

Partnerships in Care Limited

The Croft

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Croft is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Croft accommodates up to eight people. At the time of our inspection there were eight people living at the service. The Croft is a detached two storey house in the town of Diss in Norfolk. This unannounced comprehensive inspection took place on 23 July 2018.

The service had been developed and designed in line with the values that underpin the CQC guidance, Registering the Right Support, and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism who lived in the home could live as ordinary a life as any citizen.

At our last inspection we rated the service Good overall, however we rated the key question of effective 'Requires Improvement' because there had been a lack of consideration to the restrictions on people's freedom because of locked doors within the service. We found that improvements had been made at this inspection and people had increased freedom to move around their home.

At this inspection we found the evidence continued to support the overall rating of Good. There was no other evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by sufficient numbers of staff that had been recruited safely and had checks undertaken to ensure they were suitable for their role.

People were provided with a choice of meals which considered their likes and dislikes and were encouraged to eat a varied diet that took into account their nutritional needs. People were supported to access healthcare professionals when needed to maintain their health and wellbeing.

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

People received a service that was caring. Staff knew people's needs well and were responsive and supportive. Staff treated people with dignity and respect. Staff sought to gain people's views.

Good leadership continued to be in place that provided staff with the necessary support and training to make sure people received good quality care.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

This key question has improved to Good

Suitable arrangements had been made to ensure the consistent application of the Mental Capacity Act 2005.

Staff completed training to ensure they had the right skills and knowledge to support people effectively.

People were supported to eat and drink enough to maintain a balanced diet.

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

The Croft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 23 July 2018 and was unannounced. The inspection team consisted of two inspectors. Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to aid with our planning of this inspection.

We looked at the care records of two people in detail to check they were receiving their care as planned. We also looked at other records including two staff recruitment files, training records, meeting minutes, medicines records and quality assurance records.

Many of the people who used the service had complex communication support needs. We spoke with staff and looked at care plans to help us communicate with people who used the service. We observed how people were cared for and how staff interacted with people to help us understand their experience of the support they received.

We spoke with five members of staff, including the domestic support worker. We also spoke to the registered manager and the operations director from the provider company. We spoke with relatives of four people currently living in the service.

Is the service safe?

Our findings

At our last inspection on 16 May 2016, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

People's relatives told us that their family members continued to be well cared for and supported and that they felt they were safe living at The Croft. People continued to be supported by staff who had received training in safeguarding adults and who understood how to report concerns in line with the providers policies and procedures.

Clear and comprehensive risk assessments were in place which provided guidance about how to support people in a safe manner and helped to mitigate any risks they faced. Risk assessments we looked at balanced safety with supporting people to be independent wherever possible.

There continued to be sufficient numbers of staff to meet people's needs and support them with activities at home and in the community. One person's relative told us, "They always seems to be well-staffed. They have [some people whose behaviours may challenge others] but there is always someone there to [support] them and [people] all appear to be very well cared for and safe." During our visit we found staff and the registered manager were visible and at hand to support people as needed.

The service continued to have a robust staff recruitment system. All staff had reference checks undertaken and Disclosure and Barring Service (DBS) checks were carried out. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This process assured the provider that employees were of good character and had the skills and experience to support people living at the service.

We found there continued to be appropriate arrangements in place for the management of medicines. Medicines were stored securely and at the correct temperatures. Staff completed regular checks to ensure medicines were administered correctly using daily audit sheets for prescribed medicines. Staff completed Medication Administration Records (MARs) correctly, showing people received their medication as instructed by the prescriber. Medicines that were to be taken 'when required' were not always dated on opening and the amount of stock of the medicine was not routinely checked or recorded. This meant that the staff could not effectively account for the stocks of all these medicines. The registered manager took action straight away when we informed him of this, all staff were reminded of the need to record stock levels of all medicines and a meeting with senior staff was arranged to review this with them as well.

The service was visibly clean. A domestic support worker was employed to carry out housekeeping duties to ensure that the service was clean. They told us how they also worked with people who liked to take part in the cleaning and domestic tasks around their home. Staff had access to protective personal equipment such as disposal gloves and aprons to reduce the risk of spread of infection. Regular checks were carried out to ensure the building and any equipment associated with people's care were maintained and serviced.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw the records of this. We saw that incidents were responded to and any necessary actions taken. This meant the service learned from incidents and put procedures in place for prevention.

Is the service effective?

Our findings

At our last inspection on 16 May 2016, we rated this key question 'Requires Improvement'. This was because we were concerned that where people's freedom of movement around their home was restricted, the principles of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards had not been consistently applied. After that inspection the registered manager sent us an action plan detailing what changes they were going to make. At this inspection we found that the service had made the necessary improvements. Bathroom doors were now kept unlocked when not in use. An audit of restrictions on people within the service was carried out by the registered manager and actions were put in place to reduce these restrictions. A referral to the community occupational therapy team was made for one person to look at their access to the kitchen independently whilst also considering their safety. During our visit we saw people moving about the service freely and with staff support where needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. Staff we spoke with understood the MCA and we observed people continually offered choice throughout our visit.

Care and support was planned and delivered in line with current legislation and best practice guidance. Staff took advice from health and social care professionals and paid attention to any relevant legislation. Some people had lived at the service for many years. The service had suitable processes to holistically assess people's needs and choices for any future admissions. Care and support was planned and delivered in line with current legislation and best practice guidance. Staff understood people's assessments about their needs and were given guidance to assist them to meet them.

People continued to be supported by staff who were skilled and knowledgeable and had the right skills to provide effective care and support. Staff confirmed they continued to have supervisions and an annual appraisal of their performance. Staff we spoke with told us they felt supported at work and that they could approach the registered manager with ease. One member of staff said, "Yes, we have supervisions and we can speak up. The boss (registered manager) is easy to talk to." We reviewed the training and learning undertaken by staff. Training had been completed using both online learning and 'face to face' delivery of courses and included moving and handling and safeguarding adults amongst others.

There continued to be support for people to plan and shop for their own meals, with some people involved in some aspects of the meal preparation. Where needed, people's food and drink were monitored as well as regular measuring of their weight to ensure that they had a balanced, healthy diet. One person's relative said, "The [service] caters for [family member] completely. They'll put themselves out for them as much as they can. They understand what [people] want."

The staff team continued to work effectively across organisations to ensure that people's needs were met.

For example, one person had recently had contact with the dietitian to ensure their nutritional and hydration needs were being met. People had 'health action plans' in place which gave detailed information about any health conditions. One person's relative told us, "[Person] has had lots of health problems they take [person] to hospital. The care [person] gets is out of this world."

The building had been suitably adapted to meet the needs of people living there. However, in order to ensure the service was fully accessible to people who may use a wheelchair, the registered manager had been consulting with an occupational therapist and the provider company for building works to improve accessibility. Everybody had their own bedroom which had been personalised to their specific taste and choosing. There was suitable shared space such as a lounge and kitchen which people could use.

Is the service caring?

Our findings

At our last inspection on 16 May 2016, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

People who used the service and their relatives continued to speak positively about the service and the caring nature of the staff who worked there. One person's relative told us, "They [staff] absolutely prioritised [person's] care and [person's] needs over everything. That was so reassuring for us. They were so gentle and kind, they talked to [person] and explained things. They really picked up on [person's] non-verbal signs - they were really good." Another relative told us, "They [staff] are incredibly caring, very inclusive, quite innovative and inventive about thinking about different things they can do and above all they put all the people who live at the service needs above anyone else's." A third relative commented, "The care [family member] gets is out of this world."

Throughout our visit we continued to see that staff engaged and interacted with people regularly, showing patience and understanding. Many people had lived at the service for a number of years and as such it was clear staff knew people very well.

People and their relatives continued to be encouraged to express their views and to make choices. One person's relative told us, "Yes, when I go to [The Croft] for a review, it's very inclusive. If I have any suggestions, they are always well-received."

Staff were knowledgeable about people's individual needs. They gave people the time to express their feeling and views. Staff treated people with dignity and respect. Staff told us how they respected people's privacy when supporting them with their personal hygiene needs and we saw staff consistently knocked on people's bedroom doors before entering.

We saw people continued to be supported to maintain their individuality by staff who gave choices and sought people's views and involvement in their care. People chose when they went to bed and when they got up in the morning. Staff continued to promote people's independence and people were able to have visitors at any time they liked.

Is the service responsive?

Our findings

At our last inspection on 16 May 2016, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

People's care was individualised, reflecting their personal needs, routines important to them and their choices about how they would like to live their day to day lives. People's support plans continued to be very detailed and contained assessments of need, care plans and risk management. They contained all of the details and information that was required to enable the service to meet people's needs. There was a section in each care plan which detailed the ways that people preferred to communicate. One person's relative told us, "[Staff] are very engaging with [family member]. They are very centred on [family member's] care, needs and wants."

Where people displayed behaviour, which may have been considered challenging, they had positive behaviour support plans in place. These plans detailed what behaviour may be displayed and how staff should respond to this to reduce the likelihood of the person becoming upset. We saw that this documented events that might cause the person to become distressed and what support staff should offer. It detailed triggers and early warning signs as well as early intervention strategies.

People received support from staff who used person centred approaches in the delivery of care and support. A relative told us how their family member was supported in a person centred manner. They said, "Staff came [to an appointment] and they were absolutely outstanding. They completely put [person] at the focus of their care... they absolutely prioritised [person's] care and their needs over everything."

People continued to have the opportunity to take part in and engage in a number of social activities. People were encouraged and supported with their hobbies and interests. We saw people were able to spend time how they wanted. Some people chose to watch television in the communal lounge whilst other people went out and about.

There was a complaints policy in place at the service. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. Relatives and staff, we spoke with told us all the staff were approachable and if they had any concerns, they would raise them. Relatives were aware of how to complain, however they all told us they had no reason to. One relative told us, "I have only ever made complimentary comments about the [service]."

The registered manager was thoughtful towards the needs of people in relation to end of life care and recognised that moving forward this was something the service would have to begin to think about. Currently no one at the service required any end of life care. We were told that, should the need arise, people's wishes would be discussed with them, their family and any health and social care professionals to ensure full support would be provided.

Is the service well-led?

Our findings

At our last inspection on 16 May 2016, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating. The service continued to be led by an effective registered manager.

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

Relatives told us the service continued to be well led and spoke positively of the registered manager. One relative told us, "If there is an issue of any description, the [registered] manager phones us straight away, even if it doesn't impact on [family member]." Another relative told us, "We feel very fortunate that [family member] is living where they are [The Croft].".

All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. The service was well organised and well-led. One staff member told us, "[Registered] manager is approachable." Another staff member said, "I wouldn't hesitate about going to speak to him about anything." Staff told us that team meetings continued to take place and records confirmed this.

The manager promoted an open and transparent culture within the home. People's relatives told us they were asked for feedback and were given opportunities to express their views. One relative told us, "They are incredibly caring, very inclusive, quite innovative and inventive about thinking about different things they can do."

The registered manager carried out quality checks on the service. These included checks on support plans and medicines management for example. Where concerns were identified, action was taken to improve, for example through the audits the registered manager had noticed that the checks on window restrictors had not been happening so ensured this was introduced again. When we highlighted that stock levels of 'when required' medicines were not being routinely checked and recorded the registered manager took immediate action to rectify this.

The registered manager and staff worked in partnership with other professionals to ensure people received positive outcomes. We saw these relationships were reflected in people's support plans which contained guidance to work with people to ensure they were receiving the care they needed.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had continued to be recorded, investigated and reported correctly.