

Croft House Care Home Limited

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was carried out on 16 March 2017 and was unannounced. There were 29 people living in the home at the time of our visit.

Croft House provides personal care and accommodation to a maximum of 29 people, mainly older people and people living with dementia. It is an adapted property which provides accommodation in single rooms some of which have en-suite facilities. The communal rooms are on the ground floor. There is level access to the lower floor and a passenger lift to the first floor. There is an enclosed garden which people can easily access from the ground floor.

The last inspection was in June 2016. At that time we found the service was in breach of five regulations, regulation 11 (Consent), regulation 12 (medicines), regulation 13 (safeguarding), regulation 18 (staff training) and regulation 17 (good governance). We told the provider they must make improvements. The providers, who had always prided themselves on delivering the best possible care to people, acknowledged the shortfalls and acted promptly to address them.

During this inspection we found the provider had taken action to address the concerns identified at our previous inspection. We were assured they were actively engaged in implementing systems to ensure the continuous improvement of the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service was exceptionally caring. Everybody we spoke with told us the staff were very caring, kind and compassionate and always treated people with respect. During the inspection we observed staff had developed positive relationships with people. We saw all the staff including those employed as housekeepers and laundry assistants took the time to talk with people as they carried out their work. All the relatives we spoke with were full of praise for the home and the standards of care provided. Everybody we spoke with told us they could recommend the home.

Staff we spoke with demonstrated a commitment to making people's lives as good as possible. We found examples of staff going out of their way to make sure people's individual needs and wishes were met. We found staff knew people well and were attentive to their needs; they focussed on people's strengths and supported them to maintain their independence. The providers were actively involved in the day to day running of the home. Throughout the day we observed they provided excellent role models for staff.

We found staff were proactive in making sure risks were addressed and managed so that people were supported to maintain their independence.

People who lived at the home and their relatives told us they felt Croft House was a safe place. Staff knew how to recognise and report any concerns about people's safety. Any concerns about people's safety and welfare were identified, dealt with and reported to the relevant agencies. The required checks were done before new staff started work and this helped to protect people from the risk of abuse.

There were enough staff available to meet people's needs. Throughout the inspection we observed staff were attentive to people's needs and took care to make sure there was always a member of staff in the communal areas. Improvements had been made to the way staff were trained and supported to deliver safe and effective care. People told us they were confident staff knew how to look after them properly.

We found improvements had been made to the way people's medicines were managed. People received their prescribed medicines safely.

We found risks to people's health, safety and welfare were identified and action was taken to minimise and manage risks.

The home was clean and well maintained.

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.

People enjoyed a variety of food and drinks, including alcoholic drinks, and their individual likes/dislikes and dietary needs were catered for. People's weights were checked and action was taken to make sure people who were at risk of poor nutrition received the right support.

People were supported to meet their health care needs and they had access to the full range of NHS services.

Care was delivered in a person centred way and the service was in the process of implementing new care records to support this.

People told us they did not have any complaints or concerns and they knew who to talk to if they had any concerns. The management team had a very 'hands on' approach and dealt with any concerns as they arose.

Everybody we spoke with was unanimous in their praise of the provider and registered manager. People were confident the service was well managed and everything possible was done to enhance the quality of life experienced by people living in the home.

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 felt safe. Staff knew how to recognise and report any concerns about people's safety and welfare. Robust recruitment procedures helped to protect people.

There were enough staff to meet people's needs in a timely way.

People received their medicines as prescribed.

Risks to people's safety and welfare were managed and the home was clean and well maintained.

Is the service effective?

Good ●

The service was effective.

People were asked for consent and their wishes were respected.

People were offered a choice of food and drink which they told us they enjoyed.

People were supported to meet their health care needs and had access to the full range of NHS services.

A system had been put in place to make sure staff received the training they needed to carry out their duties.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were consistently provided with outstanding care from staff who were extremely kind and compassionate and this was confirmed through our discussions with people and relatives as well as our observations.

Staff had developed positive relationships with people and consistently treated people with respect and ensured their privacy and dignity was maintained at all times. Staff went the

extra mile to ensure people's individual wishes were met

The respect, kindness and compassion which was provided to people living in the home was extended to their relatives who all told us they felt supported by the provider, registered manager and staff.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was delivered in a person centred way. Care records were being updated to ensure they reflected people's individual needs and preferences.

People were supported to take part in a variety of activities which took account of their interests both inside and outside the home.

People told us they had no complaints but knew what to do if they had any concerns.

Is the service well-led?

Good ●

The service was well led.

The provider and registered manager were actively involved in the day to day running of the home and were highly thought of by people who lived in the home, relatives and staff.

The management team were committed to continuously improving the experiences of people who used the service. This was demonstrated in practice by the significant improvements they had made since our last inspection and by the processes they had put in place to sustain and build on these improvements.

Croft House Care Home Limited

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.

The inspection was carried out on 16 March 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an 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. In this case the care of older people.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

We spent time observing the care and support delivered in communal areas. We spoke with eight people who were living in the home, seven visitors, two deputy managers, three care workers, the maintenance man, the registered manager, the provider and a visiting health care professional.

We looked at four people's care records, two staff files, medicine records and training records as well as records relating to the management of the service. We looked round the building and saw people's bedrooms, bathrooms and communal areas.

On this occasion we did not ask the provider to complete a PIR (Provider Information Return), they had completed one for us last year. The PIR is an opportunity for providers to tell us about their service and any planned improvements.

Is the service safe?

Our findings

People who lived at Croft House all told us they felt safe living there. One person said, "Oh yes I am very safe here. I have a bell (call bell) in my room and staff come straightaway." Another person said, "Oh yes I feel safe" and a third person said, "I have settled here and I feel safe put it that way, there is always plenty of staff about."

Visitors also told us they felt their relatives were kept safe at the home. Comments included "Yes I do feel she is safe." "Absolutely she is safe here." "Yes, I do feel my grandma is safe here." "My mum is definitely safe here. It is the attention to detail such as when we use the wheelchair they (staff) make sure mum is fastened in properly."

At the last inspection we were concerned the local safeguarding procedures were not being followed. Since then we have seen an improvement and the provider has been making appropriate referrals to the local safeguarding team and notifying the Commission about any safeguarding concerns.

Staff we spoke with said they had received safeguarding training. They understood the different types of abuse and were aware of the safeguarding procedures. They told us they felt confident any concerns they reported would be dealt with appropriately. Staff were aware of whistleblowing and knew external agencies they could contact if they felt concerns had not been addressed.

This provided assurance people were protected from the risk of abuse and there were suitable systems to ensure the early detection of any concerns about people's safety.

People who lived at the home told us they thought there were enough staff to deal with their needs. One person said, "There is always enough staff." Relatives also told us they thought there were plenty of staff to look after people. One relative said, "There is always a lot of staff here when I visit."

Staff we spoke with felt there were enough staff to meet people's needs. One staff member said, "Yes, there's usually enough of us and the good thing is we don't have to rush. Occasionally if someone phones in sick at the last minute we're busier but we still manage." Another staff member said, "There's plenty of us which means we can talk with people and can give them the time they need without rushing."

During the inspection we saw staff worked well together as a team ensuring there was always a staff presence in communal areas. We saw when staff were leaving an area they made sure they communicated this to other staff so there was continuity of care.

We spoke with an advanced nurse practitioner who visited the home on a weekly basis. They told us there were always staff available when they visited. They said staff knew people well and noted the home had a low turnover of staff.

The provider had robust recruitment procedures in place which helped to ensure they only employed staff

who were suitable to work in a care setting. The staff files we looked at showed the required checks were completed before new staff started work. This included a Disclosure and Barring Service (DBS) check and two written references. DBS checks are carried out to make sure people do not have criminal convictions which would make them unsuitable to work with vulnerable people.

At our last inspection we found medicines were not managed safely. At this inspection we found improvements had been made.

People we spoke with told us they received their medicines which were administered by staff. One person said, "The staff do the medicines – I get them on time." Another person said, "The staff bring me my medicines. I always get them on time because of my condition."

We found medicines were stored safely and securely. Storage cupboards were secure, clean and well organised. Medicine fridge and room temperatures were taken daily and recorded. The treatment room was locked when not in use.

We found all staff involved in medicines management had received training since the last inspection. This included the night staff who only had access to pain relieving medication for named individuals who may require this overnight.

We looked at a sample of medicine administration records (MARs) and found they were generally well completed and included a photograph of the person to aid identification, which had not been in place previously. We checked the stock balances of three medicines and found one discrepancy where there was one more tablet than recorded on the MAR. However, further discussion with the senior staff member showed this was a recording error and their explanation assured us the person had received their medicines as prescribed.

We saw records were in place to document the reasons why medicines had not been administered. We saw these records had been completed to explain most omissions although there were one or two where there was no explanation. The deputy manager told us they would address this with staff.

We saw records for recording the administration of topical medicines such as creams and ointments had improved. Body maps were in place showing where to apply the creams and ointments and although there were some gaps, overall the records showed these medicines were being administered as prescribed.

Where people were prescribed medicines to be taken 'as required' we found there were detailed instructions for some of these medicines to guide staff as to when the medicine should be given, how often and the maximum dose over 24 hours. Yet for other 'as required' medicines this information was not in place. We raised this with the deputy manager who told us they would address this straightaway.

We saw the senior care staff member administering the morning medicines. We saw the staff member was patient and kind with each person giving them support where needed and staying with them until the medicines had been taken. We saw people were asked if they required any pain relief.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines were kept securely and records were completed correctly. We checked the stock balance of two people's CDs and they were correct.

We found risks to people were well managed and were kept under review. For example, we saw one person

had experienced a number of falls over recent months. We saw actions had been taken to keep the person safe which included a visit from an occupational therapist who was organising walking aids and equipment to help the person get out of bed more easily; a review of medicines and health by the advanced nurse practitioner and the use of a motion sensor device as well as closer staff observation. We found the new care documentation, which was being implemented, clearly showed how individual risks in areas such as moving and handling, nutrition, falls and the prevention of pressure damage to the skin, were being assessed and mitigated.

We observed people were able to move around freely and safely in the communal areas of the home unassisted. Other people who had limited mobility were supported by care staff. We observed care staff assisting people to get in out of wheelchairs and explaining to them what they were doing.

We found the provider had suitable arrangements in place to make sure the premises and equipment were safe and properly maintained.

Since the last inspection the provider had put PEEPs (Personal Emergency Evacuation Plans) in place for everyone living in the home. This meant there were clear instructions for staff to follow in the event of an emergency evacuation.

We observed domestic staff cleaning communal areas and we saw the home was clean and free from unpleasant odours. One person said, "Yes my room is always kept clean. I think I have a lovely room." Another person said, "The home is always very clean."

Relatives also told us the home was kept clean. One relative said, "The home is always clean, it is really homely here." Another relative said, "I visit five days a week and the home is always kept clean."

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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.

We saw staff automatically sought people's consent and permission in all aspects of care provided. We heard and saw staff explaining to people what they were proposing to do and checked this was okay with them before proceeding.

We checked the care records of one person who received their medicines covertly, which meant the medicines were hidden or disguised in food or drink. We saw evidence which showed their mental capacity had been assessed and the best interest decision process had been followed and recorded for the covert medicines. There was a list showing the medicines which were to be given covertly and how this was to be done. We discussed with the senior care staff member and the provider how this process needed to be followed and recorded for other restrictions such as the use of bed rails. The provider told us they would make sure this was put in place as the new care documentation continued to be rolled out.

We saw breakfast was a relaxed and sociable occasion which continued through the morning as people got up. We saw people were asked what they would like to eat and drink with a cooked option available as well as a variety of cereals, porridge and toast. We saw the kitchen staff were present and had a lovely manner with people checking they were enjoying their breakfast and had had enough, offering them more and providing assistance where needed. We heard one person say, "Oh, I do look forward to my boiled egg" and when it arrived we saw they clearly enjoyed it.

We observed lunch time in the dining room. All the tables had been set with table mats and condiments. The lunch was pork casserole/new potatoes/ carrots/cabbage. Desert was a choice of homemade rice pudding or rhubarb crumble and custard. People were offered a drink of cranberry or apple juice with their meals. Two people needed some support with their meal. We saw staff sitting with them supporting and encouraging them with their meal.

Everyone we spoke with told us the food at the home was good. Comments included, "Oh yes the food is good." "The food is very good. My favourite is lunchtime." "The food is very good here. I enjoyed my lunch today." "The food is excellent here." "The food is varied and is quite good."

Relatives also told us they thought the food was good. One said, "(Name) tells us that the people and the

food are nice." Another said, "My grandma loves the food here. The lunch every time I come it is something different."

We saw throughout the day that drinks were offered. A drinks trolley was taken around the home by care staff during the morning and afternoon. In addition to drinks people were offered homemade cakes and biscuits.

We looked at the food and fluid charts for some people and found these had improved since the last inspection. The format was clearer with separate sections to show what people had eaten and drunk in the morning, afternoon, evening and night and the overall daily intake was totalled. We saw some charts were well completed and demonstrated people were receiving sufficient to eat and drink, although we found gaps in the recordings on other charts. However, the care records we reviewed showed people's weights were generally stable therefore we concluded the issues were around recording rather than people not receiving adequate nutrition.

Our review of people's care records showed they had accessed a range of NHS services which included GPs, the nurse practitioner, district nurses and opticians. The advanced nurse practitioner told us communication with the home was good and had recently improved as they now met with the deputy manager each time they visited which provided continuity and consistency.

People told us that they felt that their needs were being met by staff who knew what they were doing. At our last inspection we were concerned staff were not receiving the training they needed to deliver safe and effective care. During this inspection we found improvements had been made.

The provider had carried out an analysis of training and developed a training plan which showed all the training staff needed to carry out their duties. They had invested in an electronic system which would help them to plan training, for example by flagging up when updates were due. They told us they had decided to "start from scratch" and all existing staff were redoing their induction training. Newly recruited staff who did not have a qualification in care were completing the Care Certificate. The Care Certificate is a set of standards for social care and health workers to give them the knowledge and skills they need to provide safe, compassionate care. The provider was using an external training provider to deliver the knowledge element of the Care Certificate.

The provider confirmed some training had already taken place, for example, on the safe management of medicines and more training was booked. This was confirmed by staff we spoke with. Staff also told us they were booked to attend a first aid training course in June 2017 and the records confirmed this had been booked. In addition, we saw train the trainer courses for named staff in the safe management of medicines and moving and handling had been arranged.

While there was still work to be done in this area we were assured the provider had addressed the concerns identified at the previous inspection.

Staff told us they had received supervision and this was confirmed by the records. These records had not been available at our last inspection. Staff had annual appraisals which were carried out by the registered manager.

Is the service caring?

Our findings

Without exception everyone we spoke with told us they felt Croft House was a good home. They said the staff were kind, caring, compassionate and treated people with respect.

One person said, "It is a lovely home with lovely staff." Another person said, "They (staff) are excellent here. The staff here look after you very well." A third person said, "I have settled and I like it here. The staff here are very kind and caring and they are all very good. I do think that the staff here respect people. They (staff) always knock on my bedroom door. I used to live in a nice bungalow, but I would rather be here than at home on my own now." A fourth person said, "The staff are very amiable."

A fifth person said, "I am settled and the staff are good here." They went on to describe how staff had gone 'that extra mile.' They said "They (a member of staff) took me to see the Bradford Bulls play against the Keighley Cougars. I had a pint of beer and then afterwards they took me to the dressing rooms to meet the team and the captain. I had photos taken with them all. It was really good as I have been a supporter of the Bradford Bulls for 80 years. You know (the staff member) was on her day off." The person showed us the photos that had been taken and spoke about the day with such animation and passion. They finished by saying, "I will always have those memories now, it was so special." Although the member of staff had done this on their day off with no expectation of being paid the provider confirmed they had subsequently been paid for their time. This demonstrated the provider promoted a culture which encouraged staff to 'go that extra mile' to support people's wellbeing.

All of the relatives we spoke with had nothing but praise for the home and the standards of care provided. They valued the relationships they and people who lived in the home had with the staff team. They told us they could visit at any time and always felt welcome. People who lived in the home also told us their friends and relatives could visit at any time and there were no restrictions.

One relative said, "It is very good here. They (staff) make me welcome when I visit. They (staff) are all very obliging. The care my relative is getting is good care. She is kept warm, clean, fed and kept safe. The staff are all kind and caring they are all friendly and not formal."

Another relative said, "(Name) is well looked after. They (staff) always make me feel welcome when I visit. I know everyone here. I would recommend this home in fact I have done – my friend's mum has stayed. The bottom line is as long as he is happy, I am happy."

Other relatives we spoke with gave examples of why they felt Croft House was such a good home. One said, "(Name) is very happy here. She tells us the people are nice. The staff are absolutely brilliant – they make the home. It is the little personal things that make this home good. For example, (name) tells us that the night staff will sit with her and chat about the old days. It is the personal touches like that which matter. She gets extremely good care. Everyone is so approachable. Birthdays are made special here. If it's your birthday the staff make the person feel so special. It is brilliant. All the staff down to the laundry lady are all brilliant."

Our observations confirmed staff were exceptionally kind, caring and compassionate and had developed positive relationships with people. We saw all the staff including those employed as housekeepers and laundry assistants took the time to talk with people as they carried out their work. A relative said, "The staff here are lovely. They are always asking if I want a drink when I visit. It always has a relaxed atmosphere."

There was really good interaction between people living at Croft House and the staff. We observed people were comfortable and relaxed and saw them laughing and joking with staff. Staff we spoke with demonstrated a commitment to making people's lives as good as they could be. One staff member said, "People who live here have a really good life. It's all for them and that's how it should be." Another staff member said, "When I come to work I want to make the residents feel good so if I'm feeling grumpy I put that away when I walk in. I want to make them laugh, if they're happy and content when I leave I've done my job and I go home feeling proud."

We found there was a person centred culture, staff knew people well and were attentive to their needs. For example, during lunch we heard one person jokingly say to a member of staff that they would love a gin and tonic. Within a few minutes the staff returned with a glass of gin and tonic for them which appeared to make the person very happy. We heard the person say to staff, "Do I have to drink it all now?" to which staff replied, "No you can take it through to the lounge if you want to."

In another example, we saw a person being assisted into the dining room where they shivered and stated they were a bit cold although the dining room did not feel cold. Within a few minutes the member of staff that had been assisting returned and covered the person's back and shoulders with a fleece blanket. The staff did this without being asked. We also overheard the member of staff ask the person if 'that was better' to which they smiled and replied, 'Oh much better.'

Another person's relative told us, "Mum is happy here. We are happy she is here. It is the little things that matter. They have fresh flowers in the home. The staff are all very approachable and I am always updated with how she is doing. I am always kept in the picture. They (staff) are spontaneous – for example they asked me if I wanted to stay for lunch. I am very happy with the care she gets."

We spoke with a visiting health care professional who said, "This home is the best I go to by far. I love coming here; it's always clean and very homely. Staff know people really well and are very caring." They said staff provided excellent end of life care. They spoke of the compassion and caring manner of the provider who fought on behalf of one person who was dying in hospital. They described how after various meetings the provider managed to arrange for the person to be discharged from hospital so they could die peacefully and in comfort with people who loved and knew them and in the place that had been their home for many years.

We spoke with the relative of a person who had been cared for at the end of their life at Croft House. They told us the care their relative had received had been 'superb' throughout their stay. They told us the staff really cared about people as individuals. As an example of this they told us when the person was nearing the end of their life staff had come in at night to sit with them and their relatives to offer support and comfort. This showed staff were committed to ensuring people received dignified and comfortable end of life care and demonstrated the compassion and empathy of staff in providing care and support to the relatives of the person who was dying.

We saw staff focussed on people's strengths and supported them to maintain their independence. For example, a person who lived at the home told us, "I am able to dress myself although I do need help with a shower and the staff help me with this." In another example while observing the meal service at lunch time we saw where people required specialist equipment such as plate guards to enable them to eat

independently these were provided. We found the communal areas of the home were well lit with central lights and matching lamps. Providing a well light environment helps to promote people's independence.

The providers, one of whom was the registered manager, were actively involved on a daily basis in all aspects of the day to day running of the home. They promoted and supported staff to achieve the highest standards of care and throughout the day we observed they interacted with people who lived in the home and relatives. It was clear they knew people well and had developed strong and positive relationships with people and their families. They treated people with the utmost respect and kindness and in so doing provided excellent role models for staff.

The provider encouraged people to review the service on line. All the feedback dating back to October 2015 was positive, an overwhelming majority of respondents rated the home as 'excellent' and everyone stated they would be 'extremely likely' to recommend Croft House. The views expressed on the website echoed those expressed by people we spoke with during the inspection and provided assurance of the provider's ability to sustain consistently high standards.

The provider had given a lot of thought to creating an environment which took account of people's individual tastes, created a homely setting and supported social interaction. We saw the communal areas were furnished and decorated to a high quality standard and great care had been taken to ensure there was a variety of seating to accommodate people's different sizes and shapes which included matching chairs and sofas. Seating in communal areas was arranged in a way that allowed conversations to develop between people. We were invited into one person's bedroom and saw that their room was clean and had been personalised to reflect their interests. People told us the home was always clean and fresh. This demonstrated respect for people's dignity.

We spoke with the manager about the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke about the protected characteristics of disability, race, religion and sexual orientation. The manager demonstrated and ensured that individuality was respected and encouraged by staff.

When people's wish to maintain their independence involved some degree of risk we found staff were proactive in making sure the risks were addressed and managed which gave people autonomy. For example, in the case of one person who liked to go to town on public transport every day we found the risks had been assessed and the outcome had been that for this person the benefits to their well-being outweighed the risks.

We observed in one lounge there was a board with a calendar showing the correct date and there was a large clock displaying the correct time. This was a simple but effective way of helping people, particularly people living with dementia, to remain orientated in time.

Is the service responsive?

Our findings

People we spoke with told us they could do what they wanted. For example, they said they could get up and go to bed as and when they wanted to. One person said, "I go to bed when I want to and I come down for breakfast when I am ready."

People's relatives told us they were involved and kept fully informed about any changes in their relatives care needs. One relative said, "They always contact us if there is a problem for example (name) had a chest infection and they (staff) called the doctor." Another relative said, "They (staff) would ring if dad was ill." A third relative said, "I am always updated with how mum is doing. When I visit mum is always kept clean and dressed nicely."

The provider told us about the new care documentation they had introduced which had been completed for three people and would be in place for everyone within the next month. We looked at the new care documentation for two people and spoke with the senior staff member who was leading this change. We found the care plans were detailed and person centred. They provided clear information about what the person could do for themselves, support they required from staff and any preferences. For example, one person's nutritional care plan stated they liked to drink from a two handled cup and would only take their supplement drink if it was warm and had a spoonful of sugar in it. Their night care plan showed how they liked their room to be when they were in bed which included their preferred night wear, number of pillows and the lighting arrangements.

We saw activities taking place during the morning and in the afternoon. During the morning we saw the activities person was playing a game with a balloon with six people in the middle lounge. There was music from the 60s playing in the background. In the afternoon we saw people in one lounge enjoyed music being played by a saxophonist while they enjoyed afternoon tea and cakes. In another communal area, people had gathered to sing hymns, pray and receive communion from a visiting minister. We saw staff sitting and chatting with other people who were not attending either event.

When we spoke with people about activities they told us that there was always 'something going on in the home.' One person said, "There is always something going on – usually in a morning. They had an entertainer for us yesterday. We get taken out on the mini bus. We went out for a meal at Christmas to the White Bear pub." Another person said, "Yes, there are always activities going on. We have singers and a man that comes and plays a mandolin. We have a mini bus and we go out shopping or we just go out for a ride usually it's on Wednesdays and Fridays. If I want to go to the shop a member of staff goes out with me." A third person said, "I look forward to my visitors. I like to go out and I am taken out when the weather is good."

Relatives also told us there were always plenty of things going on in the home. One said, "They have always plenty to do and people are kept occupied with different activities. My grandma went out on the day trip out the other day."

People we spoke with knew who to speak to if they had a complaint or any concerns. One person said, "I don't have any complaints." Another person said, "I would speak to whoever was in charge." A third person said, "I would speak to the boss (manager). Everything is fine here – you don't have to worry about anything."

Relatives we spoke with told us that they did not have any concerns or complaints but knew who to speak with if they had any concerns. One relative said, "I would speak with (name of manager) he is very approachable." Another said, "If I had a complaint I would speak with (name of manager) or any of the staff." A third relative said, "I have no complaints at all."

We saw the complaints procedure was displayed in the home. The registered manager told us a copy of the complaints procedure was sent out to relatives annually. Staff were aware of the complaints procedure and described how they would address any issues people raised with them. The registered manager told us there had been no complaints since our last inspection. They told us any minor concerns were dealt with straightaway and were recorded and discussed with staff at handover to ensure there was no recurrence.

Is the service well-led?

Our findings

People living at the home told us they thought the home was well run. One person said, "I would definitely recommend the home to people." Another person said, "Overall, I would definitely recommend Croft House to people."

Relatives also said they thought the home was well run. One relative said, "Overall, I would recommend the home to people. I do receive surveys from the home." Another relative said, "Yes the home is well run. I receive a survey from them every year." We received similar comments from other relatives, for example, "We would definitely recommend the home as our relative gets extremely good care. Yes, we have received surveys." "I would recommend the home to people as it is a really relaxed atmosphere." "I would recommend Croft House to people. They (staff) are really good here. They (staff) e-mail me photos of events/activities that have taken place, where mum has joined in. Yes I have received surveys."

We saw examples of improvements that had been made in response to feedback from people. For example, the provider had purchased a mini bus to support people to go out more often.

Staff were unanimous in their praise of the leadership and management of the home and in particular of the providers who one staff member described as 'the bee's knees'. Staff told us they loved coming to work and said they felt part of a family. A new member of staff said, "This is such a lovely place to work, everyone has been so friendly. The residents have everything they want." We asked this staff member if they would be happy for their relative to receive care in the home and they said, "I would put my mum in here without a doubt, but I wouldn't have put her in the two homes I worked in previously." All the staff we spoke with said they would recommend the home as a place to work and would be happy for their relatives to be cared for in the home.

One staff member told us they had an elderly relative who lived away and whenever the relative came to visit the provider arranged for them to come to the home for a pamper day so they could have their hair done, enjoy a meal and take part in the activities. The staff member said their relative loved doing this and looked forward to their visits to the home.

The deputy manager showed us the medicine audits they had completed since the last inspection. We saw these had identified issues but it was not clear from the audit what action had been taken although the deputy manager was able to tell us what had been done to address the issues. We discussed with the deputy manager and provider how the medicine audits could be improved to incorporate all areas of medicine management. The provider told us they were planning to introduce an electronic medicine management system in the near future which they felt would reduce any recording errors.

We saw minutes from a residents meeting held in January 2017. Nineteen people had attended and a wide range of topics were discussed and people's views were sought about food, activities and other aspects of the service.

The registered manager told us staff meetings were held regularly and we saw the minutes from a senior staff meeting held on 3 March 2017.

We saw accidents and incidents were reviewed and action was taken on an individual basis. For example, the use of motion sensor mats and/or hip protectors when people were at risk of falling. The registered manager had oversight of all the accidents and incidents but did not document an analysis to help identify trends and patterns which could help to reduce the risk of recurrence. This was discussed and the registered manager said they would address it.

The provider and registered manager were a visible presence in the home on a daily basis and monitored the quality and safety of the service in this way. The provider told us they had engaged a consultant to help them develop a more formalised approach to assessing and monitoring the quality and safety of the services.

There was an on-going programme of refurbishment and the registered manager told us they continuously checked the suitability of the environment and made changes as needed. For example, in one person's bedroom they had identified the placement of the wardrobe was restricting the person's ability to move freely and safely. In response they had converted an alcove into a cupboard which meant the free standing wardrobe could be moved out and the person had more space to move around.

We were assured the provider had taken action to address the concerns identified at our previous inspection and was actively engaged in implementing systems to ensure the continuous improvement of the service.