

Mr. Sandeep Phull

# Croft House Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Croft House Rest Home is a residential care home providing personal care to up to 22 people. The service provides support to older adults. At the time of our inspection there were 21 people using the service, some of whom were living with a dementia.

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

Staff managed people's medicines well. We have made a recommendation about documenting assessments of staff competence to administer medicines. Staff managed risks well and had plans to follow in case of emergencies. People were protected from the risk of abuse and improper treatment. Staff were recruited safely and there were enough staff on duty to meet people's needs. Staff kept the home safe, clean and tidy.

The registered manager had fostered a culture that was open and inclusive, and put people at the centre of the care they received. Staff understood their roles and responsibilities and worked well with external agencies to meet people's needs. The registered manager monitored the quality of the service using a range of systems. The service engaged with people, their relatives and staff.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 14 November 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines and staffing. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Croft House Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Croft House Rest Home

## 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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector.

#### Service and service type

Croft House Rest Home is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During our visit to the home, we spoke with 3 people who used the service and 2 people's relatives. We also spoke with 5 staff, including the registered manager, deputy manager and care staff.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 4 people's care documentation and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, policies, procedures and quality assurance systems. We also reviewed staff training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely and properly. We observed staff followed safe processes during the inspection. Staff received training and confirmed their competency to administer medicines had been assessed. However, staff competency checks were not always documented.

We recommend the provider reviews their systems for assessing competency around medicines administration and updates their practice accordingly.

- Where people were prescribed medicines for use 'when required' or where people were prescribed a variable dose, written instructions were provided to guide staff on their safe use.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People we spoke with told us they felt safe. Comments we received included, "Yes [I feel safe]. It's alright. Everyone is alright. They [staff] are brilliant." And, "Yeah, I love it here. I'm never going anywhere else. It's just what I want, what I like. Want to stay here for good." A relative told us, "Safe? I definitely feel she is safe."
- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

### Assessing risk, safety monitoring and management

- Staff managed risks to people's safety. They assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans. In some cases, staff knew more about people than was included in care plans. The registered manager explained this was an area they were working on to further improve the safety of the service.
- The provider ensured the environment and equipment were safe. The registered manager ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency. The service had received some feedback from the fire service about fire doors, which they were acting on at the time of the inspection.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Staff continued to be recruited safely, and there were enough staff deployed at all times to meet people's needs safely. Staff told us and the registered manager confirmed they had recently identified staff were under greater pressure in the evenings, so they had increased staffing at this time of day. A staff member told us, "When I'm on shift there's always enough. I know [registered manager] is in the process of bringing in someone extra on an evening, but [registered manager] is on at all times, covering until the new staff is brought in." One person told us, "There's always plenty of staff. Always about if you need them." A visiting relative said, "They seem to be overstaffed during the day. Staffing levels seem great."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated safe visiting, in line with government guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were used to learn and make improvements. Staff recorded accidents and incidents and the registered manager looked at each event to see whether improvements could be made. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had created a culture that was open and inclusive. One person told us, "I came here after a spell in hospital. I didn't think I'd like it, but I love it." A visiting relative told us, "No qualms whatsoever. It's home and they make it feel like home to them [people who lived at the home]. Couldn't have wished for better to be quite honest. The atmosphere is the best thing; everybody cares." Another relative said, "She used to be a lot more mobile, and she could speak. She took a turn for the worse, lost her speech, lost mobility, but the staff didn't ever give up on her. You really need to engage with her to try to understand what she wants. If they hadn't done what they have, I don't think mum would be here today."
- Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. One person told us, "They are so lovely. That's why I am staying here. I know I've found my place now. I'd be out if it wasn't good. Even when they are busy, they are really nice with everyone." A relative told us, "[Family member] is being looked after very well. I go in quite often, so I do know."
- The staff team worked well together to achieve good outcomes for people. Staff we spoke with told us about how they worked as team to ensure people received care that met their needs. Staff felt well supported by the registered manager. One said, "For me, it's about making sure people are happy and cared for and all their needs are met; residents and staff. And that people feel cared for and families as well, they need to feel comfortable." Another told us, "The most important thing is the care. Looking after the residents, making sure they are cared for. Make sure we get on with the families. As long as the care is spot on that's what matters."

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 provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

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

- The registered manager and the staff team were experienced, knowledgeable and familiar with the needs of people they supported. We received positive feedback about the registered manager and staff team. One

person told us, "I see [registered manager] every day and [deputy manager], they are both lovely." Another person said, "I think they're lovely. They're so helpful with you. They're really good with me. Very nice people." A staff member said, "It's an absolutely fantastic place to work. If you think of something, [registered manager] will take it on board and ask the whole team what they think."

- The registered manager used a variety of method to assess, monitor and improve the quality of the service provided. They used audits, along with feedback from people and staff to identify areas for improvement and make positive changes to the service people received. The provider also used an external auditor to assess the quality of the service.
- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people who used the service, relatives and staff via day to day contact, face to face meetings and surveys.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.