

Mrs Flora Rufus Mason

The Croft

Inspection report

11a Albany Road
Morecambe
Lancashire
LA4 4JY

Tel: 07735398230

Date of inspection visit:
24 March 2021

Date of publication:
13 May 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Croft is a care home providing personal care to three people at the time of our inspection. The service can support up to six adults who may have a learning disability or autistic spectrum disorder or mental health condition. Bedrooms are of single occupancy with ensuite facilities, with various communal spaces for people's comfort.

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

The provider did not always ensure people were adequately protected from unsafe recruitment of staff. They did not always reduce the potential risk of mistakes by ensuring staff were well-rested. Staff understood correct procedures to follow to safeguard people from harm or abuse. The registered manager mitigated the risks of an unsafe environment to maintain everyone's welfare. Staff followed correct procedures in the safe management of people's medication.

Although there were extensive policies and procedures to underpin safe care delivery, these were not always customised to the needs of the service.

We have made a recommendation about service policies and procedures.

The registered manager regularly checked each person's experiences of living at the home. People's survey responses were consistently positive. The provider developed The Croft as an inclusive service to help people and staff feel safe and comfortable.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture.

Staff supported people to make their own decisions and lead discussions on what they wanted to do. Staff were consistently kind and respectful, ensuring each person maintained their independence and privacy. People confirmed they were happy and settled at The Croft.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 09 March 2018).

Why we inspected

The inspection was prompted in part due to concerns received about risk management, medication, staffing and governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections and what action we have asked the provider to take at the end of this full report.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Croft on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staff recruitment and the continuous deployment of sufficient staffing levels.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Croft

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected The Croft and made the judgements in this report. We

used all of this information to plan our inspection.

During the inspection

We spoke about The Croft with two people, one employee and the registered manager. We walked around the building to carry out a visual check. We did this to ensure The Croft was clean, hygienic and a safe place for people to live.

We looked at records related to service management. We did this to ensure the provider had oversight of the home, responded to any concerns and led The Croft in ongoing improvements. We checked care records of two people and looked at medication, staffing levels, recruitment and quality oversight.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at their policies, quality assurance systems and recruitment records.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not always ensure people were adequately protected from unsafe recruitment of staff. They had not checked a candidate's full employment history and reasons for leaving previous posts before employing them. It was not always clear what role and organisation referees were obtained from. The provider had not followed their own policy that outlined gaps must be checked, discussed at interview and recorded.

We found no evidence people had been harmed. However, the registered manager failed to follow safe recruitment procedures to ensure staff were suitable to work with vulnerable adults. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not mitigate the potential risk of mistakes by ensuring staff were well-rested. For example, one staff member worked 84 hours per week for three weeks in-a-row. They routinely covered 72 hours over six days with only one day off each week.
- The provider did not follow working time regulations by documenting signed agreement for the employee to opt out of maximum working hours. They told us the staff member had a two-hour break per day without another employee present to cover this period. We have notified the local authority about these findings.

We found no evidence people had been harmed. However, the registered manager failed to mitigate the risk of harm or mistakes by ensuring staff were well-rested. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The registered manager ensured staff had safeguarding training to underpin their skills in protecting people from harm or abuse. Staff understood whistleblowing procedures and which agencies to report any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager mitigated the risks of an unsafe environment by implementing control measures to maintain everyone's welfare. One person said, "I like being here, I feel safe."
- Throughout the pandemic, the registered manager commented staff worked well in following guidance and adapting to any lessons learnt. For instance, they modified policies to better guide staff in supporting

those disproportionately at risk from COVID-19.

Using medicines safely

- Staff followed correct procedures in the safe management of people's medication. They confirmed they felt confident in their role. One employee said, "Yes, I've had training as it's an essential task that could go wrong if you don't know what you're doing."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although there were extensive policies and procedures to underpin safe care delivery, these were not always customised to the needs of the service. For example, information referred to nursing and clinical procedures the service does not provide. Important contact details were missing from safeguarding procedures, whilst other policies outlined out-of-date guidance.

We recommend the provider consider current guidance on the development and implementation of their policies and procedures.

- The registered manager regularly completed various audits to maintain everyone's safety and wellbeing. They enhanced policies and procedures to guide staff in supporting people during the pandemic. They assured us they would act on any issues to continuously improve The Croft.
- Staff said they had good levels of COVID-19 related guidance and were confident in their role. They added they felt valued by the registered manager and enjoyed working at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 fostered an open, warm atmosphere at The Croft to help people feel it was their home. They provided each person with a bi-annual survey to check their experiences of care delivery. We sampled recent responses and noted outcomes were consistently positive.

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

- The provider developed The Croft as an inclusive service to help people and staff feel safe and comfortable. For instance, policies and other documentation reflected protected characteristics as defined by the Equalities Act 2010.
- The registered manager and staff worked closely with health and social care agencies to support people to maintain healthy lifestyles.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.</p> <p>The registered manager failed to follow safe recruitment procedures to ensure staff were suitable to work with vulnerable adults. They had not followed their policy by checking full employment history and reasons for leaving posts before employing them. It was not always clear what role and organisation referees were obtained from.</p> <p>Regulation 19 (1 [a], 3 [a, b])</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.</p> <p>The registered manager failed to mitigate the risk of harm or mistakes by ensuring staff were well-rested. Staff covered excessive hours without agreement to opt out of working time regulations. The provider gave staff breaks without ensuring another staff member was present.</p> <p>Regulation 18 (1)</p>

