Young at Heart Care Homes Ltd

Little Croft Care Home

Inspection report

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Date of inspection visit:
04 May 2022

Date of publication:
09 June 2022

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

About the service
Little Croft Care Home is a residential care home providing accommodation and personal care for up to 41 people. At the time of the inspection there were 38 people living at the home. There were communal lounges and dining areas. People also have access to a garden area.

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

People were protected from the risk of avoidable harm. People were supported by enough staff to ensure their needs were safely met. Accident and incidents were reported, recorded and analysed with lessons learnt shared with staff to prevent recurrences. Medicines were managed safely, and people received their medicines as prescribed. The home was clean, and staff followed appropriate infection prevention and control practices to minimise the spread of infections. People felt safe living at the home. The home followed appropriate recruitment practices and ensured staff were properly checked before they began working at the home.

People were supported to eat and drink and to maintain a healthy diet. Where required people had access to specialist diets and assistance was offered at mealtimes. Menus were planned to include people's food preferences. People were supported to access appropriate healthcare services.

People's needs were assessed, and personalised care and support was provided by staff. Staff were caring, kind and treated people with respect. People's personal and health care needs were met and care records guided staff on how to do this. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation.

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 home supported this practice.

The provider and registered manager had good oversight of the home. Quality assurance systems were in place to assess and monitor the quality of care that people received. They helped to identify any areas that required improvement and helped to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The service was taken over by another provider and registered with us on 31 March 2021. This is their first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014

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.

Follow up
We will continue to monitor information we receive about the home until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Little Croft Care 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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Little 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.

Registered manager
The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information we had received about the home since they registered with us. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, deputy, three staff, and five people. We looked at range of records relating to the management of the home. We looked people's care records, training records and staff recruitment records. We considered all this information to help us to make a judgement about the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.
This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● Staff had been trained in safeguarding. They had a good understanding of the signs to look for when people might be being abused and how to report any concerns. Staff comments included, "If I was concerned, I would speak to one of the managers. I know I can also speak to one of the seniors" and "I have no concerns about people's safety. I have received training and would immediately report any concerns".
● People confirmed they felt safe. One person told us, "I have no concerns my love. I do feel safe here. If I was worried I would speak to the staff or to my family".
●The registered manager investigated safeguarding concerns and ensured plans were in place to keep people safe. Safeguarding alerts were raised externally when required to the local authority and the CQC were notified.

Assessing risk, safety monitoring and management
● Risk assessments were in place for each person. These were detailed enough to guide staff on what to do to minimise each identified risk and help keep people safe. For example, falls risk assessment were in place and identified risks to people and the appropriate measures to care for people safely.
● People were protected from risks from the environment. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out. Health and safety checks of the home were carried out regularly.
● Personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency arose.

Staffing and recruitment
● There were sufficient numbers of staff to support people. Staffing levels at the home were regularly reviewed to ensure people were safe and received the care and support they needed. Staffing was assessed based on people's care needs. A dependency tool was in place to help calculate staffing levels.
● Staff we spoke with told us there was sufficient staff to meet the needs of the people living at the home. There comments included, "Yes I do feel we have enough staff" and "I would say we do".
● Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of identity were checked. Disclosure and Barring Service checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Staff who administered medicines were trained and had their competency assessed. Medicine administration records detailed when the medicines were administered or refused.
● Daily temperatures of the medicine room and fridge were taken and recorded to ensure both remained at a safe temperature.
● There were effective systems to ensure prescribed topical creams were managed safely and applied as required.
● Medicines were audited monthly by the deputy to ensure the medicines system were safe and that people received their medicines as prescribed.

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 meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● 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.

Visiting in care homes
The registered manager facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

Learning lessons when things go wrong
● Record of all incidents, accidents and untoward events were maintained, with evidence that these had been analysed by the registered manager. Appropriate action had been taken to reduce the risk of recurrence. Where required, people's risk assessments were updated to reflect any changes to their care needs.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Pre admission assessments were carried out before people moved into the home. This was to make sure the home was suitable for them and their care needs could be met.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of developing skin pressure damage, actions taken included provision of pressure relieving mattresses and cushions.
- People's needs were reviewed on a regular basis and when their condition changed. The records showed actions were taken to make sure people's changing needs continued to be met.

Staff support: induction, training, skills and experience
- People who lived at the home felt that staff were well trained and competent to deliver care they needed.
- When new staff started in post they completed an induction. Staff told us, "I had an induction when I started. I also spent time shadowing new staff" and "The induction covered mandatory training and helped me to get to know people and the organisation".
- Refresher and update training was planned and delivered mostly by a training provider or the registered manager who had completed 'train the trainer' course for topics such as moving and handling.
- We spoke to the registered manager about specific training for staff in relation to one person's mental health condition. They told us they planned to speak to professionals involved to find out how best to access training. This training would help the staff to identify changes in the person's wellbeing.

Supporting people to eat and drink enough to maintain a balanced diet
- The registered manager told us they were trialling meals provided by a national catering provider which was cook and chill. They were currently liaising with people regarding menu choices whilst catering for people's likes, dislikes and dietary needs.
- People were complimentary about the food and drinks available. Comments included, "The food is really nice. We get plenty of choice", "I enjoyed my lunch. The carrots were a little hard today but overall, I am happy" and "We have a new system here with new menus".
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people had specific guidelines in place to support them in this area. The staff were aware of people's individual dietary needs.
- People's weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.

● Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks and drinks throughout the day.

Adapting service, design, decoration to meet people's needs
● The home was undergoing a programme of refurbishment at the time of the inspection. This included the redecoration of corridors, new homely bedroom doors, flooring and decoration of some people's rooms. A new seating area by the entrance of the home was in the process of being finished.
● The premises were suitable for people's needs and provided people with choices about where they wished to spend their time. There was a garden and patio area which people could access and use safely.
● Access to the building was suitable for people with reduced mobility and wheelchairs. The home had toilets and bathrooms with fitted equipment such as grab rails for people to use to support their independence.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to see health and social care professionals including speech and language therapists, dementia wellbeing team, district nurses and GP's, so people would enjoy the best health outcomes possible.
● Where people needed access to emergency health care staff promptly sought this and advocated for people so they would receive the care they needed. Where consent had been given, senior staff updated relatives regarding changes in people's wellbeing.

Ensuring consent to care and treatment in line with law and guidance
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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Capacity assessments were completed to assess if people were able to make specific decisions independently. For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
● Staff worked within the principles of the MCA and sought people's consent before providing them with care and assistance.
● Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the home supported decisions made on people's behalf and were in their best interest.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- Staff respected people's individuality and treated people with kindness and compassion.
- People spoke highly of the care they received. One person said, "Yes I am cared for really well. The staff really are so lovely. Nothing is too much trouble".
- Staff we spoke with knew people well. They spoke about the people they cared for with empathy and respect. It was evident staff had built positive relationships with people and knew what mattered to them.
- Staff knew people well enough to have meaningful conversations with them about their family and things they may want to do with their time.
- People with religious and cultural differences were respected by staff. The registered manager supported people to access community links for those people with religious or cultural needs.

Supporting people to express their views and be involved in making decisions about their care
- People had the opportunity to take part in 'resident's' meetings. These meetings gave people the opportunity to communicate with one another and to make suggestions. The registered manager understood the importance of involving people in making decisions for themselves wherever possible.
- People made many of their own decisions about their care, such as what time they wanted to get up, what they wanted to eat and how they wanted to spend their day.
- Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss the care and support they received.

Respecting and promoting people's privacy, dignity and independence
- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of how to support people's independence and the importance of this.
- Staff respected people's privacy and dignity. Staff told us they knocked on people's doors before going into their bedrooms. Personal care was carried out behind closed doors. Staff spoke with us about how they cared for people. We observed people being offered choices in what they wanted to wear and what they preferred to eat.
- People were smartly dressed and looked well cared for. People were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving, manicures, and access to visits with the home's hairdresser.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received personalised care which was specific and tailored to each person. This supported staff to deliver care and support in line with people's wishes.

● The home had a visible, person centred culture. People's care was holistic and considered people's physical, emotional and spiritual wellbeing.

● Changes to people's needs were responded to quickly and appropriately. People had a continuous evaluation which helped identify any deterioration or change in people's health. Daily records were also completed for each person. These were completed by the staff to ensure they had up to date information about people's current needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Communication requirements were discussed during the initial assessment when people first moved into Little Croft Care Home and this was reviewed and monitored. Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard. Care records identified how people preferred to communicate and where extra support was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People's care records reflected feelings and emotions. Life histories and what was important to them was recorded. More detailed information about people's life history and interests were recorded in the activities file which contained a separate section for each person.

● We spoke with the registered manager about transferring some of the information over to people's main care plan. Staff used information such as this to make sure they provided the personalised care people needed.

● Activities were an integral part of each person's daily life. The home employed an activities coordinator. Some people participated in the completion of daily household chores. During the inspection we heard some people singing whilst others hummed along as they participated in an activity of their choice.

● During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of

observing care to help us understand the experience of people who could not talk with us. We carried out two separate observations. We found that improvements were required in relation to staff interactions with people. One example included that staff walked into the lounge without any interaction or contact with people. Another example was that staff sat in the lounge updating computerised records on their hand held devices, but they did not interact with people. We gave feedback to the registered manager. They planned to feedback to the staff during handovers and staff meetings about our observations.

Improving care quality in response to complaints or concerns

● People told us they had no complaints about the home. Comments included, "I have no complaints about the home and my care" and "No complaints from me. I speak up if I am unhappy".

● The home had a detailed complaints policy in place, this clearly explained the complaints process to follow. This included how to make a complaint, who to complain to, expected time scales for responses and investigations.

● Things that may have worried people or made them unhappy were documented in the daily records. This information was also shared with staff in shift handovers.

End of life care and support

● At the time of the inspection, no one was receiving end of life care. We were told if a person was end of life care then 'anticipatory' medicines were in place, should these be required. Anticipatory medicines are medicines which have been prescribed in advance for the onset of symptoms, usually towards the end of a person's life.

● The registered manager reflected on the end of life care that the staff had recently given to a person. They told us the staff took pride in making sure they respected choices and maintained their dignity.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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 provider, management team and staff were committed to supporting a person-centred approach for people living in the home. The registered manager promoted an ethos of openness and transparency, which had been adopted by staff. It was clear from speaking with the staff that they shared the registered manager's visions.
- Through our conversations during the inspection with the registered manager and the staff, it was apparent that the COVID-19 pandemic had affected the staff, people and relative's wellbeing in many ways. The registered manager was immensely proud of the staff and what they had achieved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and senior staff provided strong leadership and everyone we spoke with told us the management team were approachable and friendly. The registered manager, general manager and deputy had their individual roles to ensure the home was managed effectively.
- The management team provided hands on care to people and helped to care for people.
- Staff were proud to be working at the home and spoke highly of the management team. Staff told us, "The manager is really supportive of me. They have helped support me at work and personally" and "I would say the managers listen to us and take onboard any suggestions I have. They are equally supportive".
- The registered manager monitored the quality of care delivered within the home on a regular basis. They had developed a rolling schedule of internal audits, which helped them to monitor the home.
- The provider visited the home weekly and met with the management team. They were aware of any improvements which were needed. We gave feedback to the provider about using a formal audit tool to record where any improvements were noted when they visited.

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

- The provider had a system in place to formally gather feedback about the quality of care people received. The registered manager told us surveys were due to be sent out to people, relatives and staff to help capture feedback regarding the care and support people received.
- Local care reviews also helped the provider to capture feedback regarding the home.
- Regular staff meetings were held. Staff we spoke with told us they felt they were listened to. Copies of the meeting minutes were shared with staff.

● 'Resident' meetings were held throughout the year. At the last meeting topics such as activities, and menus were discussed.
● Staff received recognition internally for their hard work.

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. Continuous learning and improving care. Working in partnership with others
● The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the home.
● The registered manager was open, honest and transparent when lessons could be learned and when improvements in service provision should be made.
● The registered manager ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.