Farrington Care Homes Limited

The Croft Care Home

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

We carried out a comprehensive inspection at The Croft Care Home (referred to throughout the report as The Croft) on 9 and 10 April 2018. The first day of the inspection was unannounced. The service was last inspected in February 2017 when it was rated Requires improvement. This was because a breach of regulations was identified. This was in relation to the lack of robust recruitment processes. Recommendations were also made in relation to risk assessments, person centred approaches and governance systems.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, responsive and well-led to at least good. This inspection was carried out to check the required improvements had been made.

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 home is registered to provide accommodation and personal care for up to a maximum of 26 people. At time of the inspection there were 23 people accommodated in the home.

The service was managed by a registered manager. 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. The registered manager was supported in the day to day running of the home by a deputy manager.

People told us they felt safe in The Croft. Our observations showed people were treated with kindness, care and respect. Staff understood their responsibilities to safeguard people from abuse. There were appropriate arrangements in place in relation to the safe handling of medicines. New staff were recruited safely.

Risks to people's health, welfare and safety were managed well. The service was safe, clean, well maintained and suited to the needs of the people who lived there. People enjoyed a varied and healthy diet and changes in their health were monitored and acted on. People had access to a GP and other health care professionals when they needed them.

Staff had the knowledge and skills required to meet people's individual needs effectively. New staff completed an induction when they started work at the home; this was to ensure they were familiar with the routines and people's individual needs. Staff spoken with told us they received appropriate support and training and felt valued and respected by managers in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records we reviewed were personalised and provided a good level of detail for staff to follow. The initial assessment, completed before people were admitted to the Croft, was used to formulate care plans and risk assessments; these records had been regularly reviewed and updated when people's needs changed.

People's communication needs were documented within care plans as well as how staff should support them to express their views and wishes. Staff spoken with demonstrated a good understanding of people's diverse needs and preferences.

People who lived in The Croft and their relatives knew about the home's complaint's procedure. All said they were confident any complaints would be fully investigated and action taken if necessary to rectify matters.

The registered manager and provider conducted regular checks to make sure people were receiving appropriate care and support. The registered manager took into account the views of people using the service, their relatives and staff through meetings and surveys. Staff said they enjoyed working at the home and that the registered manager set high standards in relation to the care they were expected to deliver.

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.

People were cared for by suitable numbers of staff who had been safely recruited. Staff were aware of the correct action to take to protect people from the risk of abuse.

Risks to people's safety and welfare had been assessed. Information about how staff should support individuals to manage known risks was recorded in each person's care records.

All areas of the home were clean. Arrangements were in place to help ensure equipment was safe and staff knew how to ensure people's safety in the event of an emergency.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and supervision they needed to help them deliver effective care.

Staff had a good understanding of the Mental Capacity Act 2005 and its relevance to their role. Appropriate action had been taken to ensure people's rights were protected when they were unable to consent to their care in The Croft.

People told us the quality of food was good. Arrangements were in place to help ensure people's nutritional and health needs were met.

Is the service caring?

Good

The service was caring.

People were very complimentary about staff. People who lived in the home told us staff always respected their dignity and privacy when providing care.

Staff demonstrated a good understanding of people's diverse needs, wishes and preferences. Staff encouraged people's independence wherever possible.

Is the service responsive?

Good

The service was responsive.

Each person's records contained individualised plans of care to ensure staff knew how to meet their needs, wishes and preferences. Care records had been regularly reviewed and updated to ensure they accurately reflected people's needs.

People were happy with the range of activities provided in the home.

Systems were in place to respond to and investigate any complaints people raised about the care in The Croft.

Is the service well-led?

Good

The service was well-led.

People spoken with during the inspection were complimentary about the way the home was run.

Our findings showed both the provider and managers in the home had made improvements to the systems in place to monitor the quality and safety of the service.

Staff enjoyed working at The Croft and found the managers to be supportive and approachable.

The Croft Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 9 and 10 April 2018; the first day of the inspection was unannounced. The inspection team comprised of one adult social care inspector.

Prior to the inspection, the provider submitted a completed Provider Information Return (PIR). 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.

In preparation for our visit, we looked at previous inspection reports and notifications (events which happened in the home that the provider is required to tell us about). We also contacted Healthwatch and the local authority's infection control and contract monitoring teams for feedback about the home.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with six people living in the home, four relatives, four care staff (including two who were covering for the sickness absence of the chef), the registered manager and the deputy manager. We also spoke with two visiting healthcare professionals.

We had a tour of the premises and looked at a range of documents and written records including three people's care records, four staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, staff rotas, meeting minutes and records relating to the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

At our last inspection this key question was rated as 'Requires improvement'; this was because recruitment processes were not sufficiently robust. During this inspection, we found the required improvements had been made and the rating has improved to 'Good'.

People were supported by staff who had been safely recruited. All staff personnel files we viewed contained a completed application form, which documented a full employment history, two references from previous employers, identity checks and a Disclosure and Barring Service (DBS) check. The DBS checks help employers to make safe recruitment decisions by reducing the risk of unsuitable staff working with vulnerable people.

People who lived in the home told us they felt safe and well cared for. Comments people made included, "I feel safe because there is always someone around", "It's much better than I thought it would be. It's like being with your own family" and "I've never been afraid here." All the relatives we spoke with told us they had no concerns about their family member's safety in The Croft.

People were protected from the risk of abuse. Staff had undertaken safeguarding training and had policies and procedures to refer to. All the staff we spoke with understood how to report any suspected abuse and were confident managers in the service would take the necessary action to ensure people were protected. Staff were aware of the whistleblowing policy (reporting poor practice) in place and told us they would not hesitate to use it, referring to outside agencies if necessary.

People received care which met their needs in a timely manner. All the people we spoke with told us there were always sufficient staff on duty to respond to their requests for assistance. Comments people made included, "I think there's enough staff", "There are generally enough staff if everyone comes in" and "Staff sometimes have to tell me they will be back in a minute and generally they are." During the inspection, we observed staff were prompt in responding to people's needs.

Appropriate systems were in place for the management of risks. Environmental risk assessments were completed and there were procedures to be followed in the event of emergencies. Individual risks had been identified in people's care plans, including those relating to moving and handling, hydration and nutrition, tissue vitality and falls. All risk assessments had been reviewed on a regular basis to ensure they accurately reflected people's needs.

Records were kept of any accidents and incidents that had taken place at the service. This information was reviewed on a regular basis to check for any patterns or trends. Staff told us they had also received additional training on how to keep people safe that included moving and handling, the use of equipment, infection control and first aid.

Medicines were managed safely and effectively. Medicines records we reviewed had been completed accurately. All medicines were stored securely and checks were carried out to ensure they were kept at the

correct temperature. Staff responsible for the administration of medicines had completed training for this task. Records we reviewed showed staff competence to administer medicines safely was completed on at least an annual basis. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action.

People lived in an environment which was safe and clean. Our observations during the inspection showed all areas of the home were very clean and well maintained. The registered manager completed a daily walk round of the home to help ensure the cleanliness and safety of the environment. We were told the home had been refurbished since the last inspection for the comfort and safety of people who lived there. Records we reviewed showed all equipment used in the home had been serviced in accordance with manufacturer's instructions.

People were protected from the risk of cross infection. Staff were aware of the action to take to help prevent the spread of infection. During the inspection, we observed staff wore personal protective equipment when completing care tasks. The registered manager completed infection control audits on a regular basis to ensure required standards of cleanliness were met.

Procedures were in place to protect people in the event of an emergency at the home. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order. Records were kept of the support people would need to evacuate the building safely in the event of an emergency. In addition, staff had completed training to ensure they were able to take appropriate action in the event of a fire.

Good

Is the service effective?

Our findings

At the last inspection, in February 2017, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

People were supported by staff who had the correct knowledge, skills and support to deliver effective care. Comments people made to us included, "Everyone knows [name of relative's] needs", "Staff are very good" and "Staff know me well."

Staff received a range of training to give them the necessary skills and knowledge to support people properly. Staff confirmed they received the training, supervision and support they needed. The provider had systems in place to identify what training staff should receive and when this should be completed and refreshed. This was monitored by the registered manager using a training matrix. This gave an overview of the training completed at the service.

Records showed new staff received an induction into the routines and practices of the home, which included a period of time looking at the provider's policies, undertaking training and working with more experienced staff until they had the confidence and skills to work independently. We spoke with two staff who had recently started working in the home. They told us the induction process had been thorough and had prepared them well for their role.

People were asked for their consent before care was given and they were supported wherever possible to make their own decisions. 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection, the registered manager had submitted nine applications for DoLS to the relevant local authority but that none of these had yet been authorised.

Staff had a good understanding of the purpose and principles of the MCA and had received training in this legislation. When people lacked the mental capacity to take particular decisions, such as consenting to aspects of their support plan, decisions had been made in the individual's best interests. We saw people's capacity to make decisions had been considered during the care planning process and reviewed on a regular basis.

People's physical, mental health and social needs were assessed before they moved into the service. This enabled the registered manager to determine if the person's needs could be met effectively and safely in the home.

People received the support and monitoring necessary to ensure their nutritional needs were met. Individual likes, dislikes and any allergies had been recorded in people's support plan. People's weights were monitored and recorded at regular intervals. Appropriate referrals had been made to a dietician and speech and language therapist, when required.

People told us they generally enjoyed the food provided, but if they did not like what was on the menu they would always be offered an alternative. On both days of the inspection, a member of care staff was responsible for cooking the meals due the sickness of the chef. Both staff had received training in food safety and were aware of people's dietary requirements. We noted the food looked appetising and well presented. Where necessary, staff provided people with discreet support to ensure they were able to eat their meal.

We spoke with two visiting health professionals who told us staff were very knowledgeable about people's needs and always made appropriate referrals should an individual's health condition change.

The design, decoration and layout of the home was suited to the needs of people living there. Each person had a single bedroom, which they were encouraged to personalise with their own possessions. The home was located close to local amenities. We spoke with the gardener who told us they were in the process of improving the outside areas of the home so that it was more 'dementia friendly'.

Good

Is the service caring?

Our findings

At the last inspection, in February 2017, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

All the people spoken with during the inspection gave positive feedback about the staff. Comments people made included, "I like the staff; they are very good", "Staff are pleasant and helpful", "I have nothing but praise for the staff; they are very pleasant" and "Staff are fantastic with [name of relative]." In addition, we saw that a number of 'Thank You' cards had been received at The Croft, all of which highlighted the caring approach of staff.

During the inspection, we observed people were treated with kindness and respect by staff. We saw that staff took time to sit with people, both in communal areas and in the bedrooms of individuals who chose to remain there during the day. We also observed humour and warmth in the interactions between staff and people who lived in the home.

People were supported by staff who knew them well. Staff were familiar with each individual's needs, preferred routine and wishes about how they wanted to be cared for. There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff explained how they consulted with people and involved them in making decisions about the care they received. We noted people were involved in day to day decisions, for instance where they wished to sit and what they wanted to do. Staff also told us people were involved with reviews of their care, although the records we saw did not show evidence of this. The registered manager told us they would take action to ensure the views and comments of people about their care were recorded on the six monthly review documents.

The registered manager told us they recognised the need for them to sometimes advocate for people who lived in the home, particularly in relation to access to medical treatment. They were also aware of local advocacy services, which were able to provide people with independent support to express their views in relation to their care needs.

People's privacy and dignity was respected. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. When people received personal care, staff told us they made sure this was done behind closed doors and in a manner which respected the person's dignity.

People's individuality and diverse needs were respected. We looked at a sample of care records and found staff wrote about people's needs and care in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. Staff told us they had completed training in equality and diversity. A staff member told us, "We treat everyone equally and with respect. We don't have any favourites."

All except one of the people we spoke with who lived in the Croft told us staff supported them to be as independent as possible. One person told us they did not think staff were helping them to mobilise in order to become more independent. However, when we discussed this with the registered manager they told us staff were acting on the instructions of the physiotherapy team who were also involved in the person's care.

Good

Is the service responsive?

Our findings

At our last inspection this key question was rated as 'Requires improvement'; this was because care plans needed to be improved to accurately reflect the needs, wishes and preferences of people who lived in the home. During this inspection, we found the required improvements had been made and the rating has improved to 'Good'.

People's care records were personalised and provided good information for staff about how they should meet each individual's particular needs. Following an assessment of their needs, each individual had a set of care plans, which detailed what support they needed from staff, as well as their preferences in relation to how their needs should be met. These care plans covered areas including mobility, nutrition, communication, social activities, medicines and continence.

People who lived in the home and their relatives told us they felt the registered manager and staff were responsive and met people's needs with an individual approach. This was in line with the philosophy of the home which stated, "The stated philosophy of the home was that, "We believe that each resident is a whole person, a unique individual with particular physical, social and spiritual strengths." Comments people made included, "[Name of relative] prefers to spend time in her room but staff regularly check on her", "I'm well looked after here. Staff know me well and understand when I am anxious it is best to leave me in peace in my room until I have relaxed" and "Everyone knows [Name of relative's] needs. He is very happy here."

We checked whether the provider was meeting the Accessible information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The manager told us they were unaware of this standard but that people's communication needs were always considered as part of the assessment and care planning process; this was confirmed by our review of care records. The registered manager told us they would check the requirements of the AIS to ensure the service was compliant with them. They also confirmed information produced by the service could be provided in a range of formats if necessary.

Systems were in place to ensure people's needs were kept under review and care records updated as necessary. A handover meeting took place at the end of every shift. During this meeting, staff discussed people's well-being and any changes to their condition. The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. All care records had been reviewed on a monthly basis. Staff spoken with were able to tell us about people's risks and needs and described how they supported people in a way which kept them safe and reflected their preferences. A staff member told us, "Everyone is different. We get used to how people want to be cared for."

We asked about the activities provided for people living in The Croft. We were told regular entertainment was provided by external singers and other companies such as a 'Zoo Lab'. Events were also held in the home to celebrate dates such as Bonfire night and Christmas. The registered manager told us they would be

arranging events to celebrate the forthcoming royal wedding and the football world cup, as requested at a recent residents' meeting. We were also shown the sensory room which had been developed to offer people a quiet space for relaxation.

People told us they were generally happy with the range of activities provided in the home. Two relatives told us they would prefer for their family member to spend more time outside of the Croft. The registered manager told us the garden was in the process of being further developed and they would ensure staff encouraged and supported people to use the outside space when the weather improved.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which informed people of the timescales in which a response would be provided. Contact details were also included for other organisations people could contact in the event they were unsatisfied with the way their complaint had been handled by the provider. The registered manager advised that all information, including the complaints' procedure, could be produced in different formats to meet the communication needs of people living in the home. None of the people spoken with during the inspection had any complaints about the quality of care in the home. They told us they would feel confident to raise any concerns with the registered manager and were confident immediate action would be taken to resolve matters.

The registered manager maintained a log of all complaints received; there had been a total of eight complaints received since the last inspection. Records showed all complaints had been investigated and a response provided. This meant people could be confident in raising concerns and having these acknowledged and addressed.

We asked the registered manager about the use of technology in the home to enhance the delivery of care. We were told the home was able to use the 'Telemedicines' service; this is an online assessment system which staff can use if they have any concerns about an individual's health. This service was available 24 hours a day and was managed by registered nurses from the local NHS service. This helped to provide prompt and appropriate advice and treatment. The registered manager also told us, "We would purchase any technology required. The directors will fund anything we request as necessary to meet people's needs."

We asked the registered manager how the service recorded people's choices and wishes in relation to end of life care. They told us, wherever possible, this information was gathered during the assessment process although they advised people were often reluctant to discuss their wishes. They showed us a care plan which was put in place when people were considered to be approaching the end of their life. They told us they planned for key staff to undertake specialist training in how best to provide people with compassionate end of life care.

Good

Is the service well-led?

Our findings

At our last inspection this key question was rated as 'Requires improvement'; this was because the registered provider needed to review and update their governance and oversight systems to ensure they provided a more structured, dependable and accountable process. During this inspection, we found the required improvements had been made and the rating has improved to 'Good'.

Robust governance systems had now been implemented for the service. Records showed the provider was undertaking regular monitoring visits to The Croft. During these visits, the directors spoke with people who lived in the home to gather feedback about the care they received. They also reviewed a range of records including those related to staff supervision, complaints, falls and risk assessments. This helped to ensure the quality and safety of the service.

The registered manager and deputy were undertaking regular audits. These were in relation to the environment, infection control, care records, food safety and medicines. We noted the registered manager had requested recent audit by pharmacist who supplied medicines to the home, in order to identify any areas for improvement. No major issues had been identified during this audit.

There was a management team in place, which included the registered manager, deputy manager and senior carers. The staff rota had been re-arranged to ensure there was always a senior member of staff on duty to provide leadership and direction. During the two days of our inspection, we observed all the managers interacting with people who lived at the home and saw that they were friendly and professional towards them. The managers were knowledgeable about the needs of all the people living in the home and were aware of their personal preferences and wishes.

Both visiting health professionals we spoke with told us they considered The Croft was well run and they would be happy for a family member to be cared for in the home.

Our discussions with the registered manager and deputy manager showed they were committed to ensuring people received high quality care and support in The Croft. We noted the registered manager reiterated their high expectations of staff during regular staff meetings. The records from one meeting documented the registered manager had reminded staff that they should care for people as if they were a member of their own family. The managers in the service completed regular unannounced spot checks to help ensure staff were meeting the expected standards.

The registered manager showed us the improvement plan which was in place for the home. This included the planned work to develop a 'dementia friendly' outside area. The registered manager had also set out planned improvements for the service in the Provider Information Return (PIR). This demonstrated they had a good understanding of the service and how it could be continually improved.

Our pre-inspection checks showed the provider was meeting the requirement to display the most recent rating for the service on their website. The registered manager was aware of the need to notify CQC or other

agencies of any untoward incidents or events within the service. We also noted the provider was meeting the requirement to display their latest CQC rating in the home; this was to inform people of the outcome of our last inspection.

There were procedures in place for reporting any adverse events to CQC and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

The service encouraged regular feedback from people. Regular residents' meetings were held during which people were asked to comment on the care they received. We noted all the comments had been positive and one person had stated, "They wished to thank the management for doing a good job. The results from the most recent satisfaction survey completed by people who lived in the home and their relatives were also very positive. One person had written, "As far as I am concerned the two managers work hard and keep the home ticking over very nicely."

Staff had access to policies and procedures to guide them in their practice. Since the last inspection polices had been reviewed by the provider, although we noted some referred to the previous inspection methodology used by CQC. The registered manager told us they would raise this with the provider. We saw that all staff were required to sign to say they had read and understood each policy.

All the staff spoken with told us they enjoyed working in The Croft and felt valued and well supported by the managers and the providers. Comments staff made included, "I feel the home is well run. Everyone works well together" and "The staff and managers are better than those in other homes I have worked. The managers are very supportive with personal issues."