Mr. Sandeep Phull

Croft House Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on the 22, 28 November 2017. The first day was unannounced. We continued the inspection on the 08 December 2017. This was because the registered manager was not available on the first two days of our inspection and we needed to speak with them.

Croft House Rest Home can accommodate up to 22 older people. It is located in the centre of the Freckleton Village, close to the shops and public transport. Bedroom accommodation is situated over two floors and there is a stair lift for people who require support with mobility. There are three lounges and a dining area. There are gardens to the front of the home and a paved area to the rear. On the day of inspection there were 21 people living at the home.

We last inspected Croft House Rest Home in October 2016 and identified two breaches in Regulation. We found risks to people who lived at the home were not always assessed. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Safe care and treatment.) We also found audit systems used by the registered provider to identify shortfalls had not identified the shortfalls we had found on the inspection. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Good Governance.)

You can see what action we told the provider to take at the back of the full version of the report.

Following the inspection in October 2016, the registered provider sent us an action plan outlining how they intended to make the required improvements. The action plan indicated improvements would be made by May 2017.

At this inspection carried out in November and December 2017 we found some improvements had been made. We found a range of individual risk assessments were in place to support people's safety. Documentation reflected the action staff were expected to take and staff were knowledgeable of the assessments in place. However, we found the registered provider had not ensured the premises were safe for use and used in a safe way. We found the home was not always secure. We noted the back door was not always secured. We also saw some ground floor windows did not have restrictors in place. This posed a risk of illicit entry. We found cleaning products were not secured, a fire door was propped open and a floor was damaged. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Safe care and treatment.) We discussed this with the deputy manager and prior to the inspection concluding we saw action had been taken to minimise the risk of harm occurring. We also received written documentation confirming this.

At this inspection carried out in November and December 2017 we found a range of audits were in place to identify shortfalls in the service provided. These included accident and incident audits, weight management audits, care planning audits, medication audits and training audits. However, we noted the audits had not identified some of the concerns we had identified on inspection. This was a breach of Regulation 17 of the

Health and Social Care Act (Regulated Activities) Regulations 2010 (Good Governance.)

You can see what action we told the provider to take at the back of the full version of the report.

During the inspection we spoke with six people who lived at the home. The people we spoke with described staff as 'busy' and 'rushed.' One person told us they had to wait for personal care and said, "They need more staff here." A further person told us they saw staff, "rushing." We spoke with staff who told us people sometimes had to wait for help as they were busy supporting other people. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Staffing.)

You can see what action we told the provider to take at the back of the full version of the report.

During the inspection we saw alert sensors were used to minimise the risk of people falling. We also saw one person had a bed with bedrails in place to ensure their safety. We asked the deputy manager if an application to the supervisory body had been made to ensure people were being lawfully deprived of their liberty. The deputy manager told us they had not and they would complete the applications as required. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Safeguarding service users from abuse and improper treatment.) We discussed this with the deputy manager and prior to the inspection concluding we saw action had been taken to ensure people were lawfully deprived of their liberty.

You can see what action we told the provider to take at the back of the full version of the report.

During the inspection we saw people's personal details were displayed in a communal area, bathroom locks were not working and a communication book, containing personal details of people who lived at the home was left on a table in a communal area. We discussed this with the deputy manager and prior to the inspection concluding we saw action had been taken to address this. We have made a recommendation regarding this.

There were systems in place to manage medicines safely. People told us and records we viewed; indicated people received their medicines as prescribed. We found best practice guidance was not always followed. We noted two bottles of prescribed medicines had not been dated on opening. We have made a recommendation regarding this.

People told us they were happy living at Croft House Rest Home and the care met their individual needs. We were told, "I think my care is excellent. And, "I'm well looked after." People described staff as, "thoughtful" and "wonderful" and told us they were involved in their care planning.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found medicines were managed safely. We saw people were supported to take their medicines in a dignified manner. We found medicines were stored securely.

We found appropriate recruitment checks were carried out. This helped ensure suitable people were employed to work at the home. We found there were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff told us they received regular supervisions and appraisals to ensure training needs were identified. Two

staff told us they felt they would benefit from a one to one meeting with the registered manager at the point of their appraisal. We passed this to the registered manager for their consideration. Staff told us, and we saw documentation which evidenced that staff received training and development opportunities to maintain their skills.

We viewed the kitchen and saw it was well stocked with a variety of tinned, frozen and fresh produce. All the people we spoke with told us they were happy with the meals provided and they were given an alternative if they did not like the meals offered to them.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate. Documentation reflected the advice of health professionals.

Our observations during the inspection showed staff treated people with respect and kindness. People told us they considered staff were caring and we saw a positive rapport between staff and people who lived at the home.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes. People spoke positively of the activities provided at the home and we saw people laughing and smiling as they joined in a quiz.

There was a complaints policy which was understood by staff. Information on the complaints procedure was available in the reception of the home. It is a legal requirement that the home conspicuously displays its last CQC rating. We noted this was available in the reception area of the home and was also displayed on the registered provider's public website.

The registered provider had taken steps to improve the environment at the home. We saw a wet room had been installed and decoration had taken place in some areas of the home.

People who lived at the home were offered the opportunity to complete surveys and meetings were available for people to participate in. People and relatives also told us they found the registered manager approachable if they wished to discuss any matters with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People could not be assured the premises were safe for their intended use and used in a safe way. Environmental risks were not consistently well managed.

People told us they sometimes had to wait for care and support, and some staff told us they sometimes rushed to meet people's needs.

Best practice guidance was not always followed in relation to the safe management of medicines.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Deprivation of Liberty Safeguards applications were not always submitted to the supervisory body as required.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

There was a training programme in place to ensure people were supported by suitably qualified staff.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

Is the service caring?

Requires Improvement

The service was not always caring.

Records containing people's personal information were not always stored securely.

People's privacy and dignity were sometimes compromised as personal details were on display.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Is the service responsive?

Good

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures in place.

People were supported to discuss their future wishes.

Is the service well-led?

Requires Improvement

The service was not well-led.

Audit processes had not consistently identified shortfalls found on inspection.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

Croft House Rest 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 checked 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.

Croft House Rest Home 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.

This comprehensive inspection took place on 22, 28 November and 08 December 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector. At the time of the inspection there were 21 people living at Croft House Rest Home.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the commissioning bodies at the local authority to ascertain their views on the service the home provided. In addition, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helped us plan the inspection effectively.

During the inspection we spoke with six people who lived at Croft House Rest Home and three relatives. We spoke with the registered manager and two deputy managers. We also spoke with two care staff, the activities co-ordinator, the cook and the domestic. In addition we spoke with one external health professional.

We looked at all areas of the home, for example we viewed the lounges and dining areas, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included five care records and a sample of medication and

administration records. We also looked at records relating to the management of the home. These included health and safety certification, recruitment and training records, minutes of meetings and quality assurance surveys. We also viewed two personnel files and a training matrix.

Requires Improvement

Is the service safe?

Our findings

At the last inspection carried out in October 2016, we found risks to people who lived at the home were not always assessed. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Safe care and treatment.)

Following the inspection in October 2016, the registered provider sent us an action plan outlining how they intended to make the required improvements. The action plan indicated improvements would be made by May 2017. During this inspection we found improvements had been made. We found risks to people when they used specific equipment were assessed and documented. This helped ensure people's safety.

During this inspection in November 2017 we found the registered provider had not ensured the premises were safe for use and used safely. We observed a door to the garden area to be unlocked with no staff in the area. We also noted downstairs windows did not have restrictors upon them and were open. This posed a risk of unauthorised person's being able to access the home unobserved.

We also noted improvements were required in other areas of risk management in relation to the environment. We saw a fire door to a laundry room was propped open and no staff were in the vicinity. The laundry room was adjacent to bedrooms. Within the laundry we saw there was an unlocked cupboard which contained cleaning materials. We discussed this with the domestic staff who told us the lock to the cupboard was missing. In addition we noted a sign next to the door which said, 'Caution floor damaged.' We discussed this with the deputy manager who moved a plastic bin and showed us a damaged floor. They explained the bin had been placed there to cover the damaged floor and the door was propped open so the bin could be placed there. The lack of effective risk controls meant people could access the cleaning products unobserved and that if a fire occurred in the laundry, this could spread. The registered provider had not ensured the premises were safe for their intended use and used in a safe way.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Safe care and treatment.)

We discussed this with the deputy manager who explained that the door was left unlocked during the day to enable people to access the garden area if they wished to do so. They further explained that the door was locked at night, and the windows were closed. Following our discussion the registered provider installed appropriate equipment to ensure the security of the home. On our visit on 08 December we saw this was in place. We also verbal confirmation that additional security measures had been introduced. Prior to the inspection concluding we saw the laundry and cleaning products had been secured and the floor repaired.

People who lived at the home told us they felt safe. We were told, "Yes, I'm safe here." And, I feel very safe." Also, "I feel safe here. No worries at all." A relative we spoke with commented, "My [family member] is safe."

During this inspection in November 2017 we asked people if they felt there were sufficient staff available to meet their needs. People described staff as "rushed" and "busy." One person told us they had to wait for

help and this happened frequently. They said, "Look, I pressed my bell at 11:45 and now it's 12 o' clock. I'm glad I have a strong bladder." They told us they often had to wait for help and said, "They're desperately short of staff here you know." A further person told us they didn't need a lot of help but they had observed staff rushing to help people. They said, "They have to run to help people, they could do with another one here." A third person said, "The staff get to me as quickly as they can but sometimes they can't. There's a lot of us here, so I just sit quietly and wait. What else can I do?"

We spoke with two staff members who told us they were sometimes unable to meet people's needs. One staff member explained that if they were supporting someone who needed help from two staff, other people at the home had to wait for help. They told us, "We can't be everywhere."

We discussed this with the deputy manager. They told us there were currently four people who lived at the home who needed help and support from two staff. They further explained that the staffing provision for care staff was arranged to be two care staff and a member of management on during the day and two care staff at night. In addition, staff completed cleaning duties and supported people with activities at the weekend. We reviewed the rota and saw this matched the deputy manager's explanation.

In addition we reviewed minutes of a staff meeting. We saw staff had raised staffing as a concern with the registered manager. We discussed this with the deputy manager. They told us that following the meeting, the number of staff on shift during the day had increased, but this had now been reduced. This was confirmed by speaking with a further staff member. They told us, "We've asked again for more staff, but you can see for yourself, there are none." This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Staffing.)

We discussed our concerns with the registered manager. They informed us they intended to review the staffing provision and increase the number of staff available to meet people's needs.

During this inspection we checked to see if medicines were managed safely. We observed care staff administered medicines to people individually. We noted the staff member was diligent in their duties and were not disturbed by other staff when medicines were being administered. This minimised the risk of incorrect medicines being given. We looked at a sample of medicine and administration records and found these were completed correctly. We checked the stock of two medicines and noted the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw there was appropriate storage to ensure medicines were stored safely.

During the inspection we noted two bottles of liquid medicines had not been dated on opening. This helps staff ensure medicines are safe for use. We spoke with the deputy manager who told us this had been noted on a recent medicines audit and staff had been reminded to ensure they dated liquid medicines in future. Staff we spoke with confirmed this.

We recommend the service seeks and implements best practice guidance in relation to the safe management of medicines.

We viewed five care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found most care documentation contained sufficient instruction for staff to ensure risks were minimised. For example we noted one person required specific equipment to maintain their safety. Care documentation contained information to guide staff on the how

the person's safety should be maintained. We saw the equipment was in use during the inspection and staff followed the risk assessments in place. This helped ensure the safety of the person was maintained. In one care record we saw further information was required to ensure staff were aware of the support a person needed. We discussed this with the deputy manager who told us they would address this.

We saw evidence that if further investigations were required to maintain people's safety, these were referred to the local safeguarding authority as required. The deputy manager told us they would involve the person concerned and the family within this process to ensure people remained informed and were part of any decisions that were required to be made.

Staff told us they had received training to deal with safeguarding matters. Staff were able to explain the signs and symptoms of abuse. Staff told us they would immediately report any concerns they had to the registered manager or the deputy manager. Staff also explained they would report concerns to the local safeguarding authorities if this was required. One staff member commented, "I reported a safeguarding once, my job is to protect people."

We asked the deputy manager how they monitored accidents and incidents within the home. We were told all incidents and accidents were reported using accident forms. This information was then reviewed by the deputy manager to identify if trends were occurring. We viewed the documentation provided and saw evidence that incidents and accidents were recorded. The deputy manager was able to explain the measures that were taken to reduce the risk of reoccurrence. Staff told us if changes were needed to people's care to maintain their safety, they were informed of these. We saw documentation which evidenced that if lessons were learned and improvements were required, this was communicated to other staff. For example, we saw documentation which recorded an alert mat had not sounded. These are mats that are used to minimise the risk of falls. We saw the deputy manager had spoken with staff, explained the purpose of the alarm and demonstrated the safe use of this. This was confirmed by speaking with staff.

During the inspection we saw staff used personal protective equipment such as disposable gloves and aprons to ensure the risk and spread of infection was minimised. We saw cleaning schedules were in place and the domestic staff told us these were checked to ensure cleaning duties were completed. We noted the cleaning schedules were not signed by a member of the management team to evidence these checks were carried out. We discussed this with the deputy manager who told us they would record this in future. During the inspection we viewed communal areas and private rooms. We saw these were visibly clean.

We reviewed documentation which showed safe recruitment checks were carried out before a prospective staff member person started work at the home. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helped ensure suitable people were employed. We reviewed the files of a staff member who had recently been employed and found the required checks were completed. We noted appropriate references were obtained. This demonstrated safe recruitment checks were carried out.

We found checks were carried out to ensure the environment was maintained to a safe standard. We reviewed documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also found the temperature of the water was monitored to ensure the risk of scalds had been minimised. A legionella risk assessment was in place to minimise the risk of legionella developing within the home. This was currently under review to ensure risks were managed.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Staff told us they had received training in this area and were confident they could respond appropriately if the need

arose.

Requires Improvement

Is the service effective?

Our findings

People who lived at Croft House Rest Home told us staff looked after them well. Comments we received included, "Staff here watch my weight and help me stay well." And, "They're very good at getting the doctor out if I'm not well."

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 spoke with the deputy manager to assess their understanding of their responsibilities regarding making appropriate applications. We were told there were 11 DoLS applications in place at the time of our inspection. The deputy manager told us they were aware of the processes to follow and would ensure these were followed if the need arose. During the inspection we noted four people had alert alarms in place. These are alarms which are used to minimise the risk of falls. We also noted a person had a bed with bedrails, and staff confirmed these were used to maintain the person's safety.

We asked the deputy manager if DoLS applications had been made regarding the use of the alarms and the bedrails. The deputy manager told us they had not, and they were in the process of completing these. This meant people's rights were not lawfully restricted. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Safeguarding service users from abuse and improper treatment.) Prior to the inspection concluding we saw the applications had been made as required and mental capacity assessments had been carried out as required.

People we spoke with told us they were asked to consent to care and support before it was delivered. We saw numerous instances of this during the inspection. We saw people were asked if they wanted help to mobilise, eat, or if they consented to personal care. We saw they agreed to the support before the care was provided. We asked the deputy manager what processes they would follow if a person declined support. The deputy manager told us they would ensure the person was supported to understand the risks of refusing care and support, and would consult relatives and other professionals involved in their care. They explained they would complete a mental capacity assessment and follow the best interests process to ensure decisions made were done so in the person's best interests.

We walked around the home to check it was a suitable environment for people to live. We found that since the last inspection the registered provider had decorated and refurbished some areas. For example, we saw a shower room had been installed. One person told us they had benefited from this. They said, "It's made

me much more independent."

During the inspection we saw an Ipad was in use. This is an electronic device which allows access to the internet. We saw people were being supported to use this. The activities co-ordinator told us this was useful to people. They explained it had been helpful in supporting people to recall memories and stimulated conversation. We discussed this with the registered manager. They told us they were keen to improve the service at Croft House Rest Home and were looking at ways to use technology. They explained they hoped this would support people to access information and provide opportunities for reminiscence.

We also saw new flooring had been laid in some areas and decoration had taken place. In other areas however we saw the decoration of the home was tired. For example we saw the carpet on the first landing was slightly creased and outside one bedroom, tape had been placed across carpet. We also noted some marking and staining on wallpaper. We discussed signage with the deputy manager. Signage of key areas is sometimes helpful to support people living with dementia. The deputy manager told us this had been identified as required and was in the process of being ordered.

We recommend the service seeks and implements best practice in the decoration of Croft House Rest Home and provision of adaptations to support people's independence.

We found pre-admission assessments were carried out before any person was accepted into the home. We saw the assessments considered people's needs and the deputy manager told us the assessments took place to ensure that Croft house Rest Home could meet the individual's needs. people's needs could be met by the home. We saw the pre-admission assessment had been used to create individual care plans. During the inspection we spoke with a relative who was complimentary of this. They told us they and their family member had been involved and consulted throughout and had felt supported and listened to.

We reviewed documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example, we saw people were referred to doctors and district nurses if there was a need to do so. We noted care records were updated to reflect the health professional's advice. This demonstrated information was communicated to ensure people received care and support which met their needs. During the inspection we spoke with a visiting health professional to gain their views on the service. They told us staff made appropriate referrals to them, were receptive to instructions and sought to provide the care advised. Staff we spoke with told us if they were concerned about a person's wellbeing, they would seek further medical advice to ensure the correct care and support was provided.

We asked the deputy manager how information was shared with other health professionals. The deputy manager told us documentation was provided if there was a need to do so, for example if a person visited hospital. This helped ensure other health professionals were informed of the individual's current health and care needs and enabled effective decision making regarding their care and treatment.

Care files evidenced people's nutritional needs were monitored. We found nutritional assessments were carried out and people were weighed in accordance with their assessed needs. Staff told us if they were concerned with people's nutritional intake, they would refer people to other health professionals for further advice and guidance.

We viewed menus which evidenced a wide choice of different foods were available. We found the kitchen was stocked with fresh fruit, vegetables and dry and tinned supplies. People who lived at the home told us the menu was flexible and they liked the food provided. Comments we received included, "It's lovely food. There's always something else if I don't like it." And, "I can't fault the food at all."

We observed the lunchtime meal being served. We saw people were supported to eat in accordance with their assessed care needs. For example, we saw where care documentation described the support people required, this was provided. People who chose to eat in another area of the home were provided with their meal on a tray. This demonstrated people were given choice of where they wished to eat. We observed staff provided the meals promptly and people were asked if they were happy with their choice. On the day of the inspection we noted one person requested an alternative dessert. We saw this was provided. During the meal we observed hot and cold drinks were provided for people. These were replenished throughout the meal and people were offered second portions of food. This helped ensure people ate sufficient to meet their needs.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and fire safety. Staff we spoke with told us they had received refresher training to ensure their skills remained up to date. We viewed documentation which confirmed this.

Staff told us they were supported by the management team at Croft House Rest Home and could approach the registered manager or deputy managers at any time for advice and support. Staff also told us their training needs were discussed with them at supervision and appraisals. We saw documentation which evidenced this. Two staff members told us they did not always have a face to face appraisal and they would welcome this. We passed this to the registered manager for their consideration.

Requires Improvement

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "Everyone here is lovely to me." Also, "Everyone here is very thoughtful." And, "Staff are wonderful." A relative we spoke with commented, "The carers are very good."

We found that records were not always stored securely at Croft House Rest Home. We noted a book was placed on the dining room table. We asked to see this and on viewing it, we found this contained personal details of people who lived at the home. We spoke with staff who told us the book was normally left on the table as it was often used. This was confirmed by speaking with a deputy manager. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Good Governance.)

We also found a notice board in a communal area displayed personal details such as the help people required to maintain their skin integrity and the toilet doors in communal areas did not lock. We discussed this with a deputy manager. They told us the sign was displayed to ensure it was available to staff and they were unsure why the toilet doors did not lock. Prior to the inspection concluding, we saw this had been addressed.

We recommend the service seeks and implements best practice guidance in the upholding of people's privacy and dignity.

We noted staff had a caring approach. We observed staff talking with people respectfully and offering reassurance. For example we noted staff took time to sit with people and listened to what they had to say. We observed staff supporting people to mobilise in a calm and supportive way. For example we saw one person being praised by staff as they were helped to walk. This was welcomed by the person who smiled and hugged the staff member.

We saw staff observed people and offered support as required. For example we noted one person appeared drowsy. We observed the staff member approached them and asked them if they would like help to drink their drink. This was accepted by the person. We also observed the staff offered to support them to their room for a rest. This demonstrated staff had a caring attitude.

Care records contained information about people's social histories and backgrounds. This enabled staff to develop positive relationships with people. For example, we saw one staff member initiated a conversation with a person who lived at the home. The conversation was based on the person's former employment and we saw they enjoyed the conversation with staff.

We discussed the provision of advocacy services with a deputy manager. We were informed there were no people accessing advocacy services at the time of the inspection however this would be arranged at people's request. They further explained that they supported people without mental capacity to access an advocate. They told us they had contacted an individual's social worker as they required support to express their views. This demonstrated people were able to access appropriate services outside of the service to act

on their behalf if needed.

During the inspection we noted staff respected people's privacy when delivering support. For example we observed bedroom and bathroom doors were closed when personal care was delivered. People who lived at the home confirmed this took place.

Staff told us they had received training in equality and diversity. We discussed this with staff who told us they had found this useful. One staff member commented, "In this home we actively see residents as individuals and want them to have equal access to what they need or want." This demonstrated staff were aware of the importance of upholding people's rights.

Good

Is the service responsive?

Our findings

People who lived at the home told us they felt care provided met their individual needs. Comments we received included, "Everyone here knows what I like and how to help me." And, "All I can say is they look after me really well."

Within the care documentation we viewed we found evidence people who lived at the home and those who were important to them were consulted and involved as appropriate. When possible, we saw people's social histories, hobbies and interests were documented. People told us, "The girls helped me decide what help I needed." One person told us they had visited the home prior to moving into the home and they were able to discuss the support they needed. They told us, "I was involved in my care planning right from the start." Relatives we spoke with also told us they were involved. Comments we received included, "Staff spoke to me and my [family member] about our expectations and what my [family member] needed." And, "I'm involved in my [family members] care." This helped ensure important information was recorded to ensure care and support was in response to people's wishes and preferences. One person told us they had spoken with staff regarding their choice of where to eat their meal. They told us their wishes were accommodated. We saw their wishes were documented in their care plan. This demonstrated people were involved in their care planning.

Care records also reflected that people who lived at the home were able to discuss their end of life care. The deputy manager was developing documentation to ensure people's end of life wishes were recorded and reviewed. We spoke with one person who told us this area of their care had been discussed with them. They explained they had chosen not to discuss this with the staff in any detail, and their wishes had been respected.

We viewed documentation which demonstrated people received timely referrals to other health professionals as required. We saw appointments were made for people to see doctors, district nurses and opticians as their needs changed. People we spoke with also confirmed this. We were told, "They're quick to send for a doctor." And, "I'm looked after fine, the doctor comes to see me."

We asked a deputy manager how they supported people with their communication needs. The deputy manager told us this was considered and documented within individual care plans. We saw evidence of this. The deputy manager explained people were offered copies of their care plan and these could be adjusted to meet their needs. For example, by enlarging font or developing a pictorial care plan. This helped ensure information was accessible to people who lived at the home.

We found an activities programme was displayed in Croft House Rest Home. There was an activities co-ordinator employed to support the interests of people who lived at the home. During the inspection we observed people being supported to play a pre- arranged activity of musical bingo. We saw staff reminded people that the activity was taking place and supported them to attend if this was their wish. During the activity we saw people laughed and joked. People were smiling and singing. We saw the activity was enjoyed by those who attended.

People also told us they enjoyed the activities provided. One person said, "I do like the quizzes. It keeps the old grey matter working." A further person said, "We have quite a few activities, they keep us busy." This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation.

We found there was a complaints procedure which described the response people could expect if they made a complaint. Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed. People and relatives we spoke with told us they were aware of the complaints procedure and were confident their complaints would be addressed. We were informed there had been no complaints since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

People told us they considered the home was well managed. One person told us, "The girls are really well organised." A further person commented, "The home runs very well."

At the last inspection carried out in October 2016 we found audit systems had not identified when improvements were required. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Good Governance.) Following the inspection in October 2016, the registered provider sent us an action plan outlining how they intended to make the required improvements. The action plan indicated improvements would be made by May 2017. During this inspection in November 2017 we found some improvements had been made. We found some areas of improvement had been identified and actioned. For example we saw a new call bell system was being introduced as this was outdated and did not consistently meet the needs of people who lived at the home.

We asked the deputy manager what processes were in place to identify if improvements were required at Croft House Rest Home. The deputy manager told us they completed a series of audits to identify any shortfalls. In addition, an external audit person visited the home and provided a report to the registered manager. We saw evidence of audits in accidents and incidents, and medicines management. Staff we spoke with confirmed they were informed of the results of completed audits. This demonstrated the results of audits were used to improve the quality of the service provided. However, we noted the audit system had not identified the breaches of regulation and areas of improvement we had noted during this inspection. For example, the audit system had not identified that additional staff were required to support people's needs, documentation was not stored securely, DoLS applications were required to lawfully restrict people's rights or that risk controls were required to maintain people's safety. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2010 (Good Governance.)

The home had a registered manager in place. 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.

We asked the registered manager what management arrangements were in place to ensure the smooth management of Croft House Rest Home. They told us they were responsible for the overall management of the home and were accountable for the service provided. They further explained they were supported by two deputy managers who managed the day to day running of the service in their absence. The registered manager was also supported by the registered provider and by an external audit person who completed audits at Croft House Rest Home.

We asked the registered manager how they engaged with other services to ensure they were providing best practice care and supporting team working. The registered manager told us they sought advice and guidance from other agencies. This included social services, district nurses and other healthcare professionals. During the inspection we spoke with a visiting health professional who confirmed staff at Croft

House Rest Home were keen to engage with them and sought advice appropriately.

Staff told us they considered they were involved in the day to day running of the home. Staff told us the registered manager often worked alongside them and they welcomed their presence. Staff spoke positively about the registered manager and deputy managers. They told us, "I feel supported by management. I can go to them about anything and get help." And, "I can ask for advice and I get it."

Staff also told us they could seek clarity from the management team at any time. They explained that as the registered manager and deputy managers worked alongside them, they were kept up to date with any changes that occurred. Staff also explained that staff meetings took place. They said they were infrequent but they did not see the need for more meetings to be held.

The deputy manager told us people were encouraged to feedback their views on the service provided. We viewed documentation which evidenced 'residents meetings' took place and surveys were provided to enable people to express their views. We saw evidence action was taken when feedback was received. For example, we saw disciplinary procedures had been initiated when negative feedback was expressed regarding a staff members conduct. This demonstrated the service responded to people's feedback.

During the inspection we noted people who lived at the home knew the registered manager and deputy managers. We observed people smiling when they saw them and approaching them without hesitation. It was clear from our observations that people knew management team. We also noted the registered manager knew people who lived at the home. We observed them addressing people by their chosen name. This demonstrated the registered manager played an active role in the running of Croft House Rest Home.

From the 01 April 2015 it is a legal requirement that the home conspicuously displays its last CQC rating. We noted this was available in the reception area of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured the premises were safe for their intended use and used in a safe way. Regulation 12 (1), (2), (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People who lived at the home were not always lawfully deprived of their liberty. Regulation 13 (1) (5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Audit systems had not consistently identified the improvements required. Regulation 17 (1) (2) (a) (b) Records were not always stored securely. Regulation 17 (1) (2) (c)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed to meet the needs of people who lived at the home.

Regulation 18 (1)