The Croft

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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

Overall summary

The Croft provides accommodation and personal care for up to six people with learning disabilities.

There were five people living in the service when we inspected on 16 November 2015. This was an unannounced inspection.

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.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised. Staff understood their roles

Summary of findings

and responsibilities in safeguarding people from abuse. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

There were enough staff to meet people's needs. Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance. Checks were made on staff before they started to work in the service to ensure that they were suitable to support the people using the service.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People's nutritional needs were being assessed and met.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

A complaints procedure was in place. There was an open culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service's quality assurance system identified shortfalls and these were addressed. As a result the quality of the service continued to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Systems were in place to keep people safe. There were enough staff to meet people's needs and recruitment was done safely.

Staff knew how to make sure that people were safe and how to respond to and report concerns of abuse appropriately.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were supported to meet the needs of the people who used the service. The Mental Capacity Act 2005 was applied appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives, where appropriate, were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

The service provided an open culture. People and staff were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed. This helped to ensure that people received a good quality service.

Good

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 16 November 2015, was unannounced and was undertaken by one inspector.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We met all of the five people who used the service and spoke with two who could verbally communicate with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager and two members of care staff. We looked at records relating to the management of the service, staff recruitment and training and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

One person told us how they liked to go out in the community and that the staff went with them to make sure they were safe.

Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. There had been no safeguarding referrals made about the service provided in the last 12 months.

Care records included risk assessments which provided staff with guidance on how the risks in people's daily lives, such as with their medicines, moving and handling and going out in the community were minimised. People's risk assessments were reviewed and updated on a regular basis and when their needs had changed.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment and hoists had been checked so they were fit for purpose and safe to use. Fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire.

There were enough staff available to meet their needs. Staff were attentive to people's needs and responded to verbal and non-verbal requests for assistance in a timely manner. For example when people needed assistance with eating and drinking. Two people had said that they wanted to go out to the local shops and they were supported to do so by staff immediately. This showed that there were enough staff to support people with their needs and requests.

Staff told us that they felt that there were enough staff to ensure people's needs were met and that they could participate in activities that interested them. The staffing levels were assessed and provided in line with people's dependency needs.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

We observed staff administering people's medicines during the morning of our inspection. This was done safely, in a reassuring manner and at a pace which suited people. The staff member was knowledgeable about the medicines that people took and when they should take them. For example how a person's medicines were to be administered in line with the prescription, such as before or after food.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. A staff member told us about the systems in place to check that medicines had been administered when prescribed and that records were appropriately completed. People's medicines were kept safely and were available when they were needed. The registered manager told us that people had an annual medicines review, which was confirmed in their records.

Good

Is the service effective?

Our findings

During our inspection we saw that the staff had the skills to meet the needs of the people who used the service. This included communicating effectively with people, assisting them to eat and drink and administering medicines safely.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. One staff member said, "We do loads of training." The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. Staff were knowledgeable about their work role, people's individual needs, and how they were met.

Staff told us that they felt supported in their role and had supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

We saw that the staff sought people's consent and acted in accordance with their wishes. We saw that staff sought people's consent before they provided any support or care. This included if they needed assistance with their food and drink and administering medicines.

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 decision, 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.

The registered manager had an understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) and had attended training in these subjects. DoLS referrals were made to the local authority as required to ensure that any restrictions on people were lawful. A staff member told us that the registered manager had guided them in training that they were to complete and this was identified as a need.

Care records identified people's capacity to make decisions. Where people required assistance to make specific decisions there was guidance of how this was to be provided. Such as the arrangements for decisions being made in their best interests if they were unable or to make decisions. The records identified which areas of people's care they needed assistance with making decisions about and any restrictions on their liberty. Where people were able, they had signed their care records to show that they had consented to the care identified in their care plan. Where people were not able to this the consent forms had been signed by their representatives.

One person told us that they were provided with choices of food and drink and that they got enough to eat and drink. They said that that they had chosen what they wanted to eat for breakfast, which was cereal and teacakes, "I like teacakes and jam, lovely." We saw that staff asked people what their choices were, for example which cereals they wanted, if they wanted hot or cold milk and what they wanted spread on their teacakes. This was done in a way which supported people's abilities to make decisions such as showing them the different spreads that they could choose from. Where people needed assistance with eating and drinking this was done at the person's own pace, for example, before people were provided with the next mouthful they asked, "Are you ready for some more?"

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's records showed that people's dietary needs were assessed. Where issues had been identified, such as the risk of choking and weight loss, guidance and support had been sought from health professionals. This showed that the service had taken action to ensure people's dietary needs were met.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person told us about their conditions and the

Good

Is the service effective?

treatment they had throughout their life. Whilst we were talking they confirmed that if they were not well the staff arranged for them to go to see the doctor, "I can see the doctor for my aches and pains."

Records showed that a system was in place to record and report issues and concerns of people's wellbeing. Where required, guidance, support and treatment was sought from health professionals, including their doctor, dentist, optician and chiropodist. This meant that issues were identified and support was sought for people where needed. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. Where people had refused treatment, this was recorded and their choices were respected. The registered manager told us that people had an annual health check from their doctor.

Good

Is the service caring?

Our findings

Staff were caring and treated people with respect. One person said, “I like them [staff].” We saw that the staff treated people in a caring and respectful way. For example staff made eye contact and listened to what people were saying, and responded accordingly. When people were being assisted to eat their meal, staff sat opposite them and talked about the food they were eating. People responded in a positive manner to staff interaction, including laughing and smiling. People were clearly comfortable with the staff.

Staff talked about and with people in an affectionate and compassionate manner. They knew about people’s individual likes and dislikes and how they made their choices. This was evident in the discussions they had with people about what they wanted to eat and drink and how they spent their day.

We saw that staff respected people’s privacy and dignity. For example when staff spoke with people about their needs, including supporting them with their medicines and eating and drinking, this was done in a discreet way. People were provided with aprons when they were eating their meal, with their consent, to prevent spills on their clothing. Where people needed assistance with wiping their mouths, staff asked for their consent before doing so.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. One staff member told us how one person’s ability to do things independently varied on a daily basis and that they respected their comments and abilities. The records guided staff to ensure that people’s choices, privacy and dignity was respected at all times and in all areas of their care and support.

People and their representatives, where appropriate, were involved in the planning of their care. People’s preferences in the way that they were cared for included in care records.

Good

Is the service responsive?

Our findings

One person told us that they received the care and support that they wanted. They commented, "They [staff] look after me." A letter sent to the service from one person's relative stated, "It is always gratifying to see how well [person] is being looked after…. [Person] is always so cheerful when I visit."

Records showed that people received personalised care which was responsive to their needs and that their views were listened to and acted on. The records provided staff with the guidance that they needed to support people to meet people's needs and preferences. The records detailed people's diverse needs and how these were met, such as how they communicated. We saw that staff communicated with people in their preferred methods. The registered manager told us that because staff knew people well they were able to communicate effectively with them, including those who did not verbally communicate. For example understanding people's signs and gestures. Records showed that people and their representatives, where appropriate, had been consulted about the care they were provided with.

Care plans were routinely updated and when people's needs and preferences changed. The records showed that people's care was assessed and planned for and that the service responded promptly to any changes in people's wellbeing, such as deterioration in their physical health. Daily records identified how people's needs had been met and provided staff with information about each person on a daily basis.

Staff knew about people's individual needs and how their requirements and preferences were met. For example, one person's care records identified that they needed to be reminded to chew their food and during meals we saw that the staff acted in accordance with their care plan.

Two people said that they were supported to participate in activities and events which interested them. One person told us what they enjoyed doing, including going out in the community including to the pub, "My favourite drink is Guinness," which they were supported by staff to do. They showed us a book that they were reading with a staff member and told us that they liked this. When we asked another person what they liked to do they sang us a song which they completed with, "Yee haa," and slapped their arm. Later in the day we saw them singing into a microphone and dancing to a country and western music video, to which there was lots of, "Yee haa," and arm slapping. This showed that this person's chosen activity was known by staff and provided. We also saw other people and staff joining in, including tapping their feet and dancing.

Two people went out to the local shops to buy what they wanted to. A staff member told us that the people in the community knew the people and always greeted them when they were out and about. One person said that they liked to go the shops and showed us the drink that they had bought. There was sensory equipment, such as lighting in tubes, in the conservatory and the communal lounge. A staff member told us that people found them relaxing and they were better to see when it was dark outside.

An aromatherapist visited the service on a weekly basis. We saw records and photographs of people which showed that they participated in a range of activities, including art, playing musical instruments, outings and making cakes. Each person had a book with items that had had painted or drawn. This showed that there were activities that people could participate in both inside the service and in the community to reduce the risks of them becoming lonely or isolated.

There was a complaints procedure in the service and complaints forms which could be accessed by people or visitors. However, the complaints procedure was not in a format which could be understood by all of the people living in the service. The registered manager told us that they would address this. There had been no complaints made in the last 12 months. The registered manager told us that they spoke with people on a daily basis and if they raised any concerns they would be addressed immediately.

Good

Is the service well-led?

Our findings

There was an open and empowering culture in the service. People were involved in developing the service and were provided with the opportunity to share their views. People and their relatives had completed satisfaction questionnaires, these were positive. The registered manager told us that if any concerns were received these would be addressed.

Due to the service being small, people's views and comments were listened to on a daily basis and used to improve the service provided, for example if people chose specific meals and activities. This showed that people's views were valued and acted on.

Staff told us that the management were approachable, supportive and listened to what they said. They told us that they felt supported and if any issues arose they were dealt with. Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff attended team meetings where they were updated with any changes in the service and where they could discuss ideas for improvement.

The registered manager told us that they felt supported and had regular supervision meetings. They understood their role and responsibilities in providing a good quality service and how to drive improvement. The registered manager was proactive in finding out about changes in the care industry, for example they knew about the care certificate and there was a plan in place to introduce this as part of the induction for new staff. As well as providing regular supervision meetings for staff the registered manager also observed staff whilst supporting people, such as when supporting people to eat and administering medicines. This was done to check that they were working in line with the service's ethos and culture. This meant that the service continued to improve and develop.

The provider's quality assurance systems were used to identify shortfalls and to drive improvement. Checks and audits were made in areas such as medicines, records and the safety of the environment. Where shortfalls were identified actions were taken to address them. This showed that actions were taken in a timely manner to improve the service provided. Records showed that incidents were monitored and used to improve the service and reduce the risks of incidents re-occurring.