

# Epilepsy Society

# Croft Cottage

## 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

### About the service

Croft Cottage is run by the Epilepsy Society. It is a residential care home providing accommodation and personal care to seven people. At the time of the inspection seven people were living there.

Croft Cottage accommodates seven people in one adapted building. Each person has an en-suite shower and share the communal facilities such as the kitchen, lounge/diner, laundry room and have access to a bathroom. They have an enclosed accessible rear garden.

Services for people with learning disabilities and or autism are supported

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People felt safe and were happy with their care. We observed they had positive relationships with staff which promoted their well-being. Relatives were happy with their family members care. They felt confident they received safe care. Relatives described the staff as exemplary, caring, kind with one relative commenting that "staff treated their family member as family".

People were provided with information on how to raise concerns. A relative raised a number of issues with us about their experience of their family member's care which they indicated they had raised with the provider. This was not recorded as a formal complaint. We have made a recommendation for the provider to work in line with best practice and policy in relation to the handling of concerns and complaint. We have referred the concerns raised by the relative to the provider to treat as a formal complaint.

Risks to people were identified and managed, which included infection control risks. Systems were in place to safeguard them. Staff were suitably recruited, and people were supported by a consistent staff team who had a good knowledge of their needs to promote people's safety. Whilst the agreed staffing levels were maintained the change in people's needs was having an impact on the availability of staff to support people. The service had responded to the changes in people's needs and a request for a review of individuals was underway with the funding authority.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service was clean, homely and maintained. People's health and nutritional needs were

identified and met. Staff were suitably inducted, trained and supported to enable them to support people effectively.

People's privacy, dignity, choices and independence was promoted. They were supported by a staff team who were kind, caring, encouraging and supportive.

Person centred care plans were in place which identified people's needs including their communication needs. End of life wishes were being explored. Staff were aware of people's needs and responsive to them. People had access to a programme of activities.

The service was audited and monitored to promote safe practices. Peer audits had commenced. Systems were in place to enable people, staff and relatives to give feedback on the service. Records were suitably maintained. People and staff were happy with the way the service was managed. They told us the management team were accessible, approachable, flexible and responsive. Systems were in place to promote good communication and staff felt they worked well together as a team. Some relatives did not feel the registered manager was approachable, flexible and good communication was not promoted. This was fed back to the registered manager and provider to reflect and act on.

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

#### Rating at last inspection

The last rating for this service was good (published 31 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

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

#### Follow up

We will continue to monitor information we receive about the service 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

# Croft Cottage

## 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 one inspector.

#### Service and service type

Croft Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people about their experience of the care provided. We spoke with the five staff including the registered manager, deputy manager, a team leader, shift leader and a support worker. The nominated individual was present for feedback. The nominated individual is responsible for supervising the

management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and their medicine records. We looked at five staff recruitment files, which included three volunteers, and seven staff supervision records. A variety of records relating to the management of the service which included health and safety and auditing records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative and received written feedback from two other relatives. We sought feedback from health professionals involved with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding policies and procedures which were accessible to people and staff.
- People told us they felt safe. People commented "Yes, I feel safe living here". Staff look after me and keep me safe". Two relatives felt confident their family member was safe. A relative commented "[Family members name] is in the best possible place. They have severe epilepsy along with other problems, Croft cottage is the only place that can give the expert care and attention they need". One relative told us they did not believe their family member was safe. This was because they felt their family member was not provided with the right level of staff supervision and monitoring in the morning. The service had three staff on duty for seven people and the person was not receiving one to one care. This was fed back to the provider to follow up on and if necessary refer as a potential safeguarding.
- Staff were trained in safeguarding vulnerable adults. They were aware of their responsibility to report poor practice and who to escalate their concerns to if required. A staff member commented "Whenever something happens it is dealt with straight away so it reassures you that poor practice and safeguarding incidents would be dealt with swiftly".
- A record was maintained of all safeguarding alerts made and the Local Authority was informed.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed. These included risks associated with epilepsy, nutrition, medicines, life skills, community access and behaviours that challenged. These were kept under review and updated.
- Staff were aware of people's risks and how to support people to minimise risk of injury to them. A relative told us they believed the equipment used for monitoring seizures was not fit for purpose. They suggested other technology that could be used. The monitors used were in working order, however, their suggestion was fed back to the provider to explore.
- Systems were in place to promote a safe environment. An up to date environmental risk assessment was in place which outlined the risks to staff and visitors.
- People had a Personal Emergency Evacuation Plan (PEEP) in place. Fire and legionella risks assessments were carried out. An external fire contractor had recently advised against practicing fire drills. They had instead instructed that staff use flash cards to promote fire evacuations. The nominated individual had recently become aware of this practice and advised fire drill practices were to be reinstated. This was because they believed fire drill practices were essential to promote safe fire evacuations if and when required.
- Equipment such as the gas, electric, fire equipment, lift and moving and handling equipment were serviced. Alongside this daily, weekly and monthly checks of the fire equipment were carried out. In house health and safety checks took place which included checks of the water temperature, window restrictors,

shower chairs, call bells and bed rails. The records showed some gaps in the frequency of the health and safety checks. The registered manager confirmed they were aware and was addressing it with the home's health and safety lead.

#### Staffing and recruitment

- People were supported by regular staff. The service had one staff vacancy that they were continuing to recruit into and used their own staff or regular agency to cover the vacancy.
- The service had the required staffing levels and the provider was proactive in requesting reviews of individuals whose needs had changed. People told us staff were available to support them when needed. Some relatives acknowledged they had found the staff changes difficult, but they felt reassured now that the staffing levels had stabilised and one relative commented "The current staff rota is superb". A relative recognised their family members needs had changed and they required two staff for aspects of their care. They felt the staffing levels should be increased to take account of this. Another relative told us the staffing levels were not sufficient at peak times to ensure their family member got the level of supervision required. This was fed back to the provider to address and discuss with the funding authority.
- Professionals involved with the service recognised that changes in people's needs had an impact on staff availability. Professionals commented "Staffing levels have been an issue especially when one of the people living there needs have changed, however the staff who are there are always willing to go the extra mile to support when possible". "Staffing levels appeared too low to manage behaviours that challenge effectively or to provide programmes that might reduce their incidence. The team seemed to lack the manpower to consistently provide a full programme geared for people who do not have the capacity to self-motivate and readily lose interest or get distressed".
- Staff told us the required staffing levels of three staff per day time shift were maintained. The provider confirmed the staffing levels were being reviewed in line with people's increasing needs and increased funding was being sought.
- Systems were in place to ensure staff, including volunteers were suitably recruited. Potential candidates completed an application form, attended for interview and completed a written assessment as part of the interview process. Checks were carried out such as medical clearance, obtaining references from previous employers and Disclosure and Barring Service checks (DBS), which is a criminal record check. In one staff file we viewed we saw they had commenced work prior to full clearance being obtained. A risk assessment was in place to support the decision. However, the nominated individual confirmed that since their appointment to the organisation they have made it clear that this practice stops.

#### Using medicines safely

- Systems were in place to promote safe medicine practices. Medicines were stored appropriately, and records were maintained of medicines ordered, received, administered and disposed of. Stock checks of medicines were completed to enable discrepancies to be dealt with in a timely manner. Medicine administration records showed no gaps in administration.
- People's care plans outlined the support required with medicines and how individuals took their medicines. Guidance was in place on the use of "As required" and protocol medicines such as emergency medicines to be given following a seizure. Homely medicines were agreed with the GP.
- Staff involved in medicine administration were trained and had their competencies assessed to enable them to administer medicine safely. They confirmed they felt suitably trained for the role.

#### Preventing and controlling infection

- The service had a cleaner and cleaning schedules were in place for them and staff to work to. The home was generally clean.
- Staff were trained in infection control and had access to disposable protective items, such as gloves and



aprons.

- An infection control risk assessment was in place and an infection control audit was completed quarterly which enabled the service to monitor infection control practices.

#### Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibility to record and report accidents/ incidents. Individual records of accident and incidents were maintained to enable the registered manager to have an overview of accident/ incidents and pick up on trends and reoccurrences.
- The service had monthly clinical review meetings. This enabled them to review changes in individuals, as well as to consider what went well and what could be improved. This practice promoted learning, supported staff and improved outcomes for people.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Two relatives told us they believed staff had the required skills and training. A relative commented "We have never had reason to question the competence of the staff." New staff told us they had been inducted. They told us this included induction training and working alongside other staff in getting to know people. A staff member commented "Staff were friendly and helped me a lot in getting to know people". An induction checklist was in place, completed and signed off which showed new staff, including agency staff were inducted into the service.
- Staff new to care are required to complete the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. New staff who required this training had received it and a certificate was on file to show it had been completed.
- Staff told us they had access to regular training and felt suitably trained to do their job. A staff member commented "Training is good and includes face to face training as well as some eLearning". A training matrix was in place which showed staff had access to training considered mandatory by the provider such as training in health and safety, fire safety, first aid, epilepsy awareness and Non-Abusive Psychological and Physical Intervention training (NAPPI). The administrator provided monthly updates on the training which showed what was due and booked.
- Staff told us they felt supported and had access to regular supervision. Staff commented "Yes I have supervision, they ask me how things are, and I know that if I have any concerns I can go to any of management team". "I have had lots of support, meetings and feel very supported".
- The supervision records showed not all staff were having regular supervision in line with the organisations policy. The registered manager had identified this and had put measures in place to improve the frequency of one to one supervisions of staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had one person who had come to live at the service since the previous inspection. An assessment was completed which identified key information on the person's needs, risks, communication and key people involved in their life. It took into account the person's skills, abilities, cultural and religious needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans outlined individuals' nutritional risks and the support required to mitigate any potential risks. People who required it were supported with their meal.

- The service had a four-week rolling menu in place. This was flexible and adapted depending on people's meal choice on the day.
- Staff took responsibility for cooking the meals but people who were able to and wanted to be involved were encouraged to be.
- People told us they were happy with the meals provided. A person commented "Yes I like the food but do prefer to go out to the pub for lunch". "The food is good, staff are good cooks". A relative commented "The food always looks and smells good".

Staff working with other agencies to provide consistent, effective, timely care

- Each person had a hospital passport in place. This was sent with the person on admission to hospital to ensure hospital staff had key information on a person.
- Relatives told us they were informed of changes in their family members health. A relative commented "Yes we are always informed of any change and any changes in [family members name] is always responded to". Another relative told us how staff had supported them and their family member during a hospital admission. They commented "Staff rotated and supported us every step of the way".

Adapting service, design, decoration to meet people's needs

- The service was homely and personalised. Areas of the home were in need of redecoration and this was being addressed. A new suite was on order and equipment was sourced for people who required it to meet their needs.

Supporting people to live healthier lives, access healthcare services and support

- People's care plan outlined the support required with their health needs. They had access to the GP, dentist, opticians and chiropodist.
- People had regular reviews of their epilepsy and had access to professionals based at the Epilepsy Society such as a physiotherapist, occupational therapist and speech and language therapist. Some people had access to the Community learning Disability team and a Psychologist.
- Records were maintained of appointments with health professionals which showed the outcome of the visit and any follow up required. Recommendations from professionals were acted on and incorporated into individuals care plans.
- A professional involved with the service commented "I attend the monthly clinical review meetings and my impression is the team at Croft cottage know people well and are aware of any medical, psychological or social issues that may concern a person. They discuss these issues and work collaboratively to determine the best strategies and identify other professionals who may need to be involved in order to achieve the best outcomes".

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained in MCA and generally had a good understanding of how it related to the people they supported.
- Decision specific MCA's were completed, and best interest decisions were recorded.
- The service had people for whom DoLS was applied for and people were supported in the least restrictive way.
- A professional involved with the service commented "People are supported in the least restrictive ways which still keep them safe but allowed to make choices and decisions for themselves. People with capacity to decide for themselves are even supported to make decisions that others may feel are not optimal and include a measure of risk".

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People described staff as "Nice, helpful, kind and caring". People commented "Staff look out for me". "I am happy living here, better than previous place".
- Two of the three relatives we had contact with were happy with the care provided. A relative told us their family member was happy there and for them the care was perfect. They commented "The service had some exemplary staff". Another relative commented "All the staff are excellent, we are very happy with them. They give [family members name] the best care possible and add some quality to their life I think if [family members name] was able to show their appreciation they would give thumbs up and five stars". "[Family members name] is happy. The staff at Croft are like family and [family members name] respond to them well".
- One relative was unhappy with the attitude of staff. They described them as "unwilling to accept their mistakes and defensive". This was fed back to the provider to investigate further.
- We observed positive relationships between people and staff. Staff were supportive, encouraging, engaging and communicated with people appropriately. They used appropriate touch and good eye contact as well as being humorous and promoted a fun, inclusive atmosphere.
- Professionals involved with the service told us staff were caring. They commented "It is immediately obvious that the team in Croft Cottage are a caring one. They have excellent camaraderie with the people who live there, with relationships more like friends rather than resident/employee". "The staff are all caring, and it is evident that they engage people in daily tasks wherever possible and feasible, they support them in all they do, and it is obvious that they build up good relationships. People always look clean, well-cared for and happy".

Supporting people to express their views and be involved in making decisions about their care

- Throughout the inspection we observed people were able to choose when to get up and had a choice of meals, drinks and activities they wished to get involved with.
- Monthly resident meetings took place which promoted discussion on issues that affected them as a group. Each person had a keyworker. A keyworker is a named staff member who supports the person with their care. The keyworkers supported the person in making decisions and choices on their day to day care. They liaised with family members to promote their involvement in the person's care to benefit the person. A relative described their family members keyworker as "Sensational, jovial, efficient and caring".

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and encouraged. Their care plans outlined how staff promote

individual's independence in relation to life skills such as cleaning their bedroom, doing laundry and involvement in making drinks and snacks. A professional involved with the home commented "People are encouraged to be as independent as possible with their own personal and domestic care".

- People had their own bedrooms. These were personalised and reflected individuals' choices and interests. We observed staff knocked on people's door before they went in and staff were respectful in their engagement with people.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. This was accessible to people and their families.
- People told us they would tell a staff member or their relative if they had concerns or complaints about their care.
- Relatives were aware of the complaint's procedure. A relative commented "We feel confident that if there were a problem, (There never has been), we could approach anyone to deal with it, without it becoming an issue".
- The service had no recent complaints recorded although a relative told us we they had made a complaint and had attended a formal meeting. They commented "The staff's management were unwilling to rectify their shortcomings". The provider confirmed after the inspection there had been regular ongoing email correspondence and discussions with the relative and they were seeking to resolve issues as they had occurred rather than raising a singular formal complaint. They agreed to treat all the issues raised with us as a formal complaint and respond directly to the relative.

It is recommended the service works to best practice and the organisations complaints procedure to ensure complaints raised are appropriately recorded and managed.

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

- People had person centred care plans in place which outlined the support required in relation to personal care, health, nutrition, leisure, cultural and spiritual needs. These were detailed, specific and reviewed. Staff were aware of people's needs and the support required.
- Positive behaviour support plans were in place for people who required it. This promoted a consistent staff approach to behaviours that challenged.
- People had detailed seizure protocols in place which enabled staff to be responsive to seizures and to report to the relevant professional a change in the seizure presentation. This enabled treatment plans to be adapted to suit the classification of the seizure.
- Professionals involved with the service told us the service was responsive. They commented "All the staff know people really well and can pre-empt their needs". "The team at Croft Cottage are responsive on a personal level. When they become aware of emotional upheaval or discontent, they work to identify underlying causes and address the problems. The people who live in Croft Cottage always seem happy".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans outlined their communication needs. Some people had communication passports in place which provided specific and pictorial guidance on how the person communicated.
- Information such as how to raise concerns and what safeguarding means was made available to people in a pictorial format to promote their understanding.

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 had individual person-centred weekly activity programmes in place. This included a mix of in house, community activities and activities which were facilitated by the activity team based at the Epilepsy Society.
- People were happy with the activities provided. They had been on trips to a music festival, Silverstone classic cars, Eastbourne Air show, boat trips, dog show, Indoor skiing and football matches.
- During the inspection three people had gone on holiday. The people living at the home went out shopping and for a pub lunch. In house activities were also promoted which included art and crafts.
- A professional commented "The staff conveyed the impression that they wanted to do more to enable people to have varied and stimulating activities within the home and outside. There seemed to be significant issues concerning transport to external activities in the locality. The staff team were enlisting additional support from volunteers and befrienders to enhance the activity programme provided".

End of life care and support

- The service was in the process of exploring people's preferences and choices in relation to end of life care. Family members had been consulted and for some people end of life wishes had been agreed.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 management team were clear of the aims and objectives for the service. They were keen to further develop community involvement.
- People and staff felt the home was well managed. A person commented "Yes, I like the [registered manager's name], he knows what he is doing". Staff described the registered manager as "Approachable, accessible, interactive, supportive, flexible and responsive". Staff commented "The [registered manager's name] has trust in staff and leave staff to make decisions". "The registered manager and deputy manager work well together. They sort issues out in a respectful way and have created a good team with a friendly atmosphere who help each other". "The management team has changed, change can be difficult but feel there has been no huge impact. For me the change is good and there is a pleasant atmosphere here. "I am happy working here, it is a good place to be".
- Some relatives were happy with the way the service was managed. A relative commented "I can only praise the staff and management at Croft cottage". Relatives described the deputy manager as "extremely efficient, organised and that they had produced some exemplary staff". Some relatives told us they did not find the registered manager approachable and described them as "complex, inflexible and did not promote effective communication between them and families." We have made the registered manager and provider aware to enable them to reflect on this feedback to bring about improvement.
- Professionals involved with the home felt the service was well managed. They commented [Registered managers name] is frequently present in the house and has developed a respectful relationship with people and staff. My impression is [Registered managers name] is well liked by all. The team leader can discuss every aspect of each person's life and can update any external professional on health and social well-being at any time. They appear to be well respected and trusted by their team". "[Registered managers name] is very visible, hands on and not afraid to ask for professional advice when they feel it will benefit the people living there".

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

- The registered manager managed two locations. They and staff felt it worked well as there was a capable deputy manager in place to support the day to day management of the service. Some relatives felt a manager managing two locations had an impact on the overall management of the service and that the registered manager did not have a presence in the home. This was not evident in our findings and rating.
- The registered manager and staff spoken with were clear of their role and responsibilities. A staff member

commented "Yes I know what is expected from me and I get the support I need to do my job".

- The service carried out health and safety, infection control, catering and medicine audits. The provider had recently introduced peer audits. A peer audit of the service had recently been completed and the report of that visit was provided after the inspection. The registered manager had a service improvement plan in place which outlined areas for improvement they were working on.
- Records were generally suitably maintained and accessible. We noted some gaps in recording of cleaning schedules, wheelchair checks and health and safety which were being addressed with individual staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour regulation and to be open and transparent when things went wrong.

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

- Systems were in place to ensure staff, people and their relatives were able to provide feedback on the service. Monthly resident and staff meetings took place and two-yearly family meetings were held. Minutes were available which showed people, staff and relatives involvement in the service.
- A person-centred people survey which was pictorial was under development with the aim being for that to be more meaningful to the service. A full survey of staff, relatives and stakeholders was under review and had not yet commenced.
- Systems were in place to promote communication within the team. Handovers took place and shift planners, a communication book and emails were used to ensure staff were informed and up to date with key information. A staff member commented "I feel able to contribute and give my opinion, it is taken on board".
- A professional commented "Staff changes and communication between staff can sometimes be temperamental when discussing issues which means that it is necessary for us to repeat the same message frequently or ask for the same information several times". This was fed back to the registered manager to address.

Continuous learning and improving care

- Staff at the service were committed to continuous learning and to improving care. They reflected on accidents, incidents and feedback to look at what they could do differently.
- Monthly clinical review meetings enabled them to discuss changes in individuals in a timely manner to improve care for people.

Working in partnership with others

- The service had developed positive relationships with health professionals to support them to respond to changes in people's needs.
- Professionals involved with the service told us they had positive relationships with the service. They commented [Registered managers name] communicates regularly with the team at Croft Cottage. They are quick to ask for input from the therapy team when they feel a person and care staff could use additional support".

