

# Cumbria County Council

## Croftside

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Croftside is a residential care home that provides personal care and accommodation for up to 33 people. At the time of our inspection there were 25 people living at the home. Accommodation is over two floors, one of which provided care and support for people living with dementia.

### People's experience of using this service and what we found

The registered manager and staff worked in collaboration with healthcare professionals to provide effective and compassionate end of life care. They had developed mutually respectful relationships with people, and knew about them, their histories, families, likes and dislikes. Staff responded to the social and daily needs of people by providing meaningful activities and encouraging community involvement. People were supported to express their views and ideas, raise any concerns and be actively involved in making decisions about their care and how their home was run. People's communication needs were assessed and understood by staff.

The provider had safeguarding systems and risk assessments to protect people from abuse or unsafe care and incidents and accidents were recorded for analysis. Procedures to support the safe recruitment of staff were followed and there were enough appropriately trained staff on duty day and night to provide the support people needed. People received their medicines as prescribed and systems were in place for their safe management and supply. The premises were well maintained, clean and hygienic and staff followed infection control and prevention procedures.

People were supported to live healthy lives with access to professionals as needed and a choice of a nutritious diet in line with their personal choice and healthcare needs. Staff worked collaboratively with other agencies and professionals to support people's health, well-being and provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, their relatives and visiting professionals were positive about the care provided and the staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming, people's beliefs were respected and their independence and personal dignity promoted. Staff supported people to express their views and ideas and be actively involved in making decisions about their care and how their home was run.

Governance and quality assurance systems and monitoring to drive improvement were evident within the service. Staff felt valued and respected by the management team and the strong leadership of the service promoted a positive and open culture. The registered manager displayed knowledge around the responsibilities of their role and the importance of openness working with other agencies and professionals.

Professionals spoke highly of the joined up and co-ordinated care and support that they found working with the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 29 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was exceptionally responsive

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Croftside

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Our planning considered all the information we held about the service. This included information about incidents and accidents the provider must notify us about, such as abuse allegations. We sought feedback from commissioners of the services and professionals who worked with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spent time in each unit and in communal and dining areas speaking with people and observing their daily activities and staff interactions. We also checked the building to ensure it was clean, hygienic and a

safe place for people to live.

We reviewed records relevant to the running and quality monitoring of the service, new policies and procedures and the recruitment records for the three new staff employed in the last year. We looked at training and supervision records. We looked at five people's care records in detail and multiple records of medicine administration, storage and management.

We spoke with ten people who lived at Croftside, six visiting relatives, four members of care staff, a supervisor and three visiting professionals for feedback on their experiences. We spoke with the registered manager who was present throughout the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found on the day of the inspection. We obtained further feedback from professionals who were not at the home during the inspection. They contacted us by email after the visit to give us their positive experiences of the service. The information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. The provider had safeguarding policies and procedures in place and in line with local authority guidance to protect people.
- The registered manager understood their responsibility to report suspected abuse to the local authority and work with them to keep people safe. Staff knew how to recognise and report abuse to protect people and had safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly to keep people safe if they reported any concerns.
- People and relatives told us the home was a safe and pleasant place to live. We were told, "I do feel safe in the home" and "I don't have to worry about [relative] while they are living here."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health needs. The registered manager recorded and monitored accidents and incidents including environmental risks as well as those associated with health, wellbeing and lifestyle choices. They analysed them for any recurring themes so they could take appropriate action.
- Senior staff assessed individual risks to people such as, choking, skin integrity, falls, nutrition and the use of equipment and developed care plans to help mitigate. Individual personal emergency evacuation plans had been developed for everyone who lived in the home stating how they should be helped should an evacuation be necessary.
- Records showed that equipment in use had been serviced and maintained in accordance with manufacturers' recommendations. A range of internal checks had been conducted, to ensure they were fit for use and kept clean.

Staffing and recruitment

- The provider had safe recruitment systems and processes. The registered manager completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.
- We checked the staff rotas and how the registered manager assessed people's dependency against staffing deployment. We saw staff numbers were subject to review and adjusted according to people's needs and activities. The registered manager made sure there were enough appropriately trained staff on duty throughout the day and night so people received the support they required.
- People and relatives told us there were enough staff around when they needed them and commented "The staff certainly care for us and will stay later if it is required" and "This is a great home, plenty of good staff. My [relative] gets all the care they need."

### Using medicines safely

- Medicines were managed safely and staff involved in administering medicines had received appropriate training. Procedural guidance was in place for staff when administering medicines.
- The provider had arrangements in place for the checking in, return and safe disposal of medicines and excess stock was kept to a minimum. Regular checks and audits took place of the medicines system to make sure it continued to be managed in a safe way. People told us they were happy with the way their medicines were managed and we were told, "All my tablets are ordered for me, and I don't have to worry about it."
- We looked at the handling of medicines liable to misuse, called controlled drugs, and found these to be safely managed and stored correctly.

### Preventing and controlling infection

- The environment was being maintained, was clean, fresh and hygienic throughout.
- Staff had received training on infection control and food hygiene. The registered manager monitored staff practices, hand washing, cleaning schedules and the environment to ensure high standards were maintained. For example, the registered manager had ordered new commodes to replace old ones that were not easily cleanable.
- The service had achieved a five-star food hygiene rating from the Foods Standards Agency, demonstrating good hygiene standards and food prepared and stored in hygienic conditions.

### Learning lessons when things go wrong

- The provider had internal systems to identify when things went wrong and when lessons needed to be learned. For example, following an incident risk assessment was improved and environmental changes made to prevent the incident happening again.
- The provider had a system to record incidents and accidents and staff knew how to report these.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to have a nutritious and varied diet in keeping with their health needs and cultural preferences. All people had nutritional risk assessments and instructions for specific dietary needs and any risks of choking.
- We noted a fortified diet had not been recorded on supplementary records. There was evidence fortified fluids were being provided but the records had not been completed to evidence this. We discussed it with the registered manager and staff and they put in place, during the inspection, a new format to prompt staff to record.
- People told us they had choices at mealtimes and staff showed them what was on offer. We were told, "The food is of a good standard most of the time" and "The food is fantastic, and I enjoy my meals." We saw lunchtime was a pleasant sociable time, no one was hurried, and staff gave people discreet assistance with meals if needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's physical, mental health and social needs and provided support in line with their individual preferences, recognised standards and evidence-based guidance.
- Appropriate, clinically accepted tools were used to make assessments and these were subject to review with people, their representatives and social care professionals.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their roles. They had undertaken induction and training relevant to their roles and the needs of the people they supported, for example, dementia and falls prevention training.
- All new staff completed the Care Certificate, [This is an agreed set of standards that define the knowledge, skills and behaviours expected of staff in the health and social care sectors]. Staff told us they had received induction when they started work, had regular supervision and ongoing training to be able to continue to undertake their roles.
- People and their families had confidence in staff skills. They told us, "My needs are fully met here" and "The staff are lovely and I don't have any worries about my care." A visitor commented, "My [relative's] care is completely in the staff's hands and I trust them completely."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked with other agencies and professionals and made referrals

appropriately so people could access the healthcare and treatment they needed. For example, specialist community mental health and support teams, GPs, community nurses, dieticians, occupational therapists and physiotherapists.

- Professionals we spoke with confirmed the registered manager and staff contacted them appropriately so people could access the healthcare and treatment needed. We were told, "The registered manager communicates well with ourselves, we have a very good relationship and the staff seek out our advice appropriately".

Adapting service, design, decoration to meet people's needs

- The staff and registered manager worked hard to create a safe and homely environment at Croftside, whilst being sensitive to the needs of people living with dementia.
- There were appropriate signs around the home to support people living with dementia to locate different rooms and orientate themselves.
- People had their own personal items in their room so they were personal spaces where they could spend time if they wanted. One person told us, "I have a lovely room and I have a say in how it is decorated. I don't think we could get a better home."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. We saw evidence of MCA assessments taking place and when necessary applications for DoLS authorisations had been made and incorporated into care plans. Staff had received training on the MCA and its applications.
- When a person was found to lack capacity to make a decision, robust best interest's decision-making processes were followed. For example, a decision to administer an important medicine covertly [hidden] had been made involving medical, pharmacy, and social care professionals. An independent advocate also supported the person, who had no family, to ensure the decision was made in their best interest. A professional commented to us, "They [staff] always practice in the best interests of each patient."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a clear commitment from the registered manager and staff to make sure the people were at the centre of everything they did. We saw how people were treated with kindness and given emotional as well as personal support.
- Staff had completed training in equality and diversity and we observed people were treated very much as individuals. Protected characteristics were included in assessments, [Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability]. For example, people were supported to follow their preferred religion and cultural beliefs and practices.
- People, relatives and professionals spoke highly of the support and respect people received. One person said, "I have been happy since the day I arrived. The staff could not be kinder. They are even good to my family." A visitor commented, "The staff are lovely and treat the residents with great respect. A lot of kindness is shown. I would recommend this home to anyone." A professional told us, "They [staff] show respect towards the residents and each other, treating each as individuals and welcoming relatives and friends."

Supporting people to express their views and be involved in making decisions about their care

- Staff respected people's individual choices and care plans contained information about preferred daily routines and lifestyle choices. Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise.
- People confirmed staff asked their permission when helping them with their personal care how care and support was delivered to them. Care plans had been developed with people and their relatives to reflect what they wanted and needed from the service and staff.
- Independent advocacy could be arranged for those who needed more support to express their wishes and explore best interests. We saw independent advocates had been used to help people in make important decisions about their care and treatment. [An advocate is a person who is independent of the home and who can support a person to share their views and wishes].

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's personal space and privacy, they used people's preferred names and waited for permission to enter their rooms. Doors to bedrooms and toilets were kept closed when people were receiving personal care.
- The staff supported and encouraged people to maintain independence. Care plans held information about the tasks people could carry out themselves as well as detailing the level of support they required to do

different things. A relative commented on the continuity of care telling us, "The same staff do tasks for my [relative] and that's important to them to have people who really know them."

- People told us staff respected their privacy and maintained their dignity during personal care and when helping them mobilise. Relatives and professionals confirmed this was the case.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples personal preferences and choices were consistently met. Care plans had been developed with them and, where appropriate, their relatives, and were regularly reviewed by senior staff. People, relatives and professionals were consistently positive about the flexible, person-centred care and responsiveness of the registered manager and staff. "A relative told us, "This home has looked after [relative] beautifully. They have given [relative] such good care. Because of this care I now have confidence in the care system. The home has supported me as well as my [relative]. They are just amazing."
- Professionals gave us examples of care being person focused and responsive. For one person management and staff had done, "Everything that could be reasonably expected and more" to try to meet a person's physical needs so they could stay in the home. Another commented on the thoroughness and continuity of follow up, saying, "Staff make sure all the relevant physical checks are done as a matter of course, check for infections, a medicines review to look for the cause of a fall. They involve others and really focus on the person, to find out what's wrong not just follow a list of tasks." One contacted us to tell us how well the registered manager "Acknowledges people's needs and acts quickly to find solutions" to make sure changing needs were met. More than one professional told us the home was, "One of the best I have been in."
- We received positive comments about effective partnership working with the integrated care community team. Professional feedback emphasised the positive impact on people's choice and treatment of the good communication and management within the home and of keeping regular contact. Effective teamwork allowed people to receive more care outside hospital and avoid unnecessary admissions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans captured people's personal preferences, interests, histories and their lifestyle choices and had pen pictures developed with them and families. We were told by a professional, "Staff here know how important it is to get to know the person and what is important to them." We saw this demonstrated in the home's involvement in local remembrance services and helping people honour their deceased relatives.
- People told us how much they enjoyed the social events that were put on in the home and gave feedback at them their meetings. People said they could take part in activities of their choice within the home and outside and attend religious services if they wanted. Favourite activities people commented upon were crafts, gardening, communal singing, armchair exercises and a variety of external entertainers. Individual events such as barbeques and gardening events were arranged and allowed people to have a say in how the garden was looking and if it could be improved for them.

- The registered manager and staff learnt from feedback and recognised the need to continue work to provide as varied a social programme as they could and involve the local community. For example, involvement with the local dementia hub by going out to this and inviting it into the home for everyone to be part of and being involved in local Community Come Dancing Sessions. Engagement with the local primary school strengthened links with the community and provided an opportunity for young and older to mix and enjoy activities together. The registered manager had received very positive feedback from the children who had wanted to stay longer. There had been a positive impact on people who told us how much they liked this as the children sought their interaction and encouraged them to talk more and join in.

#### End of life care and support

- Healthcare and medical professionals confirmed staff "Managed end of life care very well". They told us staff were "A credit to the home" and "Took a team approach" to end of life care, working with them to manage symptoms and keep people comfortable and pain free. This team approach helped people to stay in their home, if they wished, at the end of their lives and be supported by familiar staff rather than go into hospital.
- Staff had completed training with a local hospice on end of life care and advanced care planning and were very aware of the need to support families as well. For example, supporting families to stay with their loved one, extra staff to sit with people when family could not be there and accessing people's chosen religious representatives. We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were.
- The staff team had received many compliments about the compassionate end of life care provided to people and families. Central themes being the comfort felt by families to know their loved one was in a "loving environment", the "professionalism of staff" and the "atmosphere of kindness and respect".

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences were assessed and made clear in person-centred care plans. Using this information staff supported people to communicate in the way they preferred and found easiest. Staff spoke to people politely and with patience, allowing them time and encouragement to respond.
- Visual, large print and pictorial aids were available for use to aid communication and keep people informed, for example the newsletter and the information and activities boards. The newsletter was also emailed out to families for their information.

#### Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure and a process for the recording and monitoring of any complaints or concerns raised. There had not been any recent complaints received.
- People and relatives said they knew how to make a complaint but also said they would just talk to the registered manager or staff if they were unhappy. One person commented, "The staff are here for my care and if I wasn't happy I would say so."
- People had confidence their concerns would be listened to and acted upon. People told us, "The staff are very responsive to me and listen" and "I am very content, this is home to me and I have nothing to complain about."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found an open, inclusive and positive culture within the home. The registered manager and staff focused on the individual. Professionals told us, they found the registered manager to be "sensible" and "very good with people".
- People and relatives told us the home was well managed saying, "I would certainly recommend this home" and that the registered manager was doing "An excellent job." Staff said they felt supported and valued and it was a "happy" working environment with "a good team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and senior staff demonstrated that the principles behind a duty of candour were recognised within the service.
- Management and staff reported accidents and incidents and changes in people's mental and physical health to appropriate professionals and agencies and kept families informed. Relatives told us staff answered any questions they had, or found someone who could, and "kept them up to date" on their relative's health and any accidents.
- The registered manager was open and transparent throughout our inspection and made clear this was the ethos of the home. Management and staff acted positively and promptly to feedback provided during this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff operated risk monitoring and quality assessment programmes. A broad range of audits were undertaken on all aspects of the service, medication infection control and care records. The registered manager worked with other agencies to monitor care including end of life care and falls.
- The registered manager understood their role and legal responsibilities They notified CQC of significant events and displayed the previous CQC rating prominently. They and staff understood their responsibilities and accountability for their actions and for monitoring risks to people.
- The registered manager kept herself up to date with current best practice and monitored staff training and development. The registered manager made sure staff practices and the care delivered was based on evidence based best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager regularly sought the views and involvement of people, their relatives and the professionals they worked with. They did this informally daily with good communication and more formally with surveys, suggestion boxes and regular meetings.
- People felt their views were important and told us, "We have residents' meetings and our views are heard. I can always speak my mind" and "We can voice our opinions." Resident and staff meeting minutes showed a range of topics were discussed. People appreciated being kept informed about service improvements and staff changes at meetings and in the newsletter. For example, the laundry upgrade, planned refurbishments and the progress of staff on maternity leave.
- The registered manager worked in partnership with health care professionals from local multidisciplinary teams. Health professionals told us the service had developed strong and valuable relationships with them to promote joined up and co-ordinated care and support.