Clovely Care Limited

The Croft Residential Care Home

Inspection report

Ettrick Grove
Sunderland
Tyne and Wear
SR4 8QE

Tel: 01915284668
Website: www.croftcarehome.co.uk

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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

The inspection took place on 18 January 2016 and was unannounced. A second day of inspection took place on 26 January 2016 and was announced.

We previously inspected the service on 30 March 2015 and found the service was meeting the requirements of the regulations we inspected.

The Croft Residential Care home provides residential care and support for up to 33 people, most of whom are living with dementia. At the time of our inspection there were 31 people using the service.

The home had a registered manager. 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.

Staff had a good understanding of safeguarding and were confident in their role in safeguarding people. Any safeguarding concerns were investigated with the outcomes fed back and practices changed if necessary in order to prevent reoccurrences.

Records were kept for all accidents and incidents including details of investigations, outcomes and action taken. Lessons were learnt from accidents and incidents and improvements made.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews.

Medicines were managed effectively with safe storage and appropriate administration. All records were complete and up to date with regular medicine audits being carried out.

Staff were recruited in a safe and consistent manner with all necessary checks carried out. Staffing requirements were assessed in line with peoples' needs. From staffing rotas we saw staffing levels were consistent and staffing cover was provided by staff within the home and deputy managers. Agency staff where used on occasion to cover staff recruited to provide one to one care.

Staff had up to date training and competency assessments were carried out in relation to specific areas, including the management of medicines. Regular knowledge tests were carried out in supervisions and staff meetings.

Staff told us they felt supported in their roles and they received regular supervisions, as well as annual appraisals. Records we viewed reflected this.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Best interest assessments were evident within care files and DoLS authorisations were in place for every person who used the service.

We observed during mealtimes that people were enjoying their meals, some independently and others with support from staff. There were choices available for people and support provided by staff was gentle and at an appropriate pace to each individual.

The registered manager was passionate and pro-active about raising the awareness of dementia within the home. They had adapted the home to be more dementia friendly, had arranged high level training for staff and had held training sessions with relatives to improve their understanding of dementia. The registered manager had also developed a dementia file for relatives to read which contained the policy of the home as well as other useful information and publications.

Care plans were personalised, detailed and contained people's personal preferences, likes and dislikes. Care plans were up to date and reflective of each person's individual needs.

There was a wide range of activities available both within the home and in the community for people to become involved in and enjoy. The home had three activities co-ordinators who worked with people, family members and staff to design activities programmes tailored to people using the service both as a group and individually. People were encouraged to access the community but all the while remaining safe.

The service had initiatives in place to raise awareness of dementia within the home for staff, relatives and visitors. The management team worked closed with Stirling University around dementia and good practice. All staff had completed advanced dementia awareness training with further advanced training planned to develop staff knowledge and awareness further. The registered manager worked with family members to raise their awareness and understanding of dementia such as holding training sessions and developing a file of information for family members to read in relation to dementia and how it affected people's lives.

The home décor was dementia friendly with communal doors and toilet seats painted orange and signage included pictures as well as words. Yellow plates were used in the dining room as well as bright red cups and people's bedroom doors were brightly painted in colours of their choosing.

Everyone had a life history book that had been created with the involvement of themselves, staff and family members. The books demonstrated significant events and special memories of people's lives through photographs. For example, special birthdays, wedding anniversaries, family members, holidays and hobbies.

The home had a daily chat magazine that people had access to. It included pictures and photos as well as text and contained news both old and new so could be used as a reminiscing tool by people.

A range of regular audits were carried out that related to the service the home provided, as well as the premises and environment.

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.

Staff had a good understanding of safeguarding and were confident of their role in safeguarding people.

Medicines were managed safely.

Risks assessments were completed when required and linked effectively with the associated care plans.

The staff recruitment procedure was robust and consistent. Staffing levels were planned around people's needs. People received the care and support they needed in a timely manner.

Fire alarm checks and drills were completed regularly. There were appropriate Personal Emergency Evacuation Plan's in place for every person.

Is the service effective?

Good

The service was effective.

People and relatives told us they felt supported and cared for by staff who were skilled and experienced to do so.

Staff had regular training, including specialist training and supervision to ensure they had the skills and knowledge to care for people.

The Mental Capacity Act (2005) was followed appropriately and Deprivation of Liberty Safeguard (DoLS) were authorised.

People's specific dietary requirements and nutritional needs were met.

People had access to healthcare professionals as they needed them.

Is the service caring?

Good

The service was caring

People and their relatives told us the care they received was good and they had no concerns.

Staff engaged with people in a caring and compassionate way. Care was provided in a dignified and respectful manner which appeared comfortable for people receiving the care.

Staff encouraged people's independence. They responded quickly if someone asked for support or if they noticed someone was in need of care and support.

Information was available should people require advocacy support.

Is the service responsive?

Good

The service was responsive.

The registered manager and the home were very pro-active in raising awareness of dementia and developing the service to improve the quality of life of people living with dementia.

The registered manager had a clear procedure in place for dealing with any concerns or complaints.

There was a great emphasis on life history within the home and peoples' care files. Care plans were detailed, up to date and reflected the individual needs of each person.

A wide range of activities were on offer for people both within the home and in the community. Activities and times were tailored to peoples' individual needs and preferences.

Is the service well-led?

Good

The service was well led.

Staff told us they felt that the registered manager was supportive and approachable. They told us that they attended regular staff meetings.

A range of quality assurance systems were in place to measure quality of the service and drive improvement. Systems were in place to learn from accidents or incidents where possible.

The registered manager and the deputy managers had a visible presence in and around the home ensuring good quality, personalised care was delivered to everyone.

The Croft Residential Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 18 January 2016 and was unannounced. A second day of inspection took place on 26 January 2016 and was announced.

The inspection team consisted of an adult social care inspector and one specialist advisor.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We used a number of different methods to help us understand the experiences of people who lived at The Croft Residential Care Home. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with four people and six relatives. We also spoke with six members of staff, including the registered manager, a deputy manager, a senior care worker, two care workers and the cook.

We looked at seven people's care records and 31 people's medicine records. We reviewed four staff files, including records of the recruitment process. We reviewed supervision and training records as well as records relating to the management of the service. We also completed observations around the service.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person said, "We feel safe here." Another person said, "Everyone is nice and I feel comfortable." Family members we spoke with confirmed their relatives were safe. One family member said, "We think that [My relative] is well looked after."

Staff practiced the safe storage and administration of medicines. All medicine administration records (MARs) were completed fully with all reasons for non-administration recorded. Protocols for medicines to be used as and when required were attached to people's MARs for staff information and guidance. Unused medicines were returned to the pharmacy in a timely manner. Staff competencies were regularly assessed by the management team to ensure those administering medicines were skilled to do so safely. Regular medicines audits were carried out by a member of the management team to identify any medicines errors.

Staff demonstrated a good understanding of safeguarding. Staff were able to name and describe different types of abuse and gave examples of signs people may show if they were being subjected to abuse, such as becoming withdrawn, flinching and presenting behaviours that challenged. Staff explained the reporting process for safeguarding concerns. One staff member said, "I would go straight to the office and report it to the manager or the deputy manager."

There was a safeguarding log available that included details of safeguarding concerns, alerts and the subsequent action taken. Safeguarding records reflected those notified to the Care Quality Commission (CQC). Records showed safeguarding concerns were investigated, outcomes communicated to the person involved, if appropriate, and all other relevant parties and practices changed where identified.

The registered provider had a safeguarding policy and whistle blowing policy in place which were displayed around the home. Staff told us they were aware of the policy and knew how to use it. The registered manager actively encouraged staff to use the whistle blowing policy and ensured staff were aware of and understood it. One staff member said, "We have to sign to say we understand it. I have good communication with Kathryn, I know if I have a problem I can go to her and she would act upon my problem."

Accidents and incidents were recorded in a log. Appropriate records were kept which included details of events that had happened, people involved and subsequent action taken.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. For example, where someone had been assessed as being at risk of choking there was a care plan in place which detailed how their meals should be presented to them, such as fork mashed or soft. The care plans described the support staff needed to provide and what action to take if the person started choking. There was also involvement recorded with the speech and language therapy team (SALT).

The home was clean, homely and well maintained with appropriate test certificates for fixed electrics,

portable appliances testing (PAT), legionella and fire alarms. All checks were complete and up to date except for gas safety which was out of date. It was due one month previously and the registered manager explained that new boilers had been fitted just over a year ago and there was an agreement with the company to complete gas safety checks annually. During the inspection the registered manager acted upon this, contacted the company and organised for gas safety checks to be completed on 1 February 2016.

During our inspection we saw appropriate maintenance records for all lifting equipment. Maintenance checks were completed six monthly. The registered manager ensured maintenance checks had been completed and identified when new checks were due to ensure maintenance was consistent.

Personal emergency evacuation plans (PEEPs) were in place for every person who used the service. These included details about each person, such as their room number and the support they required to evacuate the building. These plans were up to date and relevant to each individual. Fire drills were carried out in the home and these were recorded.

There was a fire exit in the dining room which was disguised as a wall with coats hanging on it covering the push bar. This was documented in the fire file and fire exit signage was still visible in line with fire safety. The registered manager told us the fire exit door was alarmed but that it led out onto the drive at the side of the home which ran to a main road and this was a potential risk to people who were vulnerable.

The registered provider's recruitment process was followed so staff were recruited with the right skills and experience. All necessary checks were carried out for each new member of staff including reference checks and disclosure and barring service checks (DBS) prior to someone being appointed. DBS checks are used as a means to assess someone's suitability to work with vulnerable people. All gaps in employment history were also explored with prospective new staff.

The provider had systems in place to regularly monitor staffing levels and the impact on people using the service. The management team completed an analysis of staffing needs routinely on a monthly basis, as well as when new people arrived at the service or to reflect the changing needs of people already using the service. The deputy manager explained staffing levels were linked to the dependency needs of each person which looked at prescribed medicines, diagnosis and mobility needs.

Staff we spoke with told us there were enough staff to meet people's needs. One staff member we spoke with said, "If we have full staff then there's enough to meet needs and run smoothly. There's not always enough when people phone in sick, things can be hectic, although I feel as though our residents are really safe, no problems." Another staff member said, "There's enough staff to look after people. We're all like a family. Yes people are safe." A family member we spoke to said, "There's always staff around when you need them and I can go to the office [to see the registered manager]."

We reviewed staffing rotas for a four week period and found staffing levels to be consistent and in line with the assessed level of need. The deputy manager told us that staffing cover was provided by staff within the home and deputy managers as and when needed. The home had a policy in place whereby staff holiday requests were received at least two weeks in advance to allow for appropriate cover to be provided. A deputy manager told us they organised the rotas around planned holidays. Cover at short notice for things such as staff sickness was arranged through existing staff and deputy managers if necessary.

The registered manager told us they had recently recruited three new members of staff to support a person on a one to one basis. If one of the three members of staff had holidays booked in or they were off sick, the registered manager would seek cover from the one of the two remaining staff. If the other two members of

staff were unable to cover the registered manager informed they would then use agency staff. This was to ensure staffing levels across the home were not affected.

During the inspection we observed that people were supervised and their needs were seen to quickly. People were given support by staff in a timely manner and at a comfortable pace. We noted nurse call bells were answered promptly.

Good

Is the service effective?

Our findings

People told us they felt supported and cared for by staff who were skilled and experienced to do so. One person said, "[Staff] deal with any problems straight away, they are all kind and lovely." One relative we spoke with said, "Staff are very knowledgeable and on the ball." Another relative told us, "There is obvious care and commitment with appropriate touch which is so important."

Staff told us they received training to support them to carry out their role effectively. One member of staff we spoke with said, "We do a lot of training, I start a dementia awareness course this Wednesday and I have just completed an NVQ 3." Another staff member said, "We always have training. If we want extra training the manager arranges it."

Staff had up to date training including safeguarding adults, first aid, moving and assisting, safe handling of medicines, DoLS, MCA and fire safety. Additional awareness training was available to staff members that reflected people's specific needs such as epilepsy, parkinson's disease, heart failure and dementia.

Staff told us they received regular supervision and annual appraisals. They said they felt supported in their roles. One member of staff said, "I love getting supervision off the management and when I get an appraisal it makes me feel good at my job." During supervisions managers discussed with staff their role, any concerns, current and future training, care plans and recent best practice reports. Records confirmed regular supervisions and annual appraisals had taken place for all staff. We saw action points and development plans agreed during supervisions were followed up during the next supervision session and progress was recorded. For example, specific training identified or policies to read.

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 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 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.

The registered manager explained when they would use best interest decision forms and demonstrated knowledge of MCA and DoLS. People's care records contained best interest decisions which corresponded to the information contained in the DoLS authorisations. Detailed care plans were created to ensure the least restrictive options were considered for people.

For those who required a DoLS authorisation there was a clear audit trail showing when DoLS applications had been submitted to the local authority, when outcomes had been received and authorisations for those granted. Expiry dates were recorded to trigger a reminder for the registered manager to make a new application. We saw DoLS applications, authorisations and notifications to CQC were stored appropriately. All DoLS for people in the service were in date.

Staff understood what MCA assessments were and when they should be completed. Staff also had an understanding of DoLS including what they were, when they were used and understood that a number of people living at The Croft had a DoLS in place. Staff gave examples of how people's liberties were deprived in the least restrictive way. For example, having a keypad code on the front door to prevent people leaving the home unsupervised who were assessed as being vulnerable but staff members supporting people to go out and do activities outside of the home. There was also an enclosed decked area to the side of the home where people could sit out and do activities.

The registered manager wrote to relatives to inform that they were applying to the local authority for a DoLS authorisation. The letter explained why they were applying, what a DoLS was and what process the application would follow. This was to ensure families where kept informed of DoLS applications relating to their relatives.

People told us they enjoyed the food in the home and there was always enough to eat. One person we spoke with said, "I like it here, the food is lovely and the staff are very nice." Another person said, "I really enjoyed my dinner, it was delicious."

During meal times we observed the tables were set nicely with place mats, napkins, cutlery, condiments and cups. The dining rooms were decorated in a homely dementia friendly way with brightly painted walls as well as curtains, pictures and appropriate furniture. Jugs of juice were readily available and were offered to people by staff. Meals were well presented and looked appetising.

We observed a meal time experience in the dining room. The atmosphere was relaxed and people were served their food in a polite, respectful manner. We saw staff encouraged people to eat independently where possible. People who required support to eat their meals were patiently supported and at a pace comfortable to each individual. Although people chose their meals in advance, staff asked again at the dinner table if that was what they still wanted. Staff later told us this was due to people sometimes changing their mind or not remembering what they had chosen. Staff sat with people and chatted with them whilst encouraging them.

We noted the home operated a first and second seating in the dining room at meal times to allow people who required support in a more quiet relaxed environment, to receive this from staff. Although, there was still the flexibility for people who didn't require support to eat at the second seating if they chose to. From our observations this arrangement worked well and people with greater support needs were able to receive this effectively, without interruption.

The chef told us people were asked what meals they would like for lunch and dinner on a morning. They were given two options for each meal time using photos of meals previously prepared to support people to make decisions. The chef told us they made alternative dishes for people who didn't want either of the two options available. The chef told us they held information in the kitchen about everyone's dietary requirements, such as those who were diabetic or required fortified drinks. Details of people's preferences, likes and dislikes were updated as people's tastes changed or new people arrived at the service.

During our inspection we observed a refreshments trolley being taken around the home to people in between meal times. People were offered hot and cold beverages as well as biscuits, cakes, yoghurts and fruit. This meant there was always a variety of food and drinks available for people throughout the day.

We saw people had access to a wide range of health professionals including district nurses, doctors, opticians, dentists and chiropodists. Records of any professional visits to the home or appointments were kept, as well as contact notes of discussions or treatments. Care files contained clear records of contact with all professionals. This included detailed involvement one person had with hospital staff, a doctor and a consultant regarding a fractured leg.

Good

Is the service caring?

Our findings

People and family members gave us positive feedback about the care provided at the service. One person said, "My bedroom is lovely and warm, everybody is nice and I get on with everyone and enjoy myself with the girls." Another person said, "Everyone is nice and I feel comfortable." One relative said, "We feel the care is outstanding," and, "We feel like part of a family, like part of our family, so welcoming, very supportive and everything done at once when required." Another family member said, "[Staff] are very caring, not just with [my relative] but others as well."

The atmosphere within The Croft was warm, welcoming and busy with lots of interaction between staff and people. During our inspection we saw people smiling and laughing, as well as joining in activities and chatting with staff and other people using the service.

Throughout the inspection we observed staff supporting people with daily tasks, such as eating, drinking and doing activities. We also observed people receiving physical support when moving around the home with and without equipment. People were supported to make individual choices and decisions where possible. For example, one person did not like the meal they had chosen so staff gave some alternative options and the person chose one of them to have instead. Another person was asked if they would like to go to the park with staff and a couple of other people and they chose to go.

Staff treated people with dignity and respect. Staff were observed knocking on people's doors and waiting for a response before entering. Staff requested permission from people before providing support, for example, support with eating their meals. Consent was obtained from people prior to staff members providing support. Staff told us how they ensured people's dignity and privacy was maintained. One staff member said, "I close doors and curtains when assisting someone to get ready and I get a few outfits out for people to choose." Another staff member said, "I ask if they want a bath or shower and ask if they want bubble bath."

The home completed dignity reviews for people as and when they were able to and documented these accordingly. For example, one person was accompanied to the hairdressers they used to go to for a perm. People were asked a number of questions to measure their dignity being considered whilst specific care was being provided.

A visiting professional said, "The staff here are really proactive and work well with families, especially in terms of end of life care. They call for help only when necessary and are receptive to advice and support." The registered manager had a palliative care register where they recorded details of people who were receiving end of life care and those who had a 'Do not attempt cardiopulmonary resuscitation (DNACPR) order in place. A DNACPR is an order based on the decision of a person who does not wish to be resuscitated if they go into cardiac arrest. The register recorded details such as diagnosis, nursing team involved and whether advanced care plans were in place. The registered manager used this register to record and monitor those in receipt of care from the palliative care team. It was also used to record anticipated needs and medicines so the home could be prepared.

Staff supported people gently and patiently, providing prompts and encouragement when required and at a pace comfortable to each individual. We observed staff sitting with people and chatting as well as watching television or films with them or taking them out to a local supermarket café for a coffee. The interaction observed between staff and people was positive, warm, friendly and familiar. There were lots of smiles in the dining room and lounges with people interacting with each other as well as with staff.

Staff spoke about people with genuine affection. They knew what individual people liked to do and had interests in and could explain people's daily routines.

At the time of the inspection no one required the support of an advocate as everyone had active family members. People had previously accessed advocacy services and information regarding advocacy services including independent mental capacity advocates (IMCA) was available in the main entrance hall.

The chef had a kitchen file which contained four weekly menus, photos of meals previously prepared and a list of every person's birthday. The chef told us they made birthday cakes for people on their birthday. The list was updated when new people came to live in The Croft Residential Care Home.

The home had a family room that people could use when they received visits from relatives to ensure they had a quiet, more private space to talk that was an alternative to their own rooms. The registered manager told us the room was well used.

During the inspection we found communal areas to be clean, tidy and decorated nicely. There were also pictures, ornaments, clocks and flowers giving the building a more homely feel. One staff member told us, "We like to give people the best and give them everything they want where possible. We let them treat it like their own little house and I think we do that quite well here."

There was an enclosed, communal decked area to the side of the home that could be accessed through the lounge or family room. The registered manager told us "[people] love to sit out on the decking when the weather is warmer." We saw photos of two people helping staff build a small greenhouse that was then placed in the decked area where people grew flowers.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs, wishes and preferences. One family member we spoke to said, "We are so grateful, Kathryn has made this [Relatives moving into the service] happen, it is working so well and has made such a difference to Mum and Dad, it is a weight off our shoulders." Another family member said, "I find mum's deterioration difficult and distressing at times but the staff are so helpful and supportive they help us to bear it."

Records showed pre-admission assessments were completed in relation to people's care and support needs. For example, personal care, medicines, medical history, skin integrity and sleep patterns. Pre-admission assessments showed people's needs were identified and the potential impact their admission could have on other people using the service was considered. The registered manager also asked people and their relatives to complete a document called 'Getting to know you' prior to admission. This meant the registered manager and key workers developed individualised care plans for people that were reflective of peoples support needs as well as anticipate any potential issues and implement preventative measures.

People had a range of care plans in place to meet their needs including personal care, nutrition, communication, cognition, medicines, skin integrity, night time support and mobility. Care plans were personalised and included peoples' choices, preferences, likes and dislikes. For example, one person's personal hygiene care plan stated they liked to have a bath which they liked to run themselves. Staff were to check the temperature and ensure there were towels available prior to leaving the person to bathe independently. Care plans contained adequate detail and clear directions to inform staff how to meet the specific needs of each individual.

Care plans were reviewed on a regular basis, as well as on an ad hoc basis when people's needs changed. All care plans we reviewed were up to date and reflected the needs of each individual person.

During our inspection the home were piloting a new hi-tech digital technology system called National Early Warning Score (NEWS) for Sunderland Clinical Commissioning Group (CCG). The system was a digital tablet used to track the health of residents including weight, blood pressure, oxygen levels, respiratory rate and temperature. The idea around this equipment was for services to obtain a base line of information relating to people's health conditions and allow them to monitor those using the digital system. Should anyone show signs of deterioration or feeling unwell, these could be quickly picked up and the information could be electronically escalated to health care professionals. At the time of the inspection the pilot was underway, therefore we could not report on the effectivity of this.

Every person had a 'day in the life' document contained in their care records which gave clear details and guidance of a preferred day for each individual. Peoples' routines were broken down into various times of the day such as morning, lunchtime and afternoon. There were also details of bathing, family and friends, finances and times of being unwell. This meant staff could have a clear understanding of people, their lives and how they wished to live them.

Every person had a 'see me and support' document in their care files which were used to share information with hospital staff when people were admitted to hospital. These documents contained meaningful information about people including personal details, allergies, support needs and personal preferences.

The registered manager was very passionate and pro-active in raising awareness of dementia within the home with both staff and relatives. This focused on people who were living with dementia and how this affected their everyday lives such as visual problems like misinterpreting distances or misidentifications of family members or staff. The registered manager and deputy managers were trained facilitators in dementia awareness and worked closely with Stirling University around good practice. All staff had completed advanced dementia awareness training and six members of staff were due to complete further enhanced training with Stirling University at the time of our inspection.

With the involvement of family members and people, staff had created life history books which told peoples' life story in photos including special events, such as their wedding day, their children and family members throughout the years, holidays and hobbies. The registered manager actively held training sessions with families and friends of people about dementia. We saw records of training sessions attended by relatives that explored common terminology used when talking about dementia to ensure relatives had a greater understanding when speaking to staff. Training also covered the person with dementia, what their reality was and the homes approach to dementia. They then watched a dementia awareness raising dvd.

The home had developed a dementia file which was available to relatives and visitors and was kept in the reception area. The file contained the home's dementia policy and their approach, as well as useful information, publications and fact sheets around dementia.

The registered manager had made specific adaptations within the home to improve the quality of life for people living with dementia. For example, yellow plates and red cups were used at meal times where required and communal doors and toilet seats were painted orange to give clear direction to people living with dementia. Bedroom doors were painted with bright colours chosen by people; during our inspection a person's door was being painted their chosen colour of green.

Dementia friendly signage was also available around the home containing pictures as well as words to help people locate areas in the home such as the lounge, dining room, family room and bathrooms. During our inspection we observed people living with dementia orienteering around the home freely and getting to places they wanted to go. For example, one person was in the dining room and had finished their lunch when staff told them about the games activities about to take place in the lounge. Staff asked the person if they would like to join in, the person confirmed, left the dining room and headed to the communal lounge.

The home had a dementia friendly newspaper named the 'Daily Chat' which was displayed in the main corridor for people to pick up and read. The newspaper contained news from the past and present day as well as poems, pictures and quizzes.

People told us they enjoyed activities in the home and there were always things to do. One family member we spoke with said, "[My relative] is happy with the staff. They get her up dancing and have taken her to the park." One member of staff said, "The best things about working here are the commitment to high quality dementia care and the supportive team."

The home had three activity co-ordinators who worked with people to design an activity programme people would benefit from and enjoy. The working hours of the activity co-ordinators was scheduled in line with the programme in response to peoples' needs. For example, two activity co-ordinators worked on a Monday so

they could take a group of people on outings if they wanted to go, which was fairly regular. One activities co-ordinator worked four evenings per week to engage people in activities later on an evening as it was identified that some people had a need or preference for stimulation later in the day when they could become restless.

People's care plans included information about their individual social interests and listed community activities they had taken part in. Community activities varied for each individual as they were personal to their preferences. These included activities such as lunches out, walks in the park, museum visits, Sunderland illuminations, shopping trips and visits to cafes for coffee and cake.

There were a wide variety of activities that had taken place in the home which included singers, baking, water colouring, herb gardening, church services, sit and fit, easter egg decorating, animal petting, hoopla and arm chair exercises. This meant there were things for everyone to do in line with their own interests and preferences. They were also enabled to do more specific individual activities with appropriate risk assessments in place. For example, one person went to a pub they used to go to prior to living in the home. Activities were also tailored to individual people but were enjoyed by others also. For example, one person had been a dancer previously so the home put arrangements in place for a sit and be fit instructor to visit weekly which enabled the person to enjoy moving to music and but also encouraged others to join in.

The registered manager told us they were working with a local primary school to arrange for children to visit and do activities with people in the home. We saw letters and cards children had made and sent in for people. This meant that people without family and grandchildren would be enabled to build positive relationships with children and have a sense of a family environment.

The service had a complaints procedure that detailed each stage of a complaint and how it would be managed. Copies of the complaints procedure where on display around the home including the entrance hall and were available in different formats such as large print. People and relatives were reminded about how to make a complaint during regular meetings and correspondence to relatives. We saw copies of the complaints procedure had been sent to relatives at different points.

One person we spoke with said, "I'm happy here, no complaints, if I had I would go to the manager." Another person said , "No, no complaints but we would let the manager know if we had". One family member said, "We are very happy, the care is excellent, [My relative] seems to be settled and we have no concerns, if we did we would talk to the manager." Another family member we spoke with told us they knew who to speak to if they had a complaint and had spoken to the registered manager or deputy manager on duty previously about a minor issue. The family member also said, "There's a book by the reception to record comments if you're not happy. Any issues raised are dealt with promptly."

Staff informed us people and relatives communicated if they were unhappy with something. One staff member said, "[People] would complain if they weren't happy," and gave examples when people using the service had complained to staff or management previously.

The registered manager kept a log of all complaints received and detailed investigations that had been carried out. Outcomes of investigations and responses communicated to complainants and others concerned were also stored appropriately. Debriefs, lessons learnt as well as reassurances were communicated to staff during staff meetings and supervisions if necessary. The registered manager analysed complaints on quarterly basis to identify any trends that would inform plans for improvement of the service.

The Croft Residential Care Home regularly received cards and letters of thanks from people's family members, complementing the service their relatives received whilst living at the home. The registered manager stored these in a file in the office for staff to view.

Regular resident and relative meetings were held in the home and various topics were discussed regarding activities, the premises, complaints procedure and menu feedback. For example, peoples' views on the new tea time meals. This meant people and their relatives were involved in the future planning of the service.

The service sent monthly newsletters to relatives to update them on events and activities that were coming up in the home or had already happened as well as general news regarding the service. One relative told us they found this useful in keeping them up to date.

Good

Is the service well-led?

Our findings

Staff told us they felt the service was well-led. They told us they felt comfortable going to the registered manager with an issues or concerns. One member of staff said, "If you have any worries you can just go to Kathryn and she'll listen, she's canny like that." Another staff member said, "The best things about working here are the family atmosphere and the excellent manager, I have no concerns about the home."

We received similar feedback from people, family members and visiting professionals we spoke to. One family member said, "The home has a good reputation, always has. We are happy with the care [My relative] receives and would raise any concerns with the manager as they arose." Another family member said, "[Registered manager] is smashing, very, very approachable and the home is very proactive." A visiting professional said, "I visit once a week and I am impressed with the home."

The home had an established registered manager who had been in post since 1 October 2010. They were proactive in meeting their responsibilities in relation to submitting relevant notifications to CQC.

Staff told us the registered manager and management team operated an open door policy in the home which staff said made them feel supported. One staff member said, "There is an open door policy, we can speak to management anytime." During our inspection we saw staff enter the office to speak with the registered manager and deputy manager with queries and also to obtain care files and other appropriate documentation.

Throughout the inspection visits there was a management presence in the home with the registered manager or the deputy manager readily available for staff, people who use the service, relatives and visiting professionals to speak to. The home had two deputy managers who also worked weekends. During out of hours, the registered manager told us staff had access to contact details for her and the deputy managers to be used should staff need to speak to management or have any issues or problems.

People, relatives and staff told us management were approachable and they felt comfortable going to them with any issues or questions. One staff member said, "I have a good relationship with management."

The registered manager and supporting staff members completed a number of audits in the home which varied in frequency. Audits included fire safety checks and drills. Other audits regularly carried out related to areas such as infection control, medicines, nurse calls, the dining experience and care. These were effective in identifying issues and required improvements. For example, a nurse call bell had sounded longer than the appropriate duration agreed in the home. The registered manager raised this in a staff meeting and checked care records of people receiving care. Staff had answered the call but had failed to switch the nurse call off in that instance. The registered manager emphasised the importance of switching off nurse calls.

The registered manager sent questionnaires out to relatives on annual basis regarding the home and the service people received. They were last sent out to 27 relatives in February 2015 and the home received eight responses. The registered manager completed an analysis of the responses received to ensure that any

areas identified as requiring improvement were actioned appropriately. All responses received were positive about the home and service and there was therefore no action required.

The local authority social care governance team had completed a joint quality assurance visit with Sunderland CCG on 13 December 2014 and found, "There were no concerns identified at the time of the monitoring visit and they scored 97.5% on the clinical quality audit." The local authority commissioning team told us, "[They were] not aware of any issues or concerns with The Croft. They are currently rated gold in our quality standards."

The home had piloted another initiative for Sunderland CCG around skin integrity and pressure care. The home used a SSKIN chart to record positional changes and type of equipment used. Following the pilot, the registered manager made recommendations for additional records to be added to the tool including catheter output, Bristol stool chart and food and fluid intake. The home had adopted this form to use it to support people who score high risk on the waterlow and were not always bedbound.

Staff told us they had regular meetings where they were able to discuss various topics. Discussions included any concerns or issues they had with the service, premises or people or any ideas they had for service improvement. The meetings were also used to provide updates in relation to new people or staff members, feedback and actions following dining experience audits, menu changes and issues the registered manager needed to raise. The home's equality and diversity policy and whistle blowing policy were often raised for awareness purposes in meetings and we saw from records that safeguarding knowledge tests were also carried out.

We asked staff if they thought any improvements could be made to the management of the service. All the answers were positive. One staff member said, "There's nothing I can think of that needs improving."