

Mrs Jean Haygarth

The Croft

Inspection report

Low Wiend
Appleby In Westmorland
Cumbria
CA16 6QP

Tel: 01768352684

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Ratings

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

Summary of findings

Overall summary

This comprehensive inspection took place on 18 November 2015 and was unannounced. We last inspected The Croft on 30 September 2014. At that inspection we found that the provider was not compliant with two of the essential standards of the Health and Social Care Act 2008. The provider submitted an action plan telling us how they would become compliant and by when. At this inspection we found that the actions had been completed and all of the fundamental standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

The Croft is a very small residential care home that provides care and accommodation for up to three older people. The home is situated in the centre of the town of Appleby. The Croft is a large detached period property set in well maintained gardens with some seating areas for people to enjoy the gardens and there is ample parking space. The accommodation is over two levels with a stair lift accessing the second floor.

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

The recruitment procedures demonstrated that the provider operated an effective recruitment procedure to ensure that fit and proper persons had been employed.

Medicines were being administered and recorded appropriately and were being kept safely.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions taken by the home to protect people.

Staff had completed initial training that enabled them to deliver care and support safely. However some staff required elements of training to be updated to refresh their skills and knowledge.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

There was a clear management structure in place and staff were very happy with the level of support they received from the registered manager.

Informal audits and quality monitoring systems were used to demonstrate the safety and quality of the home.

We recommended that all staff including the registered manager refreshed and updated their skills and knowledge of some specific topics.

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.

All the required checks of suitability had been completed when staff had been employed.

People told us they were safe and well cared for in this home.

Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some elements of staff training required updating to refresh their skills and knowledge.

People said they thoroughly enjoyed the home made meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained involving where required appropriate others.

Is the service caring?

Good ●

The service was caring.

Staff were respectful and maintained peoples dignity.

People said they liked the staff who supported them.

The staff were caring and friendly and provided a high standard of care

Is the service responsive?

Good ●

The service was responsive.

People knew how to raise concerns and records showed that no

<p>formal complaints had been made.</p> <p>Care plans and records showed that people were being seen by appropriate professionals to meet their physical and mental health needs.</p> <p>Where people could they had been involved in saying what level of care and support they wanted.</p>	
<p>Is the service well-led?</p> <p>The service was well led.</p> <p>The registered manager took prompt action to address any areas in the service that required improvement.</p> <p>The registered manager was very supportive of the staff.</p> <p>People living there and their relatives were able to give their views and take part in discussions about the service.</p>	<p>Good ●</p>

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 was 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 unannounced inspection took place on 18 November 2015. The inspection team consisted of a lead adult social care inspector.

Before the inspection we looked at the information we held about the service and information from the local commissioners of the service.

During the inspection we spoke with the registered manager, one care staff member and people who used the service. We looked at all of the records relating to the requirements and actions we had asked the provider to take following the last inspection in September 2014. We observed how staff supported people who used the service and looked at the care records for all the people living at The Croft.

We looked at the staff files for all staff employed. These included details of recruitment, induction, training and personal development. We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.

Is the service safe?

Our findings

People living at The Croft that we spoke with told us they felt safe and did not have any concerns about the care they received. One person told us, "I feel very safe, it's a lovely place and all the staff are very kind."

We looked at all the staff files for recruitment and saw that the appropriate checks of suitability had been made. Information about their previous employment history and reasons for leaving employment had been noted. References had been sought and were in accordance with the homes recruitment policy. We also saw that checks required to be made with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) had been conducted.

The registered manager was the main carer and lived in the home. We observed that there was sufficient staff on duty to provide care and support to meet people's needs. Staffing levels had been determined so that staff were available at the times people needed them, in order to provide person centred care. For example one carer was always available to support an individual to walk into the town whenever they chose to.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

Maintenance checks were being done regularly and we could see that any repairs or faults had been acted upon. The home environment and gardens were very well kept and they were clean and fit for the people living there.

The registered manager and care staff member demonstrated they understood the needs of the people they provided support to. They knew the triggers for behaviour changes and any risks related to a person's care. We saw staff responded quickly if a person's behaviour was changing to reduce the possibility of either the person, or people near them getting upset or anxious.

Staff we spoke with had a good understanding of how to protect people from other types of harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made. All the records we looked at showed appropriate action had been taken in response to incidents to promote the safety and wellbeing of people who lived there.

Is the service effective?

Our findings

People who lived in the home told us that they thoroughly enjoyed the meals provided and told us they liked the fact their food was home cooked. Most people chose to eat in their own rooms but could take their meals in the main kitchen / dining area. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way. We saw that people preferences about food choices had been taken into consideration.

We saw nutritional assessments had been completed and where people had additional needs or required additional support they had been referred to the appropriate health care professionals. Care records showed that nutritional risks had been assessed and plans implemented for staff to follow to reduce those risks.

Records we looked showed that staff had received some in house training. However the records for training did not show that skills, knowledge and competencies had been checked since their original training to confirm that staff still had the correct skills. Some staff including the registered manager required elements of training to be updated to refresh their skills and knowledge. The care staff we spoke with told us that they could speak openly with the manager to discuss any concerns about how to deliver peoples care. We saw that staff were supervised in an informal manner as the size of the service meant that the registered manager worked regularly with each member of staff.

We recommended that all staff including the registered manager refreshed and updated their skills and knowledge of some specific topics.

We saw that consent to care and treatment in care records had been signed by relevant others and the evidence to confirm that those people were the legal decision makers where people lacked capacity had been obtained.

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 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 demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA). Best interest meetings had been held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. This meant that people's rights were protected.

Is the service caring?

Our findings

People we spoke with living at The Croft told us they were very happy with the care and support they received. Some of the comments included, "All the staff are lovely and never too busy to help when I need it." People told us the staff who supported them knew them well and what they preferred in regard to the care they needed. One person told us, "It an excellent place to be and I really am very pleased with everything here."

The atmosphere in the home was very calm and relaxed. We saw that staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity.

We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and activities.

Bedrooms we saw had been personalised with people's own furniture and ornaments to help people to feel at home.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. We saw that the staff knew people well and knew how they wanted their care to be provided.

We saw that care plans were reviewed regularly and people had been asked for their opinion on the services they received. The registered manager spoke with people daily and so could assess informally if they were happy with their care and if there were any changes they wanted made to the support they received. The registered manager was very knowledgeable about the people living at The Croft and their families and about what was important to them in their lives.

Where necessary people had advocacy arrangements in place. An advocate is a person who is independent of the service and who supports a person to share their views and wishes. This ensured that people had access to independent advice and information.

The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care. The registered manager told us how they could support people to access any service they felt would benefit anyone who lived at The Croft.

Is the service responsive?

Our findings

People told us the staff knew the support they needed and provided this at the time they required it. One person told us, "The staff know me very well, what I like and how I like things to be done for me. They look after me very well."

We asked people whether they felt they could raise concerns if they had any. One person said, "I've never had any concerns but if I had I would speak with the registered manager." The home had a complaints procedure. People we spoke with were aware of who to speak with if they wanted to raise any concerns. This meant that people knew how to make complaint should they need to. No one had made a formal complaint since our last visit. The registered manager told us she preferred to deal with people's concerns as and when they arose.

We saw that there were some planned activities for people to get involved in. However some people living at The Croft were very independent and spent a lot of their time in the local community.

We looked at the care records for all the people living in the home at the time of the inspection. This included one person who was on respite this was a short term planned stay in the home. We saw that information for staff about how to support individuals was very detailed. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. We spoke with health care professionals who supported people who lived in the home. They told us that the staff were good at contacting them and asking for advice and support promptly and made appropriate referrals where necessary.

Is the service well-led?

Our findings

The service had a registered manager who lived in the home and was available to people who used the service, their relatives and staff. People we spoke with said they could speak with the registered manager whenever they required.

The registered manager told us they spoke to people and their family members most days. This provided people with an opportunity to discuss their experience of the service in an informal manner. One person we spoke with told us, "They sort out everything I ask about and keep me right." There was regular informal monitoring of the quality of the service. People who used the service were given opportunities to share their views about the care and support they received.

There were some informal processes in place to monitor the quality and safety of the service being provided. As this was a small service we did not see that not having formal systems had impacted on people receiving care and support. However had verifiable monitoring systems been in place to monitor the frequency of staff training the registered manager may have been able to see where the shortfalls were and deal with these more promptly. However the registered manager assured us that refresher training dates would be arranged for all staff including herself.

We saw during our inspection that the manager was accessible to staff and spent a lot of time with the people who lived in the home and engaged in a positive and open way.

There were processes in place for reporting incidents and we saw that these were being followed. There was regular monitoring of incidents these were reviewed by the manager to identify any patterns that needed to be addressed.

The registered manager had established good working relationships with other health professionals such as GP's and community nurses. The registered manager was proactive in sharing any information and seeking guidance from the other professionals when necessary. The registered manager also worked in partnership with other professionals such as chiropodists to ensure people received the appropriate care and support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and levels of support required.