

Croft House (Care) Limited

Croft Dene Care 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Croft Dene 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. At the time of our inspection 38 people were using the service who had physical and mental health related conditions.

This unannounced comprehensive inspection took place on 22 and 27 March 2018. This meant that the staff did not know we would be visiting the home. At the last inspection in November 2017, we identified breaches of regulations which related to safety, person-centred care, staffing and governance of the service. After the last inspection we told the provider that we were considering serious enforcement action and gave them a period of time to fully address all of the issues. The provider voluntarily suspended admissions to the home until they had taken action to alleviate the concerns raised.

Prior to our inspection, we reviewed the provider's action plan which had been shared with us, the local authority and the Clinical Commissioning Group (CCG). We saw all of the actions had been completed or there was satisfactory on-going progress being made.

This service has been in 'Special Measures'. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate in any of the key questions. Therefore, this service is now out of Special Measures.

The provider had taken immediate action to rectify the shortfalls with the leadership of the service. Two new temporary care managers were in post who managed the service on a daily basis and reported to the registered manager. The established registered manager of the service told us they had been able to spend more of their time at this service. 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 had been strongly supported by the provider during the past four months to ensure that compliance with the regulations was achieved. They had both concentrated on the safety, governance and leadership of the service and implemented the improvements and changes required.

The two new care managers had ensured that checks on the service were in operation and recent robust audits showed that the service was being monitored to ensure its safety and quality. However, this needed to be evidenced over a longer period of time to ensure sustainability.

All of the environmental safety risks which we highlighted at the last inspection had been removed or

reduced and were now closely monitored by the new care management team.

Medicine audits had recommenced and we saw that any issues identified were addressed by the care management team. Medicines were managed well. People received their medicines safely and at the right time. The records kept to monitor medicine administration were completed to a satisfactory standard. We noted some minor issues related to 'as required' medicines which the registered manager told us would be addressed immediately.

There was an outbreak of Norovirus at the service, which limited the areas we could observe on the second day of the inspection; however, we liaised with a local infection prevention and control nurse who told us they had concerns about the cleanliness of the service. The registered manager took immediate action to address these and we were satisfied the actions taken were sufficient.

The activities coordinator post had been filled since the last inspection but had recently become vacant again. The care management team had taken proactive steps to manage this whilst recruitment started over. We saw there was information on display about planned meaningful activities. People told us they enjoyed the activities on offer but still felt there was room for improvement. An activities coordinator from one of the provider's other care homes was spending two days per week at Croft Dene to assist the care staff. Designated care staff were arranging stimulating activities on the days we visited and they told us they had been allocated time to socialise with people. Records to show that people had participated in activities had improved.

Since our last inspection, staff had completed their mandatory training. A training plan was now in place to develop staff skills with awareness courses being organised in topics which would be beneficial to the staff.

Staff recruitment continued to be safe and pre-employment checks were in place to ensure staff were suitable to work with vulnerable people. All staff had taken part in a formal supervision meeting with the care management team and a plan was in place to complete annual appraisals over the forthcoming year, which the registered manager had started to conduct. Competency checks had been carried out with care and nursing staff to ensure they were supported in their role and were competent to carry out the tasks they were responsible for.

We observed people enjoying a pleasant mealtime experience. We saw staff were more organised and relaxed throughout mealtimes and they were deployed correctly to ensure people who required one to one assistance were supported in a timely manner. We found that staff made an effort to create a homely environment for people to enjoy their meals in.

The cook was aware of people's dietary requirements and their nutritional and hydration needs. We saw the cook came out of the kitchen at mealtimes and engaged with people and staff. Special diets were catered for and all meals were well presented, including food which had been pureed. People had a choice of meals and alternatives were made available.

People told us they felt safe living at Croft Dene. The relative and visitor we spoke with confirmed this. Staff were able to demonstrate their responsibilities with regards to protecting people from harm and they had received the appropriate training. The provider had up to date policies and procedures in place to support staff to deliver the service.

Accidents and incidents continued to be recorded, investigated and monitored by the care management team. The action taken to minimise the likelihood of a repeat incident were recorded. All incidents had been

reported to the appropriate external agencies as necessary.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Applications had been made on behalf of most people to restrict their freedom for safety reasons in line with the Mental Capacity Act 2005. All staff demonstrated an understanding of the MCA and worked within its principals.

Staff displayed approachable and caring attitudes and people told us staff were kind to them. We saw people enjoyed a positive relationship with staff and it was apparent they knew each other well. We saw all staff treated people with dignity and respect.

Individual care needs were assessed and regularly reviewed. Support plans were person-centred, informative and reviewed as necessary. Risks which people faced in their daily lives had been evaluated and measures were in place to reduce these.

An established system for monitoring complaints was in place. This had continued from our last inspection. This meant the provider was now able to look for trends and identify areas of the service which may need further improvement and development.

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 entirely safe.

Medicines were managed well but improvement was required around the recording of 'as required' medicines.

The cleanliness of the home required attention.

Previous environmental safety risks had all been removed or reduced.

Appropriate safeguarding processes and systems were in place.

Staff were safely recruited and there were sufficient staff employed to look after people safely, although people felt more staff were needed.

Is the service effective?

Good ●

The service was effective.

Staff were trained and knowledgeable about people's needs.

People were supported to eat and drink well to promote good health and well-being.

Consent was sought from people in line with best practice guidance. Staff gained verbal consent before providing people with assistance.

The service worked well with external healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with the dignity and respect by staff who spoke nicely to them.

We observed staff maintained people's privacy.

Staff knew people very well and had developed positive

relationships.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and contained detailed information about how staff should care for people.

The staff had been proactive in providing meaningful activities which met with people's interests and hobbies in the absence of a permanent activities coordinator.

Complaints about the service were managed in a timely and satisfactory manner.

Is the service well-led?

Requires Improvement ●

The service was not entirely well-led.

Audits and checks of the service were carried out but need to be sustained to ensure compliance with the regulations is maintained.

Medicine record keeping needed to be improved and issues around cleanliness and staffing levels needed to be addressed.

There was a stable staff team led by an experienced and well-established registered manager.

Croft Dene 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 inspection site visit took place on 22 and 27 March 2018 and was unannounced. The inspection consisted of one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all of the information we held about Croft Dene Care Home, including any statutory notifications that the provider had sent us and any safeguarding and whistle blowing information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Additionally we liaised with the local authority contracts monitoring and safeguarding adults teams and the local NHS clinical commissioning group (CCG) to gather their feedback about the service.

During the site visit we spoke with five people who used the service and one visitor to gain their opinion. We also spoke with five members of staff, including the registered manager, two care managers, one senior care worker and one care worker. After the site visit we contacted several relatives by telephone and email. Two relatives shared their feedback with us. We also contacted the local NHS Infection Prevention and Control Nurse who also conducted a site visit and shared their findings with us.

We reviewed a range of care records and the management records kept regarding the quality and safety of the service. This included looking at four people's care records in depth and reviewing eight people's medicine records.

Is the service safe?

Our findings

At our last three inspections of this service we have identified a breach of Regulation 12 entitled, safe care and treatment. Following an intense period of monitoring by a multidisciplinary team of professionals from the local authority, Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC), we found the provider and registered manager had successfully implemented significant improvements at the service which had ensured the service was safer.

People and relatives told us they felt the home was safe. One person told us, "I am very well looked after here, it's great. The staff are all very good to me." A relative told us, "She is definitely safe here, the staff care for her very well."

Through our observations in the home we found all of the potential risks which we had previously highlighted had been removed or reduced. Effective action had been taken to ensure that environmental factors which could have caused serious harm to people who lacked mental capacity were minimised. For example, the laundry room was now fitted with a key pad entry system and emergency pull cords which people used to summon help in an emergency hung freely in communal areas.

Communal bathrooms were now locked when they were not in use. This meant that people who may have lacked mental capacity were no longer at the risk of falls or entrapment, if they entered these rooms without the support of staff, due to the equipment which was stored in them such as hoists, wheelchairs and shower chairs.

The provider had invested in new equipment or had maintenance work carried out to ensure all other concerns were addressed. For example, the severely cracked bath panel had been fully replaced to avoid a serious injury and new foot operated pedestal bins had been purchased for the kitchenette areas to reduce sources of potential cross contamination.

A door entry code was required to enter the premises and a signing in book was used in the foyer. The external fire exits were all closed. Accommodation was set over two floors with stairs and a lift in operation. We found all of the access points which required different security codes to gain entry were in proper working order. No-one we spoke with raised any concerns regarding the security of the home.

The fire service had recently undertaken their own inspection of the service and had highlighted some issues which the provider had addressed. We saw an action plan had been implemented and completed. We found the fire escape routes were now clear of rubbish and obstructions and no longer posed a risk to anyone who may need to use them. The designated external bin area was secured and staff ensured the bins were returned to the correct place after being emptied.

The care management team ensured that regular checks on the safety of the building and equipment were carried out. All of the utility tests and servicing of equipment were up to date and fire procedures were firmly in place and followed by all staff.

Routine mattress checks were now in place and we saw these were reviewed by the registered manager to ensure that risks to people's skin integrity were minimised. The registered manager had contacted the supplier to re-check that the settings being used on airflow mattresses were correct and in line with the manufacturer's guidelines.

On the second day of our inspection, the home had an outbreak of a diarrhoea and vomiting bug (known as Norovirus) which limited the areas we could inspect on that day, however we saw domestic staff were on duty throughout the inspection and cleaning schedules had been completed. After the inspection we liaised with the local NHS infection prevention and control nurse who told us they had recently visited Croft Dene after the outbreak had cleared and raised a number of issues. They told us, "I had significant concerns and following a discussion with Public Health England, we made a referral to the safeguarding team." The registered manager later told us, "We have had a report from the infection control team which has been actioned. We have had two agency cleaners in carrying out a deep clean of all communal spaces. [Another cleaner] is cleaning all sluice rooms, bathrooms and dining rooms, and [Croft Dene's] cleaner has been shampooing all of the carpets in the corridors. This will continue until all areas have been deep cleaned."

We looked in the treatment rooms and we observed nurses carrying out their duties throughout the home. The nurses on duty were fully aware of their responsibilities. There continued to be no issues with the ordering, receipt, storage, administration or disposal of medicines. The local NHS optimisation team had recently conducted a site visit and supplied the provider with an action plan. We saw the majority of the issues raised had been addressed with the exception of improving the records related to 'as required' medicines. The optimisation team had highlighted that the reverse side of medicine administration records (MARs) were still being underutilised to record supporting information about the use of 'as required' medicines.

Our review of eight medicine records confirmed that this had not been satisfactorily improved. We spoke with the care management team who agreed that the nursing staff needed to decide what information would be recorded on the MARs (for example, why the medicines were offered and/or why it was refused) and implement it. This would enable the care management team to adequately audit this to ensure conformity. Thus giving a clearer picture as to why and when 'as required' medicines had been administered. 'As and when' medicines are only given to people when they need them, usually for pain relief or constipation.

Other record keeping issues which we highlighted at the last inspection, such as staff not countersigning handwritten MARs or labelling topical medicines such as creams with an opening date had been addressed.

Medicine audits had been restarted following our last inspection and we saw that they were now robust and comprehensive. The care management team had ensured that any issues identified had been rectified and addressed with the staff responsible for any shortfalls. The registered manager had proper oversight of these audits and was fully aware of what issues had been raised and addressed.

Medicine competency assessments had been carried out with all staff responsible for administering medicines. We reviewed the assessments of two members of staff and had oversight of the training matrix to confirm all staff had completed this. This meant the senior nursing care manager had deemed those staff competent to undertake their role to administer medicines safely.

The provider and registered manager continued to review people's needs in order appropriately staff the home using a nationally recognised dependency tool. The staffing levels during our visit matched the numbers of staff identified to care for people safely. We noted that the call bell system installed in the home

rang loudly and frequently during our inspection. The people and relatives we spoke with felt more staff were needed. One person told us, "They definitely need more staff, sometimes I have to wait a long time for help, they (care staff) are rushed off their feet." We asked the registered manager about this and they told us, "At times buzzers do go on longer than we would like but certainly when we (managers) are in the building and a buzzer goes on for longer than it should one of us checks [everything] is ok. Unfortunately if all staff are busy with residents the buzzer may go on longer until someone is free. I do not notice the buzzers being a persistent issue when I am in the home. We will however raise it in the next staff meeting." Previous issues with the deployment of staff around mealtimes had been addressed and we noted that staff had time to carefully support people with patience and dignity.

All staff were aware of safeguarding procedures and demonstrated to us that they had knowledge of the provider's safeguarding and whistle blowing policies. Staff had all received training in this topic and showed an understanding of their responsibilities regarding keeping people safe.

Risks people faced in their daily lives had been assessed and recorded. Care records were up to date with information about people's needs such as medicines, skin integrity, nutrition, mobility and continence. This showed that staff had recognised risks to individuals and implemented appropriate measures to meet people's needs safely.

Accidents and incidents continued to be recorded, investigated and monitored by the care management team to reduce the likelihood of any repeated circumstances. Appropriate action had been taken by the care management team and they had notified the relevant external agencies as required.

One care manager shared with us instances when lessons had been learned from incidents which had led to the delivery of safer care. For example, the service had taken advantage of training offered by the local community psychiatric nurse (CPN) in the mental health referral system. Each training session focussed on a different topic which was relevant to the care of people living at the home, such as challenging behaviour, and how to recognise and manage declining mental health. The care manager said, "This has taught us as a [service] how to make appropriate and timely referrals, meaning that people get the required intervention as soon as possible and that inappropriate referrals are avoided, reducing unnecessary use of NHS time and resources."

The care management team were fully aware of safe recruitment procedures and had ensured new staff were appropriately checked and vetted. Disciplinary procedures were in place and had been utilised to challenge staff conduct and to ensure staff remained suitable for their role.

Is the service effective?

Our findings

At our last inspection we identified a breach of Regulation 18 entitled, Staffing. This was because staff training had not been kept under review and consequently some staff had not undertaken important training courses, routine refresher sessions had not been consistently conducted and some staff had not had a practical assessment of their skills to ensure they were competent to carry out their role. Staff supervision and appraisal had also not been routinely completed.

At this inspection we found people received good care from staff who were suitably trained and skilled. One person said, "I like it here, I think they look after us very well." Another person said, "It's great here, nurses are outstanding, I have put on some weight since I came here." The registered manager had monitored the completion of the induction process for new staff and the care managers had conducted competency checks on new and existing staff. Staff training was up to date and since our last inspection, a training plan had been put in place to ensure all staff completed routine refresher training courses as necessary and had the opportunity to complete other training courses which would be beneficial to them in their role. For example, all staff in all roles within the home had completed a dementia awareness course and all care and nursing staff had completed a practical moving and handling course. The service had a training compliance rate of 83% and the registered manager told us they were aiming for 90%. Training had been arranged for staff who had gaps in their individual training plans. This meant the provider and registered manager had assured themselves that staff were competent in their role and staff were formally supported to develop their skills and knowledge.

The registered manager or a care manager had carried out a formal one to one supervision session with every permanent member of staff. Annual appraisals had started and to date 20 had been completed in the past three months. This meant that staff had been formally supported in their role to ensure they remained competent and that they had been given an opportunity to speak confidentially with a manager about any issues they might have, request additional support or discuss development opportunities. The staff we spoke with and records seen confirmed these had taken place.

In the past we had found mealtimes to be unsatisfactory and not always a positive and stimulating experience for people. At this inspection people told us they enjoyed their meals. Comments from people included, "The food is very good"; "The cake and custard was lovely"; "That was lovely but I have had more than enough" and, "It was nice, I ate all of it." A visitor told us, "I have seen the food, it always looks appetising and she [their friend] enjoys it." A relative said, "The food is good, there is a good variety and plenty of it. Staff do help her to eat and encourage her."

We saw staff were more focussed on people's individual needs and they provided person-centred care. We found that there were plenty of staff available to support people in a timely manner. The dining rooms were attractively laid out using table clothes, centrepieces, condiments and cutlery which made them look homely and welcoming for people. The food was plentiful and looked appetising and well presented, this included food which had been pureed. Staff monitored some people's food and fluid intake and this was communicated to the nurses via charts which enabled them to review people's care needs and well-being as

necessary.

The cook was present in the dining areas at mealtimes and we saw they engaged with people and care staff. We observed the cook pass information onto a care worker about the lack of food one person had eaten the day before. After a short conversation, the cook approached the person and discussed alternative meals with them which the person accepted and then proceeded to eat. The kitchen staff were aware of people's special dietary requirements, their preferences, likes and dislikes and information about allergies and foods to avoid were kept in the kitchen for easy reference.

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found staff worked within the principles of the MCA and best interest decisions had been recorded with relevant people involved in the decision making process. The policies and procedures in place at the service supported this. All of the people and relatives we spoke with told us that staff asked for their consent before providing their assistance.

Staff meetings had continued to take place. Twice daily handover meetings took place between nursing and care staff as they started and finished their shifts. Daily notes and other care monitoring tools such as food and fluid intake charts were completed to a good standard. This meant effective communication between the staff who cared for people had been sustained.

People were enabled to have access to external health and social care professionals to support their health and well-being, as well as access to specialist equipment. Care records showed that people regularly saw their GP, dentist, optician and social worker. We were given an example of a positive outcome which arose from the staff raising concerns about welfare checks on a person being invasive. Following an incident where the person trapped their leg between the mattress and bedrail, staff welfare checks on this person were increased to every 30 minutes. The staff felt these checks were disturbing the person and they reported this. The provider was able to source and purchase specialist bed wedges which meant that the risk of the leg becoming trapped again was greatly reduced thus making it safe to reduce the frequency of welfare checks.

The home had appropriate adaptations such as walk in shower facilities and bathing equipment. The home is suitably decorated but there are areas which need updating. Best practice guidance around making the environment dementia friendly had been followed such as appropriate lighting and pictorial signage to ensure people can orientate themselves around the home. The care team leader on the dementia care unit continued to ensure this unit met the needs of the people who lived there. A relative told us, "I have seen massive improvements on my mother's unit; one member of staff has decorated the walls and made it look very homely."

Is the service caring?

Our findings

A relative told us, "The nursing care my mum receives is excellent and staff are very caring and kind to her." A visitor said, "In general the staff are helpful, kind and caring, I think they respect her [friend] privacy and dignity."

We asked people if the staff were caring and respectful. Comments included, "The staff are all very good to me" and, "The staff are very good, very caring."

During our inspection all staff spoke nicely to people and were kind, considerate and caring when interacting with people. We observed staff treated people as individuals and respected their preferences. Staff gave consideration to the varying needs and abilities of people as they undertook their duties. Staff protected and promoted people's dignity and they ensured people were given privacy as necessary. We saw that staff had time to sit with people and interact in a meaningful way, especially two staff members who had been designated some additional time in the absence of an activities coordinator.

Staff demonstrated that they knew people very well and people's needs were met in line with their choices. We spoke with staff about specific people's individual care needs and they were familiar with these as well as people's life histories, preferences likes and dislikes. Records showed people had been involved in their care planning and had been asked for information about their lives to help staff get to know them better.

Discussions with people and staff revealed there were people who used the service who had diverse needs in respect of some of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. The service was accommodating of people's different needs and staff responded well to the diversity within the home and they understood the importance of treating people individually, particularly around age and gender appropriate support. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this. Records showed positive plans were made to ensure people's needs were met in a way which reflected their individuality and identity. Staff had undertaken equality and diversity training, which provided them with the knowledge to put into practice.

A service user guide and statement of purpose was available to people and their relatives which provided information on what to expect from the service. Information remained on display around the home to benefit people who use health and social care services. The service had continued with their staff 'champion' initiative whose responsibility it was to promote best practice and share new initiatives with staff to increase their knowledge and awareness in various topics such as dementia care and infection control.

No-one who used the service currently used an independent advocate. Most people had family or friends who acted on their behalf. Legal arrangements were recorded in people's care records to ensure staff knew who had the legal right to make decisions on people's behalf. The staff were aware of how to access an advocate for people who required the additional support. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that

their rights are upheld.

Is the service responsive?

Our findings

At our last two inspections, we identified a breach of Regulation 9 related to person centred care due to the lack of meaningful activities which encouraged people to socialise or pursue their hobbies and interests.

At this inspection, we saw that a lot of time and effort had been put into improving this aspect of the service. Since we last visited the service a new activities coordinator had been employed however they had not stayed in the role very long. The registered manager and provider had invested time and money into ensuring that the activities provision continued whilst the recruitment process started again. Two staff had been designated additional hours to carry out planned activities with people. An activities coordinator from another of the provider's care homes had been moved over to Croft Dene for part of the week to lead the care staff in running activities and to arrange social events which met with people's social, emotional, cultural, religious and spiritual needs, such as pet therapy visitors, visits from church leaders, 'Chinese' night, a puppet show, singers and magicians.

On the first day of inspection, we observed people making biscuits with the activities coordinator and care staff. One person told us, "I like it here; I enjoyed making biscuits this morning." We saw care staff had recently ran an arts and crafts session where people had made Easter themed items such as painted eggs, bonnets and bunting which were proudly displayed in the foyer and around the home. We saw a vast amount of photographs were on display which showed people enjoying the activities and events which has been arranged since Christmas. We also saw there was a schedule of events on display so people could see what events were coming up and there was a good stock of items in the activities store cupboard which staff could access for people at any time.

We recognised that although staff were busy they had time to interact and engage with people. We saw some people wandered around the corridors and took interest in the décor and had conversations with other people and staff as they passed.

Records kept to show that people had participated in social events or had a one to one session had improved. Staff described meaningful activities in their entries or had recorded when a person had declined to join in. Individual activity workbooks were all completed. This showed staff had spent time with each person finding out what they would like to do or see. This enabled the staff to plan events which people would find interesting. An activity feedback sheet had been implemented and we saw comments from people on a feedback sheet included, "Enjoyed it"; "Had a great time" and, "[Person] and husband had a great time." For people who could not communicate, staff had recorded, "[Person] singing and dancing along" and, "[Person] clapping along."

One person had experienced a very positive outcome. A care manager told us they had arranged a one to one session to support a person to go shopping and visit a relative's grave at the local cemetery. This person's mental health had declined and they had become more reclusive and introvert. The care manager said, "The one to one interactions appeared to really benefit [person] in that she was able to shop for preferred items independently rather than feeling that she was depending on others, and she was able to

visit the cemetery and leave flowers which was really meaningful to her."

We asked people, relatives and the visitor about the provision of activities. Their responses were mixed and the general opinion was that this aspect of the service still needed some improvement. Although they acknowledged the difficulties the provider had faced with this. Comments included, "They really need more staff and more activities"; "Carers used to do some activities with residents, they don't have time now"; "She needs more in the way of stimulation" and, "More mobile and responsive residents would definitely benefit from the reinstatement of an activities coordinator to stimulate them." The registered manager and provider were fully aware of the position they were in and we considered that they were doing everything they could to improve the situation.

Our last inspection highlighted no concerns with how the service assessed people or how they implemented care plans and conducted reviews. We found this remained unchanged. People had multiple care plans which reflected their own health, mental and social care needs. These included safety, medication, communication, nutrition, continence and hygiene care plans. Other specific care plans to address individual needs included, diabetes, choking and pain relief. Care plans were person-centred and regularly reviewed. This meant staff could respond to people's health and personal care needs in the way people had chosen.

The service was not currently supporting anyone with end of life care. Records showed staff had asked people and their relatives (where appropriate) to share their end of life wishes to ensure that the service was able to care for people as they would prefer when they may no longer be able to communicate those wishes themselves or in an emergency situation. Advanced care planning, emergency care and resuscitation preferences were documented in care records if people had shared these.

Since our last inspection, the complaints policy and procedures had continued to be adhered to and records maintained. We reviewed the complaints made to the service and saw that acknowledgement and outcomes letters had been written to the complainants. There were notes made by the care management team to show that an investigation had taken place and evidence that the registered manager or a care manager had spoken to staff if necessary. Complaints had been analysed through an auditing process and trends were identified such as around activities, laundry and the management of the service. This meant the provider was able to concentrate on specific aspects of the service which required improvement. This all demonstrated that there was an effective system operated correctly in order to identify, receive, address, record and respond to complaints properly.

Is the service well-led?

Our findings

At our last three inspections of this service we identified a breach of Regulation 17 entitled, good governance. Following an intense period of monitoring by a multidisciplinary team of professionals from the local authority, Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC), we found the provider and registered manager had successfully implemented significant improvements to the leadership and governance of the service.

Before we inspected on this occasion, we asked the provider to confirm that all actions identified on their action plan had been completed in order to meet the regulations. They assured us that in conjunction with the registered manager and the new care management team at the service, all actions in order to be compliant with regulations, had been completed. We found the service was compliant with all of the regulations.

We judged the home had made significant improvements, which was enough to take the service out of special measures. However there were still some minor issues raised at this inspection. These issues related to 'as required' medicines, the cleanliness of the home and staffing levels.

We asked people if they would change anything about the service. They told us, "They need more staff, I had to wait an hour to get someone to change my [catheter] bag"; "I can't have a shower when I want one, the staff are too busy"; "Staff don't have time to sit with people" and, "The laundry is not always good, nothing is missing but sometimes it takes a while to come back." A visitor told us, "[My friend] is always very clean and tidy, but her clothes have gone missing, and sometimes I see her in someone else's clothes, she would hate that" and a relative told us, "The home could do with updating, its normally clean but there have been times when the cleaner is absent the care staff have to do the cleaning." We shared some initial feedback to the care management team after our inspection and they responded to each of the points raised and assured us they would promptly address them.

We considered that although checks of the service were now in place we would need to see these being sustained over a longer period of time to ensure they were effective and compliance with the regulations was maintained.

In line with the requirements of their registration, the registered manager had sent the CQC notifications of events and incidents which happened at the service such as, deaths, DoLS and allegations of abuse which they are legally obliged to inform us of. The provider had displayed their previous performance rating at the service and on their company website as required by law.

The new care management team had taken over daily control of the home in December 2017 after the provider and registered manager enlisted the support of a consultancy company to ensure they achieved compliance as quickly as possible. The registered manager was previously not based at the service. However, following our last inspection, this arrangement changed and the registered manager dedicated the majority of their working hours at Croft Dene.

We asked everyone we spoke with about the leadership of the service. Their comments included, "I find the manager helpful, she listens and acts upon things I have said"; "The care plan is reviewed regularly with the manager and I have full input into it"; "The manager is very approachable, she listens and acts upon things"; "I wasn't happy with the previous managers, but the new manager is always available" and, "I saw the manager spending time talking with the residents."

The provider and registered manager had held a meeting with people and their relatives to explain what was happening at the home with regards to the last inspection and their plans to sell the home. We also saw that since the last inspection, the provider had arranged for information updates to be sent out to people and relatives.

A survey had been completed by nine residents and from the analysis of these the care management team were able to put changes into effect at the service in relation to new food menus and the activities programme in line with the people who currently used the service's preferences and suggestions. A relative's survey had also been carried out in January 2018. There had been 15 responses which overall were positive. The care management team had sent individual invitations to relatives who had put their name on the survey to discuss the points they had made in further detail. We saw suggestions made by relatives had been considered and adopted at the service, such as informing people that the WIFI code can be obtained from the office for visitors.

We found that the provider and registered manager had fully engaged with staff with regards to the findings from the last inspection. A staff survey had been conducted and monthly staff meetings had taken place to discuss issues which had been raised multiple times at inspections such as hot kettles being left out and pull cords being propped out of reach. Staff were involved in these discussions and they pointed out that some people were purposely propping the pull cords in their own rooms out of the way. The registered manager took proactive action to discuss the safety implications with those people who had the capacity to understand the risks and new risk assessments were drafted up to highlight the risk and the alternative actions staff could take.

We saw that the 'handover' paperwork had been updated to include prompts in relation to staff regularly checking pull cords, kettles, bins and locked storage areas.

Audits had been fully reinstated and we reviewed audits such as medicines, accidents and incidents, safeguarding issues, complaints, infection control, the dining experience and premises. We saw that any issues highlighted were addressed immediately or delegated to the relevant person for action. In the accident and incident analysis we saw a trend had been spotted with four people and therefore the care management team were able to take action to address the cause.

The provider had recorded five quality assurance visits to Croft Dene to oversee the audits and carry out a quality check of their own. In one provider audit we read comments about the dining experience which said, "Very good experience, so much better than the last visits." We noted that the issues highlighted during a provider visits has been immediately addressed with the staff.

Between all of the management team, a daily/weekly 'walk around' check was carried out. We saw that 41 checks of the service had been made between December 2017 and March 2018. This ensured factors such as fire exits, pressure mattresses, cleaning, laundry and premises safety were regularly monitored. The checklist contained a general overview and management comments as well as any actions taken to address issues raised.

During the inspection we discussed our immediate findings with the registered manager and care management team and brought some minor issues to their attention which they promptly addressed. They assured us that immediate action would be taken to address those issues.