection we found there were significant gaps in records. We found improvements had been made at this inspection.

There was not a registered manager in post. The home was managed by a manager consultant who was employed by the provider to provide guidance, advice and support to staff. A manager from another service was providing support to the home to embed the provider's governance arrangements.

Staff spoke with us about the management arrangements. They told us they felt better supported and issues had been explained to them so they understood what they were doing. We saw staff had been allocated people on the shift for whom they had primary responsibility. One member of staff told us this was a better system because they knew who they had to focus on for the day.

We asked people if they knew who the manager was. Everyone who we spoke with could identify the manager consultant. People told us, "Yes he's called [name] and he's new", "He's not bad and he's making a lot of good changes round here. It's definitely a lot better since he came", and "I think he's called [name]. He's alright and he's done some good changes since he came." We asked people if they thought the home was well run. One person replied, "It is now he's came. They (the staff) seem like they know what they're doing."

One member of staff felt that the management of the home was well structured and the staff now felt like there was leadership for them. They felt all staff were now equally supported by management and told us, "In the past no one knew what they were supposed to be doing or how it was supposed to be done. We were trying to do a job and look after people but no one wanted to tell you how. There was just no plan."

Following our visits to the home we spoke to the police. They told us the number of police call outs to the home had significantly decreased and provided us with a list of police call outs to the home. We compared the list provided by the police with notifications made to CQC. A notification is a requirement in law where services need to tell CQC about specific events. We found we had not been notified of some of the police call outs to the home. This issue is being dealt with outside of the inspection process.

This is a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

When asked if there was anything they would change about the home, people told us they there was no changes to be made as some positive changes had already happened. One person said, "If I had to change one thing it would be the staffing on nightshift. They only have two staff members where it would be better to have three as some service users don't sleep." They went on to explain that three staff would provide better levels of care.

We found the culture of the home was improving. One staff member commented on the change and said, "It has definitely had a positive impact. The unit is changing for the better. Staff morale is good now and we work as a team. Everyone wants to help everyone and support each other. This never used to happen. It can only be a good thing for the service users."

The manager consultant carried out daily walks around the service to identify any areas of concern using a checklist and addressed them. The manager of the service also undertook monthly audits. Senior care staff had now been delegated roles and responsibilities including audits. We observed the senior care staff were given advice and guidance on how to complete the audits. These audits had to be carried out each month to allow the manager to complete their audit within a deadline. We found progress had been made in ensuring the quality of the service.

Senior management visited the service on a regular basis and compiled a report. Their reports showed they had checked to see if audits were carried out. During their audit visits they reviewed people's files and identified improvements. We reviewed the monthly reports for June, July and August 2017 and found the reports demonstrated progress was being made in the service.

Following the last inspection a detailed action plan had been put in place and this was regularly reviewed and updated. We discussed the goals with the management team. At the time of our inspection there were 12 people living in the home and the goal was to keep the number low so staff were able to build up their skills before increasing the number of people using the service.

There were clear partnership arrangements in place between the service and healthcare professionals. These included the staff gathering appropriate evidence before making a referral to relevant professionals. We also found the provider had made strides in ensuring people's relatives were partners in the care of people who used the service.

In the provider's newsletter about their national conference we saw the theme was, "Too Chicken to Challenge". Managers were invited to sign up to a Challenge Charter to ensure they challenged services to improve. The conference used the work of the serious case review carried out on The Croft to demonstrate to staff lessons learnt. This demonstrated the provider had taken seriously the standards of the service CQC initially found in the home in December 2016.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of incidents reported to, or investigated by, the police

The enforcement action we took:

We issued a fixed penalty notice